

The contribution of the Department of Psychiatry of the Jewish General Hospital to the development of psychoanalysis in Quebec

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C'est avec tristesse que nous avons appris le décès du Docteur Henry Kravitz, survenu en avril dernier au cours de la rédaction finale de ce texte. Docteur Kravitz était un des piliers de la communauté psychanalytique québécoise et son départ laisse un grand vide. Nous regrettons, pour notre part, qu'il n'ait pu lire ce présent numéro de Filigrane...

La Rédaction

The theoretical orientation of the Department of Psychiatry of the Jewish General Hospital (JGH) was psychoanalytic from the time it came into being in 1952. It was an era in which severely ill psychiatric patients were placed in mental asylums -the Verdun Protestant Hospital, for the English-speaking community- and the predominant form of treatments were insulin therapy, and electroshock therapy (ECT). For OPD (Out Patients Department) patients, the only form of treatment available for the less severely ill ones was the talking cure psychotherapy. Psychoanalysis was in its heyday. Psychodynamically-oriented therapy was, therefore, the mode of treatment in our clinic even though there were as yet no trained psychoanalysts in the department.

In 1958, faced with an ever increasing demand for treatment, Dr Henry Kravitz (who was still in psychoanalytic training at the time) implemented what may have been the first psychodynamically-oriented group therapy in Montreal.

By 1959, when Dr. Nathan Epstein, who had been a psychiatry resident at McGill University, returned to Montreal as a qualified psychoanalyst and joined the staff of the hospital, the founders of the department -Drs. Saul Albert and his associates, Emanuel Straker, and Karl Stern- had been replaced by younger members, several of whom were in psychoanalytic training. Under the guidance of Dr. Kravitz, who was by then Clinical Director, and a psychoanalyst, psychodynamic principles governed their work as well as that of Dr. Edward Levinson who was responsible for community services.

With the appointment of Dr. Epstein as Chief, the influence of psychodynamic principles began to be felt in the entire mental health community. These principles

were disseminated by a variety of devices: diagnostic interviews of families and of individuals open to the general mental health community, consultation to community mental health services, and a variety of teaching programs at the hospital, at McGill University and other centers in Montreal and elsewhere. In all these initiatives, the psychodynamic approach to understanding the human psyche formed the core of the teaching. We will now describe each of these initiatives in more detail.

Dissemination of dynamic principles within the hospital and the wider community

Because of the shortage of psychiatrists and psychiatric residents, Dr. Epstein enlisted the help of social workers, psychologists and occupational therapists. The limited availability of medical means of treating psychiatric patients facilitated this homogenization. Dr. Epstein's principal focus in his clinical teaching was the family. Within this context, his orientation at that time was dynamic-interactional.

Family diagnostic interviews

A family diagnostic interview was open to the general mental health community every Friday morning. To accommodate the upward of 100 people who would attend, the interview was held in a small amphitheater in the hospital. A social worker would recruit a family from our child psychiatry clinic to which one of their children had been brought by the parents or referred by the school or some community agency. The entire family, including the non-referred children, would be seated in front and a resident would begin the interview. When Dr. Epstein, who was seated in the front row, felt the resident had reached a stalemate or was missing the point, he would take over the interview and lead it to its completion.

When the family left, a discussion would follow. The discussion inevitably would focus on the interplay between the psychodynamics of the individuals and those of the family and how they contributed to the referring symptomatology of the child.

The possibly several hundreds who viewed these interviews over the years and whose training had focussed on the individual's past history, were left with a concrete demonstration of how individuals' psychodynamics play themselves out in the theatre of the family, of the relevance of psychoanalytic formulations for the understanding of everyday human interaction. Those in attendance, including psychoanalysts and other health professionals, were also left with clearer understanding of how the interactional dynamics of the family of origin of their clients manifested itself in the transference and countertransference components of their clinical work.

The youth service continues to use the interview of the whole family as an important contributor to the assessment and the treatment of adolescents. Numerous psychology interns and psychiatric residents who were later to become psychoanalysts have had their clinical work shaped by their exposure to family dynamics in this service.

Diagnostic interviews of individuals, and continuous case seminars

On the in-patient service on the ward in the meantime, the psychodynamic understanding of the patient was being implanted in the minds of trainees already qualified in the various medical and non-medical professions. One of the primary methods of instruction was a demonstration interview of patients behind a one-way screen, followed by a discussion of the psychodynamics of the patient. Some of these discussions took place during Saturday morning Adolescent Rounds which were open to the mental health community. Currently when adolescents refer themselves to our Youth Service, they are assessed individually. Psychodynamics play an important part in the formulation. Psychodynamically oriented therapy is offered to those for whom it is deemed appropriate. This treatment is often conducted by psychology interns or psychiatric residents supervised by analysts.

On the adult service, residents take turns interviewing patients for diagnostic purposes. The interviews are observed by groups of residents and two staff psychiatrists, one of whom is a psychoanalyst. The interviewers then present their formulation, an integral part of which is based on psychoanalytic principles, for discussion by the observers.

Finally, for almost 40 years, Dr. Kravitz conducted a weekly continuous case seminar in which residents presented material from their ongoing long term treatment. Following the presentation, Dr. Kravitz would elaborate on the clinical significance of the material and issues of technique raised by it. The approach here was to teach trainees how to listen, to recognize conflicts, themes, and respect for defenses.

In brief, over the years, the clinical thinking of countless numbers of members of all mental health professional groups has been shaped by exposure to the psychodynamic principles that formed the core of these teaching devices. Many of these professionals went on to become psychoanalysts because of this exposure.

Cartes Mobiles

Cartes mobiles were devices that enabled psychiatric residents to take up to a year of their training in a hospital that was affiliated with a university other than the one in which they were being trained. These residents were attracted to the JGH because of the unique quality of our psychiatric teaching in individual and family therapy. Over the years, residents came from all the other universities with psychiatric training programs -- Laval, Sherbrooke, and Montreal. During its heyday -when Dr. Khalil Geagea was director of Resident Training, from 1984 to 1990, we had 3 or 4 such residents at a time. They went away with a strong psychoanalytic orientation in their clinical work.

Community Consultation Service

The Department fostered the application of dynamic principles to our outreach programs. Community psychiatry was in vogue. It was going to deal prophylactically with mental health problems at their source in the community.

The outreach program of the JGH addressed two primary community agencies: the Baron de Hirsch which, at that time, was responsible for all programs now addressed by family service agencies whether part of CLSC's or independent of these, and Jewish Vocational Services.

At the service level, two psychiatric residents, supervised by Dr. Edward Levinson, were assigned to the Baron de Hirsch Family Service. The degree of their acceptance and integration at the service level was demonstrated by the fact that the residents and Dr. Levinson were provided with offices on the premises of the agency.

The clients services ranged from child placement to care of the elderly, physically deteriorated and fragile. Much emphasis was placed dealing with the dynamics of the social workers who were dealing with the families who were taking care of an elderly, often demented, parent. Dr. Kravitz often intervened personally to assist floundering or overwhelmed social workers or residents in order to provide a concrete demonstration of the method he was advocating.

The happy marriage between the Department of Psychiatry and the Baron de Hirsch agency ended when the then Director of the agency felt that Dr. Epstein and his coterie of psychiatrists and residents were wielding too much influence at the Board and at the clinic level. By then, the psychodynamic approach to clinical work in the Jewish community was firmly established.

The introduction of psychoanalytic principles to Jewish Vocational Services encountered what at first appeared to be an insurmountable hurdle. The director was vehemently opposed to the psychoanalytic approach. He insisted that principles of cognitive psychology govern all of the vocational assessment, skills training, and rehabilitative work of the service. Exercising considerable ingenuity, Dr. Levinson eventually found ways of translating his psychoanalytically-oriented assessments into cognitive terms. We learned from this experience that psychoanalysis achieved wider acceptance when we employed the vocabulary of the user instead of our technical, psychoanalytic terminology. In that way the user learned to "speak prose", as did the Bourgeois Gentilhomme.

Family Therapy Training Program

In order to formalize the teaching of family therapy and to make it available not only to the Montreal community but also to others, a 3-week intensive training program was developed by Drs. Epstein, John Sigal, and Isaac Rebner, all psychoanalysts. The program continues to this day, although in a very different form. The mainstay of the program is the clinical demonstration of family interviewing techniques. There are also lectures on theory and research. Over the years, students came from all parts of Canada and from neighboring states, from remote regions and from major cities. Staff members were invited to give day-long or 2 or 3 day or week-end seminars on family therapy all over Canada and parts of the United States. Eventually a four year training program was developed for local professionals, one for Anglophone professionals, another for Francophone.

Originally, the emphasis was on psychodynamic principles. As new theories developed, of course, the content of the formal lectures and the theoretic orientation also changed. By then, basic psychoanalytic understanding of the

individual and the family had been firmly implanted in a multiplicity of communities in Quebec and elsewhere.

Mental Health Consultants Program

The consultation approach, with its focus on the community service provider rather than on the receiver, was so successful that training for this type of intervention was formalized. The Mental Health Consultants course, developed by Drs. Rebner and Sol Levin, both psychoanalysts, came into being.

The first year was designed to familiarize the candidates with psychodynamic theory and practice. There were didactic lectures on theory accompanied by prescribed readings. In addition, each candidate was supervised in the treatment of an adult, an adolescent, a child, and a family.

In the second year, the candidates were placed in schools, social agencies, community organizations. Their purpose was to instruct the front line workers and their supervisors in the application of psychodynamic principles to their work. Only experienced mental health workers - nurses, social workers, occupational therapists - were accepted in the program.

The two-year course consisted of a theoretical and a clinical arm. In the theoretical arm, the students had lectures on the major figures in psychoanalysis such as Fairbairn, Klein, Guntrip, Kernberg, Kohut, Winnicott, etc. in addition to Freud's basic writings. In the clinical arm, there was a series of case presentations and the students were expected to have at least one twice-weekly case in supervision. It is important to note that a condition of acceptance into the program was that the candidate be a member of a professional licensing body and have had considerable clinical experience.

There were 8 to 15 students in each class, several of whom subsequently went on to become qualified psychoanalysts.

Dr. Rebner, the first director of the program, and his co-workers and successors -Dr. Joshua Levy, a psychoanalyst, and Ms. Bernadette Laroche- had high hopes of having the graduates recognized by the government as a new profession. Unfortunately, they did not succeed and the program was terminated after 8 years. Despite the lack of government support some agencies recognized the value of having a person with this training on their staff; several graduates of the program were engaged as consultants.

Psychotherapy Training Program

After a number of years, the psychiatric resident staff in the hospital began to grow, attracted by the quality of the clinical teaching. Residents, who were receiving an intensive training in psychoanalytic theory and its clinical application, began to resent the presence of students from the other mental health professions at their teaching sessions. Some of them found it difficult to accept that the social workers, nurses, psychologists or occupational therapists had much more clinical experience and were more familiar with psychodynamic principles than they. As a result, a separate psychotherapy training program was developed

by Drs. Levy and Sigal for the general community of mental health workers. It was based on the principles developed in the teaching programs for psychiatric residents. Currently directed by Dr. Ronald Brown, a psychoanalyst, it is a 2-year program. Teaching is in English, but supervision is in either English or French, depending on the students' preference. Some students elect to have a third year in order to receive more (group) supervision. All of the teaching and supervision is based on psychoanalytic principles. Members of all of the mental health professional community, and family practitioners have participated. Students have come from social agencies, schools, hospitals, and private practices. Again, many of the trainees and graduates were inspired by the course to go on to be trained as psychoanalysts.

Conclusion

How did the Department of Psychiatry of the Jewish General Hospital contribute to psychoanalysis in Quebec? In two ways. The first was by initiating and continuing to train psychiatric residents and other mental health professionals in the psychoanalytic understanding of the human psyche, and in its application to a variety of contexts, administrative as well as clinical. The second was by heightening the awareness to the broader community of the relevance of a psychodynamic understanding of group processes. In these ways, we pioneered the dissemination of psychoanalytic principle throughout the province, particularly but not uniquely, in the English-speaking community.

From the foregoing description of the various programs which evolved a number of conclusions can be drawn.

From the beginning, members of the staff were attracted to the writings of Freud. This determined their approach to attempts to understand the presenting symptoms and the person who presented them. As a result, they came to recognize psychoanalysis not only as a treatment method but, as important, how psychodynamics based on analytic principles could be used to understand patients across the diagnostic spectrum. Our staff, that of agencies and organizations to whom we offered consultation services, and trainees began to understand how they affect, and are affected by their interaction with patients and clients.

Over the years the effect of this exposure resulted in a large percentage of staff, many residents, and other health professionals entering psychoanalytic training to further their understanding and becoming analysts. The impact has been that this climate extended beyond the boundaries of the JGH to all parts of Quebec, Canada and even the USA.

With the evolution of psychopharmacological treatments and as an understanding of the biologic substrates to psychiatric conditions evolved the pendulum swung in that direction, and a schism occurred between the disciplines. In spite of this, the department maintained its belief and investment in importance of a psychodynamic understanding of human functioning, and continued to influence trainees in lessening the either/or, brain/mind dichotomy. Currently an interest in the person has again surfaced. Psychiatrists and other physicians are increasingly being taught that they are not just treating an illness. They are treating a person with an illness. Psychodynamics of the person have once again become an important consideration in psychiatry.

The Future

What do we see in the future? To answer this question, we look at the past history of psychoanalysis. Throughout its history, there have been attempts to integrate the findings of empirical research in medicine and developmental and cognitive psychology into mainstream psychoanalytic thinking. It began with Freud. Margaret Mahler, David Rapaport, Joseph Lichtenberg and Joseph Sandier are later examples on the psychological side. Morton Reiser and Mark Solms are current examples on the biological side. We predict that there will be a reciprocal process -clinical work informing research, and vice versa. We also predict that, as in the past, there will be a substantial number of psychoanalysts who will doubt that empirical studies have any relevance for their clinical work.

We further predict that the consequences of the reciprocal process will influence teaching at the JGH as it has in the past. Indeed, the research program of Dr. Michael Bond, our current Psychiatrist-in-Chief, and Dr. J. Christopher Perry, our current Research Director, tend to support this prediction. Dr. Bond has developed a self-administered defense style questionnaire that is used in numerous psychodynamically-oriented research centers throughout the Western world. Dr. Perry, for his part, has developed a coding system for the rating of defenses in narrative material, which he is currently applying to the study of the therapeutic process in long-term psychoanalytically-oriented psychotherapy. He has also examined the defensive structure of personality disorders. His measurement instrument is being used internationally in the study of the psychoanalytic process.

A substantial number of our staff, seventeen, to be exact, are psychoanalysts. The mix of psychoanalytic and other orientations here provide an opportunity for dialogue which respects the contributions of various disciplines, rather than fostering confrontations around who has the ultimate answers.

In these ways, we feel that the JGH will continue to provide a forum for the psychoanalytic contribution to the understanding of psychic functioning.

For the past 30 years we have witnessed the straw man struggle of mind/brain replacing the previous struggle centered on mind/body dichotomies. Efforts are now being focussed on attempts to find unifying principles of mind/brain/body. The dispute over which is right is, fortunately, rapidly becoming a thing of the past; There is an increasing acknowledgement that each discipline has its own language, that experts in each domain can contribute to our understanding of the human psyche. It is in this kind of multidisciplinary atmosphere that psychoanalysis at the JGH will continue to make an important contribution.

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