Dear Reader,

It is our pleasure to bring you the second installment of our *Free Associations* newsletter! In our last edition we introduced this newsletter and our goals for what it would become. We brought you an introduction from our Residency Program Director (along with some farewells to beloved faculty members), expository compositions, introspective pieces, reprints of past publications, and introductions to our new interns.

Here in the second installment, we are sticking to what worked. We have more original writing, including an exciting piece by one of our very own inpatient attendings. We also have reflections on conferences attended by residents, and as always, an update from our very own Dr. Zisook.

This edition of *Free Associations* comes to you in the midst of the holiday season. On the heels of Thanksgiving and on the eve of many other holidays, it is absolutely a time to reflect on the people most important in our lives. We have each of us no doubt expanded our families and friendships, with each new member in our lives bringing new and exciting experiences. Here at UCSD Psychiatry, we represent a multitude of backgrounds and cultures. During this holiday season, whether you will be celebrating Christmas, Hanukkah, Ramadan, Diwali, Kwanza, or simply the New Year, we here at *Free Associations* hope that you will be surrounded by family, friends, happiness, and joy.

From all of us at *Free Associations*, we thank you for reading!

-Chaitanya, Jessica, Laura, and Sanjai

The Directors Corner

The brief period between our last issue of *Free Associations* and this current holiday special issue has been extraordinarily eventful for our residency program. First, it marks the return of Steve Koh after a one-year hiatus ‘in the Navy’ to UCSD’s outpatient service and community psychiatry fellowship. I am happy to report that he has lost none of his customary gusto! Unfortunately this interval also marked the departure of Nicole Lanouette, repeating Steve’s ‘enlistment’ to Balboa, at least for a while. It also marked the birth of Ellie Matea (Iglewicz) Lerner, all 8 lbs. 12 oz. of her; the beginning of our “wine and conversation” get-togethers, organized by Shawn Barnes; and the re-emergence of our wellness committee, chaired by a Sara Hansen and friends, that got off to a resounding start with ‘yoga in the park’ led by Ruchi Shah.

Also during this period, the search for our next department chair has continued to gain momentum, and five outstanding candidates have been identified and invited for second visits. Each of the candidates has or will be meeting with representatives of our clinical, educational and research programs, and will give a talk to the faculty and trainees.

On a personal note, this has been an especially meaningful period, as I enjoyed a milestone birthday surrounded by family, friends, colleagues and trainees. I greatly appreciated all the kind "happy birthday wishes" received from so many of our faculty as well as current and past residents. I wonder how they all knew? One of the highlights of this birthday marathon was a book that Tracy put together that included comments from many of my dearest colleagues and residents, including some who trained…

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To those current residents and interns who are not quite ready to hear it, stop reading, as there are a few spoilers ahead about the glorious day we all hoped for. You know the day I am referring to. The one we think of during the long days on 2 South and the sleepless nights on call at UCSD; that there will be a magical moment where you are done and officially become a doctor. I too hoped for this day but I am here to tell you it probably will not come the way you expect.

As I approached my last year of residency, I began to sense that this end to my journey was not so much going to be an end, but rather a moving on to “the next phase”. During that last year, I looked at jobs up and down the state, meeting with agencies here in San Diego, Los Angeles and the Bay Area in an effort to find that perfect ‘grown up’ doctor job. However, things change and new opportunities reveal, as they always do. And after much debate, the chance to stay with UC San Diego as both a Community Psychiatry Fellow and a faculty member at Gifford clinic proved too good to pass up.

The transition to this next phase has been an interesting challenge. There are a number of things that change as the calendar moves from June 30th to July 1st. All your classmates are no longer at your side, no longer there to process the last difficult admission or call you just took. Everyone spreads out to all of their own new phases, some far away and some just down the street. But still, you move on.

And now you have new colleagues. All your supervisors and attendings you worked with are now your peers. No longer is it Dr. Kassab or Dr. Janowsky, it’s now supposed to be Maria and David. And let me tell you, that still feels weird to say out loud. The relationships you made do not change dramatically, but subtle differences emerge as you make coverage requests or discuss roles in certain projects as equals.

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Does Owning Slaves Necessarily Imply Psychopathology?

David Lehman MD

After learning about personality disorders in medical school, I have been persistently bothered by the possibility that psychopathy has, historically, been an integral part of human behavior rather than a frightening outlier of human callousness. The pyramids of Giza were built by slaves, Romans crucified thieves and reveled at horrific games in the Coliseum, the Crusades featured horrific massacres in the name of God, the Hundred Years War featured brave knights carelessly killing the local peasant population, Niccolo Machiavelli wrote a treatise for his patron, Lorenzo di Medici, recommending ruthlessness as the mark of wise leadership...there are so many examples I just stare at the computer cursor blinking at me trying to figure out how to cull down the seemingly endless list of cruelties that refined civilization has displayed on its progress to perfection.

I decided to use the Transatlantic Slave Trade as an example of persistent and relatively recent psychopathy that infected the entire Western World and created riches and poverty that endure to the present. Just this year the Caribbean nations have threatened to sue Holland, Britain, and Portugal for reparations for slavery. Ironically, did you know that in 1833 the British actually paid reparations to the slave masters for the abolition of slavery? I reviewed the history of the Transatlantic Slave Trade in a PowerPoint presentation that looked at the history of Barbados in particular. Afterwards, I asked the following questions:

1. What do we know about the functioning of a healthy human psyche if our models for healthy functioning are normalized to the society we live in?
2. Given the adaptability of individuals to living in a slave society, are there limits to the healthiness of adaptability traits?
3. What are the consequences to character development on individuals who own slaves?

I do not know the answers to any of the questions, but I have thought a lot about a comment Dr. David Feifel made during a lecture on oxytocin. Oxytocin, a mammalian hormone involved in a multitude of neural pathways related to real-world interactions such as sexual arousal and maternal bonding, recently has been studied as a potential drug target in schizophrenia. Dr. Feifel mentioned that although there is evidence that oxytocin administration facilitates bonding and trust, there is also evidence that it may increase tribal impulses.

I have come to the conclusion that psychopathic behavior, callousness towards others, is only significant historically if it is callousness towards one's "in-group," tribe, or inner circle. If your inner circle is only your family and friends, then as long as you are kind and considerate to them, you are safe from being labeled a psychopath. Psychopathic behavior towards the "out group" is unlikely to cause you to receive an unsightly label. If however, your inner circle is all of humanity – a conceit that seems to have taken hold in certain circles in the post-Enlightenment liberal West – then any psychopathic behavior implies a psychopathic personality.

This conclusion may be uncomfortable to stomach, but any other conclusion suggests that most, if not all, of our historical heroes are psychopathic monsters.
Institute for Psychiatric Services  
By Jessica Thackaberry MD

As a member-in-training in the APA and an enthusiastic and idealistic psychiatry resident, the 2013 Institute for Psychiatric Services conference was an experience that greatly expanded my ideas of both the need for psychiatry in the public arena and the breadth of possibilities there are within community psychiatric practice. Of particular interest to me were the different medical home models into which psychiatry is being included, and how residents fit into those models, as well as having the privilege of attending the AACP board meeting and seeing how community psychiatrists work together to improve community psychiatry practice on a national level. What I learned is that Community Psychiatrists are advocating not only for their own practices but for the patients who community health centers serve, including the homeless and the underserved. With Medicaid and Medicare vastly expanding in the US, these community health centers are going to require not only excellent psychiatrists, but physicians who know how to work as part of an interdisciplinary team, and who know how to communicate with other community healthcare providers. I came to understand the breadth of knowledge a psychiatrist is required to obtain in training, not only of general psychiatry, but also of the public health system at large.

I felt very welcomed by the Community Psychiatry fellowship directors of several different programs, and their excitement for training fellows in Community Psychiatry made me very seriously consider participating in a Community Psychiatry fellowship, when prior to attending IPS I was unsure of what these fellowships had to offer me. What I came to learn was that these fellowships not only give the opportunity to work with the underserved on a more continuous basis, but also teach the means by which one can advocate for patients on a local, state, and national level. They teach how to understand and lobby for laws to benefit patients suffering from mental illness, and how to effectively treat them in a community setting that is mandated to practice under these laws. I am much more excited now to learn these lessons, and to expand my ability to benefit both my own practice and my future patients.

My overall experience was inspiring and informative, and gave me yet one more area of psychiatry to consider as I continue through my general psychiatry residency. I hope to continue to delve into this field and to expand my own research opportunities, and perhaps when I return to IPS next year I will have my own research to share with my colleagues and mentors in Community Psychiatry.

Why I Think Understanding Psychodynamic Psychotherapy is Important for Psychiatry Residents

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I was feeling a bit more relaxed now, and responded, “I think it’s called Mother of Pearl.”

“Yeah, that’s right,” he continued, “Well I took my stick and my shell home. I have this netting that I found hanging outside a dumpster, and I tacked the netting up on the wall. Then I put my stick and my shell into the netting.” Bob looked pleased with himself.

“It’s the weirdest thing, Doc,” he went on, “but every time I enter my apartment, the first thing I do is look at my stick and my shell in the net and that makes me feel better.”

To this day I don’t remember how I responded, but it was probably something simple like, “I’m glad those decorations help you to feel better.”

What I remember thinking, however, was that Bob was recently feeling slightly more anxious about living on his own. His “stick and shell” represented primitive, concrete parental introjects that, once “caught in his net,” helped soothe his anxiety and enabled him to continue living independently. It wasn’t appropriate to interpret any of that to Bob, but it enabled me to understand him better and helped solidify our somewhat tenuous connection.

My understanding of Bob’s situation derived from a deep appreciation of psychodynamic principles. These principles include a belief in and respect for the unconscious, making judgments in any given moment as to whether uncovering or supportive approaches would be more helpful and uncovering unconscious material or supporting mental functioning in a way that would be most helpful to the patient. Regardless of whether or not one pursues work that includes an active psychodynamic psychotherapy practice, understanding these principles should be fundamental to any psychiatric residency.
In the first talk of the conference, Dr. David Oliver discussed some of the newer additions to the growing list of known mind-altering drugs, a $2-4 billion per year industry in the United States. He focused on synthetic cannabinoids (perhaps the most well-known brands being "K2" and "Spice"), bath salts, and methoxetamine, also known as MXE (and pronounced "mexy"). In a concurrent session, Dr. Dan Willick JD, PhD provided an excellent session about the intersection of psychiatry and the justice system, highlighting some of the latest changes to our practice. Topics discussed were wide ranging, including changes in Tarasoff regulations and our duty to protect not only our patients, but the members of the community; confidentiality clauses and the role of confidentiality with regards to psychotherapy notes from non-MD providers; the role of the Affordable Care Act on our daily practices; prescription drug monitoring programs and efforts being undertaken at both the state and national levels; and finally the outlook for psychiatry in the future. In the plenary session “Mural Dyslexia", Dr. Craig Van Dyke emphasized the value of psychiatry in the healthcare system. Looking to the future, he highlighted that the rising cost of medical education and healthcare will be unsustainable. Healthcare reform remains a hot topic in today’s media and a necessary one in the medical field. It is particularly important in Psychiatry given the vast need for healthcare and the overwhelming lack of funds. The next lecture by Dr. Paul Summergrad highlighted the key areas of mental health accruing exceptionally high costs and suggestions for the future of psychiatry in healthcare reform.

The Legislative Luncheon on Saturday featured an update on changes to Laura's Law funding by Ms. Helen Thompson, who authored the original bill. The star of the hour however was Executive Director Barbara Gard who was recognized for her 25 years of service and leadership to the California Psychiatric Association. It featured a presentation by the past presidents of the CPA, a letter from the APA CEO, a bag piper and a special visit from her son. The afternoon session consisted of an interactive panel discussion looking to the future of psychiatry with…

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Scientology: Why Do They Hate Us?
Shawn Barnes MD, PGY2

“A woman is safer in a park at midnight than on a psychiatrist's couch”
- David Miscavige, current head of Scientology

“I think psychiatry should be outlawed. I’m against electric shocking people against their will and drugging children. Did you know that Ritalin is a street drug?”
- Tom Cruise

“The psychiatrist and his front groups operate straight out of the terrorist textbooks. The Mafia looks like a convention of Sunday school teachers compared to these terrorist groups.”

“There is not one institutional psychiatrist alive who could not be arraigned and convicted of extortion, mayhem, and murder.”

“If psychiatrists had the power to torture and kill everyone, they would do so...recognize them for what they are – psychotic criminals -- and handle them accordingly.”
- L. Ron Hubbard, Founder of Scientology

Scientology has become part of popular culture. We all know that Tom Cruise, John Travolta, and Will Smith are among celebrity Scientologists. In psychiatry, we all have at least some vague notion that Scientology is against what we do. Scientology has organized many highly public protests against psychiatrists, have lobbied hard against legislation like California’s Proposition 63, and even operate a well-financed museum in Los Angeles named “Psychiatry: An Industry of Death”. But why? Does Scientology believe, like Thomas Szasz, that mental illness is a myth perpetuated through public assistance like SSI? Do they believe, like R.D. Laing, that mental illness is an individualistic struggle to make sense of a repressive environment?

I think that one of the most interesting aspects of our field is that, unlike the rest of medicine, our “grey areas” give us the opportunity to understand and process some deeply philosophical critiques of the very foundations of what we do. Szasz and Laing represent some of these reasoned, if provocative, critiques. As we shall see, Scientologists are reactionary rather than reasoned. The deeply visceral and venomous opposition displayed by Scientology goes back to the religion’s creation myth. Spelled out by Scientology’s founder L. Ron Hubbard in the 1950s and 1960s, the creation story of Scientology is, like most religious creation myths, very strange. Kept secret from Scientologists until they complete years of training and classes – costing tens of thousands…

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of dollars – we only know the creation myth because Hubbard’s secret writings were subpoenaed during a 1980’s lawsuit against the religion.

THE CREATION MYTH OF SCIENTOLOGY:

75 million years ago, there were god-like creatures called Thetans that lived on a group of planets in distant space called “The Galactic Confederation”. Thetans were omnipotent, benevolent, and peaceful – living a life of complete happiness. They lived in harmony for many years until a ruthless dictator named Xenu, took control of the Galactic Confederation. Xenu used the services of psychiatrists (remember, 75 million years ago) to trick Thetans and implanted them with false memories that they were fallible and less than Gods. The confused Thetans were frozen and transported to a far away prison planet, Earth, where they were dropped into volcanoes, which were made to erupt. Xenu believe that this death-by-volcano would destroy the Thetans forever, however the spirits of the Thetans emerged from the volcanoes and latched on to the bodies of evolving humans. This is represented on the cover of Hubbard’s first book “Dianetics.”

Understanding this story is essential to understanding Scientology, as the religion sees all psychiatric issues (depression, anxiety, psychosis, etc) as stemming from a conflict between the god-like nature of the Thetans with the fallibilities of mankind and the false memories implanted by psychiatrists. From the Scientology perspective, psychiatry has committed a double crime. Firstly, we are directly responsible for mental illness because we assisted Xenu in implanting false memories into the minds of the Thetans. Secondly, we claim to treat mental illness but do so incorrectly with therapy and medications, as opposed to addressing the actual underlying cause of mental illness – conflict between the nature of Thetans and humans. The Scientology faith believes to have the true path to returning one to their god-like Thetan nature, and has been against psychiatry ever since the founding of the religion.

Sun Tzu, or perhaps it was Rage Against the Machine, advised us to “know your enemy.” While an understanding of the source of Scientology’s hatred of us may not bring peace, perhaps it can put their hate into perspective.

Note: This essay was based on a VA Wednesday talk entitled “From Tom Szasz to Tom Cruise: A Brief History of Antipsychiatry” given by Shawn Barnes MD.
This Is the End?

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Then there is also the change with the residents still in the program that you now have to supervise and advise. The change is bigger than I expected as I have to find my ‘style’ for supervising and teaching those who were my co-residents just a couple months earlier. Additionally, it takes a while to come to grips that the decisions I make together with my trainees are actually my own responsibility. There are moments when I wonder if I’m making the right decisions and if I’m truly prepared and ready for this? I am, probably…

But in the end, the changes are not that dissimilar to other periods of change. There is less overnight call but you now have more responsibilities for patients, residents and students. Responsibilities that occasionally accompany you home. The projects, presentations and meetings that come with being a big attending also occupy your mind and your time – and there are no duty hours on that. Don’t get me wrong, it is nice to not have to be seeing an ED consult at 3am. But the glorious end of obligations, paperwork and administrative hoops does not come at the stop when you finish training. They keep coming. But now you get to supervise and teach others while taking more responsibility for what you do and who you see. And each day, you develop a bit more confidence that you are indeed ready for life after residency.

California Psychiatric Association 26th Annual Premier Conference: A Resident's Perspective

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Sunday began with John L. Lyszczarz, MD, Captain, Medical Corps, U.S. Navy Head, Substance Abuse Rehabilitation Program at the Naval Medical Center San Diego in a lecture entitled "Suicide and the Military." He presented epidemiologic data from the military's suicide reporting system (DODSER) and described risk factors for suicide including co-morbid psychiatric disorders such as mood disorders, PTSD, and substance use disorders. Concurrently, Dr. Robert McCarron discussed Clinical Updates in medicine for the psychiatrist and provided updates on colon cancer screening, updates on management of metabolic risk factors and common causes of back pain. In the morning plenary, Dr. Sidney Zisook, Residency Training Dr. at UC San Diego shared compelling similarities and differences in Bereavement and Depression. In the final session to close the conference, Dr. Joel Dimsdale, chair of the DSM-5 Somatic Symptom Disorders (SSD) Work Group, discussed the major obstacles his work group encountered in re-working the diagnostic criteria for this nebulous array of disorders, which previously had included somatization disorder, hypochondriasis, pain disorder, and undifferentiated somatoform disorder.

Overall, the annual conference was a huge success with stimulating courses by expert speakers on hot topics in our field and ample opportunities to socialize and network with leaders and colleagues in sunny La Quinta. It was enjoyed by all attending MITs, and we sincerely thank the SDPS again for sponsoring us to attend!

Thanks to SDPS members who sponsored residents to attend this year's CPA conference

Ten San Diego psychiatry Members in Training were able to attend the 2013 California Psychiatric Association 26th Annual Premier Conference "Evolution of Psychiatry: Expanding Our Knowledge," in La Quinta on September 27-29, 2013. This was due to the generosity of SDPS members Dan Gardner, Sonia Hintz, Joseph Mahwinney, Brian Miller, Hoang Nguyen, Maria Tiansom-Kassab, and Sidney Zisook. Thank you again for your mentorship, support and generosity!!!
The Director’s Corner

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with us many years ago. There is nothing more gratifying at my stage of academia than to hear that I have made a difference in the lives of so many talented and brilliant individuals. In order to maximize the possibility of my continuing to make a difference in future years, Karen bought me a wonderful birthday gift: a treadmill desk, appropriately called "lifespan". If you haven't had a chance to see it in action yet, please visit at your earliest opportunity!

Although I promised Laura, Jess and Chaitanya that I would be brief, being 70 gives me the right, if not the obligation, to offer some free advice (clearly worth every penny). My advice is to never forget that all of us (except the new me, of course), are sitting on a four legged stool: family, work, community, and self. FAMILY: This past Thanksgiving, I enjoyed a turkey and lit Chanukah candles with Karen, her parents, her brother, all of our children and children in-laws, and each of our seven wonderful grandchildren. What a joy! I can only hope that each of you is able to enjoy as fulfilling a life as mine with a loving family with which to savor all occasions. WORK: My second family, my home away from home, work. Whether as training director, investigator, clinician or teacher, meaningful work is another sustaining life force. If you have the opportunity to spend your professional lives around as stimulating and giving a group of colleagues, trainees and students as I have, consider yourselves lucky indeed. COMMUNITY: The all-important third leg, community, can be almost as fulfilling. No paper I have ever written or committee I have sat through (and there have been many!), has been as gratifying as coaching little league, bobby-sox or soccer, or, more recently, actively participating in the leadership of national professional organizations (such as the American Association of Directors of Psychiatry Residency Training, the American College of Psychiatrists, for the American Foundation for Suicide Prevention). Giving is always more satisfying than taking. SELF: And finally, the easiest leg to overlook, one’s self, is every bit as critical. Don’t neglect your own well-being, health and growth. There is nothing wrong with taking time for a good book, a movie, a favorite TV show, a trip or anything else that enriches your soul. Just don’t pin too much for your personal stock on the Chargers, Padres or even the Golden Bears. Some of you may have noticed that I didn’t include a spirituality leg, but on my stool, spirituality is intimately linked with each of the aforementioned four legs.

So here’s wishing you an extraordinarily happy, healthy and peaceful holiday season, shared with loved ones, and a life fulfilled with meaningful friends and kin, labors of love, giving to others and pampering yourself.

-Sid

What do Residents LOVE about UCSD Psychiatry?

Current residents were polled and asked what they love about our program. The pattern from the responses gives special acknowledgement to our appreciation for each other as co-residents, our incredible faculty, our dedicated residency training office and sunny San Diego. Here we have shared some highlights from the replies we received!

• Great co-residents, support from staff and attending, interesting patient population, being in San Diego.
• By far and away, the best part is the people! We have the most incredible attendings and senior residents every reflecting the wonderful teaching and atmosphere that we are "raised in" during psychiatry residency at UCSD.
• Wonderful opportunities available for research and the ability to pursue individual interests
• The location of the program in beautiful San Diego promotes wonderful self-care and happiness throughout the year with sunshine and vitamin D for all!
• The supportive administration – Having a supportive team, backing you up individually and as a program all along the way makes for an incredible, unique experience.
• Working with a diverse set of patients from UCSD to the VA to Gifford [county clinic] and Gifford PA [for insured patients] it is quite broad and each group has their own unique issues.
• They support us in our interests – the residency will work with residents to honor their own unique individual interests and passions, along with responding positive to constructive feedback!
• Huge variety of faculty and mentors to learn from, many experts in their fields.
• Supportive faculty & co-residents – lots of positive reinforcement!
• One of the best things about the program for me is the sense of camaraderie among my classmates, I think we are all excellent clinicians but also very supportive and a great group to be around.
• Tracy is awesome.