

# THE DENVER PSYCHOANALYTIC SOCIETY NEWSLETTER

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**Mind matters...**

## PRESIDENT'S MESSAGE

- RONNIE M. SHAW, APRN, BC

This has been a busy year for the projects of the Society. The Extension Division with Margie Stewart as chair, has assembled a number of wonderful classes. We hear very positive responses from the attendees, and more than ever, our faculty are attending some of the classes. The Film Series, chaired by Fred Mimmack, was a complete success also with our faculty, Dick Simons, M.D., Margy Stewart, Psy.D., Stephen Witty, Ph.D. and Michael Moran, M.D. as discussants. Anschutz campus has a lovely vintage auditorium and a very modern one both of which are comfortable and nice venues for discussions. Parking is quite available and it is easy to find as well. Some are finding that the traffic is not a problem at night, and we are all gradually getting used to the move to the Anschutz campus. In addition to a fabulous line up of films, we had the pleasure of having Steve Witty, a very well known Jungian analyst from Colorado Springs, treat us to his own original film and discussion.

The theatre fundraiser, Othello, also chaired by Margie Stewart, was a resounding success. Paula Bernstein, Roy Lowenstein, and Neil Rosen joined John Hutton ("Iago") in a 'talk back' discussion with the audience. The attendees enjoyed immensely the cocktail party and dinner after the play.

The Salon Series was a success also under the leadership of Nancy Bell and Denise Detrick. We have decided to have a Salon Series every year instead of alternate years due to the positive response we have received. The second Tuesday of the month is the aim for the Salons. Check the web site for more information about this year's Salons. We are not sure if we will have a Salon every month this year. If you have requests or ideas about topics for any of these projects please let the Chairs know.

The Nancy Mc Williams conference was also a resounding success. We were pleased to give the Society's Annual Achievement Award to the Conference Organizing Committee for the McWilliams conference. The recipients of the Award are: Joan Heron, Florie Lehrburger, Pat Higgins, Lorrie Schroffel, Ron Langer, Cindy Brody, and Pam Haglund. We are grateful to the committee for bringing this renowned teacher and colleague to our community.

The Friday Night Scientific Lecture Series, with David Stevens chairing, was again successful this year. David stepped down as Chair, and Nancy Bakalar will be our new Chair of the Program Committee. She hails from Bethesda,

*(Continued from page 1)*

Maryland, and will bring her experience to this project. If you have any ideas about speakers or about the venue please let us know.

Barbara Redinger has stepped down as chair of the membership committee. We are happy to have Esther Lowenstein as the new Chair of that committee. We appreciate Barbara's hard work for many years.

The Humanities Outreach pilot project year has worked well. We are happy to have as co-chairs Eleanor McNees from the humanities faculty at DU and Paula Bernstein from our own faculty. They, along with some of our members and humanities faculty from the academic community, will develop this program. They will give us a new name for the project as well. We are now going to include all Society members, so watch for the e mails about the gatherings. If you know Humanities faculty from the surrounding area who might want to be on the mailing list, please let the Society office know and their names will be added to the mailing list.

Our Reduced Fee Referral Service is up and running under the dedicated leadership of Linda Plaut. Our faculty, candidates, PTP students, and members of the Society are volunteering to take patients at very reduced fees. This is a much-needed service to the community.

On the national level, the American Psychoanalytic Association continues to work within new guidelines that are aimed at compromises between various differing groups within the membership. The Board of Professional Standards, (BOPS), approved the new Standards by an overwhelming majority with 52 in favor, 2 opposed, 0 abstentions. Adoption of the new Standards has brought a significant peace in the organization for the first time in decades. If you would like to read about the details, check the APsaA website. At the Washington meetings last June, the Council welcomed the new President, Warren Procci, and said farewell to the recent past President, Prudy Gourguechon.

On the international level, we shall respond to the IPA invitation to provide a page on their main web site that has information about our activities. Pat Bernstein and Lin Borden, along with an Institute

representative, will work on this project so that we can represent all of our projects in both the Society and the Institute. If you have suggestions for this page of the IPA's website let me know. The international community may find that some of you should be invited to speak or work with members of their societies on various projects.

Some of our members have participated in an international research project, the Working Parties, which is a complex series of research work groups that are aimed at studying various aspects of psychoanalysis. The work was started in Europe and is now being introduced to North America and Latin America. I am involved in one section of this research work and have been asked about it, so I will very briefly give you some basic information about this project in a short article in this newsletter.

Please be sure that your e mail address is on file with us through our web site,

[www.denverpsychoanalytic.org](http://www.denverpsychoanalytic.org),

and check the web site for current developments. If you would like to work on a committee of the Society, please let me know, and if you are not yet a member of the Society please join us.

I look forward to a year of great programs and collegiality.





## MESSAGE FROM THE DIRECTOR OF THE DENVER INSTITUTE FOR PSYCHOANALYSIS

- Stacey Keller, M.D.

After several years spent in the dry areas of economic distress and reorganization, rekindling our enthusiasm for psychoanalysis was our primary focus during the winter and spring of 2010. We devoted the February 2010 Retreat to facilitating the enrichment of our psychoanalytic experience in Denver. In addition to the usual curriculum review, an educational program was offered on Case Formulation that resulted in a lively discussion delineating the essential elements of a formulation across various theoretical models. Following this the group explored our experiences here, looking at practice development, theoretical diversity and debate, scholarly and professional development, and participation in study groups and clinical presentations. The meeting was informative and hopefully helpful to our analytic practices and satisfaction as analysts.

2009-10 classes have finished, with our fourth year candidates having completed all of their classes, and moving towards graduation. Second year candidates will begin third year classes in the fall. Our PTP students have completed their Adult and Child & Adolescent programs. We will be celebrating both analytic and PTP graduations at the Annual Banquet in September, as well as honoring the Brandt Steele Award recipients. Congratulations Graduates!

The start of this academic year marks the end of another three year committee term of our Institute. While offering thanks to all of the committee chairs who have been so helpful during this past term of office, I would especially like to recognize all of those who are stepping down at this time. My thanks go out to Dr. Neil Rosen, who was a calm and steadying influence over the Admissions Committee. Dr. Barbara Redinger, who has served on the Admissions committee since 2003, will be assuming the Chair of Admissions. Dr. Jill Miller, who has been invaluable as a leader in child analysis both in Denver as well as nationally, is completing her time as Chair of the Child Committee and Director of the Child Program, after a total of 9 years and stepping down from COCAA, the Committee on Child and Adolescent Analysis. Dr. Shana Adler will be the new Director of the Child Analysis Program and Chair of the Child Analysis committee. She has also been elected Councilor of the Association of Child Analysis and will serve nationally on COCAP, the committee of Child and Adolescent Psychoanalysis.

We are all so grateful to Dr. Rhoda Singer, who has shepherded the initial developments of the Psychoanalyst Assistance Committee since its inception in 2003. Her careful, thoughtful leadership enabled this committee to establish procedures with the utmost of concern for our colleagues and patients. The committee will miss her leadership, although they will be under the capable guidance of Dr. William Bernstein, who will be taking over as the new PAC Chair. We thank Drs. Susan Frederick and Peter Mayerson, who have been our ombudspersons for nine years. They have now handed the reins over to Drs. Earlene Dal Pozzo and Rhoda Singer.

Many thanks are owed to Mr. Mark Wolny, who has given generously of his time and energy to the Curriculum Committee for the last six years, ensuring the high quality of curriculum and orchestrating the ever-moving teaching arrangements. His interest in preserving the rigorousness of psychoanalytic education has been much appreciated by the Institute. We are pleased that Dr. Laura Jensen will be assuming the Chair of Curriculum Committee and will bring her creativity and commitment to psychoanalytic education, especially in the context of the national developments in educational standards described below.

Dr. Geoff Heron and Ms. Cathy Krown Buirski have completed their tenure as PTP Directors with the September 2010 graduation of the current PTP class. The strength of our program is evidence of their hard work. Dr. Margy Stewart, who has been active in all facets of the PTP program for many years, will be the new PTP Director. We are pleased that she will be bringing her experience and enthusiasm to the PTP. The efforts of Ms. Ronnie Shaw in teaching the residents, and in chairing the PPT program with Dr. Rob Feinstein have been greatly appreciated. Drs. Laura Anderson and David Stevens will be taking on the PPT leadership for the next three years.

We are fortunate to have Dr. Leslie Jordan remaining as Chair of both the Ethics and the Research Committees, Dr. Sheila Teitelbaum as Chair of the Clinic, Dr. Simons as chair of By-Laws, Dr. Straus-Witty as chair of Awards, Dr. Anderson as head of the Mentoring Program, Ms. Brody as Chair of the Library Committee, and Dr. Moran as the Appointments Chair. Thank You all for your ongoing commitment to the Institute!

Our work and functioning, as always, is intimately connected with the work of the Denver Psychoanalytic Society. I have very much appreciated the cooperation and collegial spirit of Ms. Ronnie Shaw, the Society president, Rex McGehee, President-Elect, and Dr. Ben Green, the Treasurer. I look forward to continuing our collaborative efforts!

A new Executive Committee was elected this spring. Although I had anticipated this newsletter would be my last as Director, it appears you will continue to hear from me for the next three years. Drs. David Stevens and Cal Narcisi will be joining me, serving as Co-Associate Directors. Paula Bernstein will continue her exemplary service as Treasurer and Cathy Krown Buirski will take on the position of Secretary. I look forward to having the opportunity to work with them. I want to express my sincere gratitude to Drs. Rex McGehee, Paula Bernstein, and Laura Jensen, who served with me on the Executive Committee, for their significant contributions over the last three years. In addition to their dedication and commitment to the Institute, and the thoughtful counsel they brought to our work, they made the experience a pleasure.

The American Psychoanalytic Association spring meetings held in Washington DC revealed a new spirit within APsaA, in large part due to the efforts of Dr. Cal Narcisi. He, along with Dr. Myrna Weiss, has co-chaired the Board on Professional Standards for the past three years. Over the past year, the BOPS has coordinated two task forces who met to address the differing beliefs and needs of Institutes around the appropriate educational standards relating to the divisive issues of certification and TA/SA appointment. These two groups each prepared their recommendations and, in a historic weekend, were able to agree upon a single set of standards for review by BOPS.

On June 9, 2010, the Board on Professional Standards overwhelmingly approved new Educational Standards which offer significant changes in several areas. These changes are an outgrowth of years of committee and task force work exploring our training models. First, there are changes in the mechanisms institutes may use to appoint training and supervising analysts. An institute may choose to follow their currently existing procedures or elect to offer a new, developmental pathway for TA/SA appointment. The developmental pathway would begin in candidacy with the administration of two colloquia to candidates at mid-candidacy and pre-graduation, a process similar to oral comprehensive exams in doctoral programs. The final portion of the developmental pathway would be a vetting process, similar to the current TA or SA appointment pathway that would also result in the conferring of certification at the time as TA or SA appointment. Prospective and new training analysts and supervising analysts would participate in an ongoing developmental seminar. TA and SA appointments will now have different requirements and can be applied for separately or together. These standards also provide the option of a waiver process, whereby a candidate and non-training analyst pair can request approval for the non-training analyst to function in a training analyst role for that candidate so that a candidate does not have to change his or her analyst mid-analysis for training requirements.

With the adoption of these new standards, this year will be a time for the Denver Institute to make some important decisions about whether we wish to offer the developmental pathway or continue our current appointments process, and if we want to participate in the waiver process. If we choose to offer any of these options, we will need to develop our waiver procedures, explore and institute the colloquia process, and initiate developmental seminars for training and supervising analysts. We hope it will be an exciting time of development and educational immersion for the Denver Institute for Psychoanalysis.



## IN MEMORIAM

Dr. David R. Metcalf  
1920—2010



Dr. David R Metcalf, 89, died August 21, 2010, following a brief illness and complications of essential thrombocytosis and dementia in Walterboro, SC.

David was born October 6, 1920, in New York City, to Oscar and Celia Siegel. He graduated from Antioch College in Yellow Springs, OH, and the University of Rochester Medical School. He served in the US Army Medical Corps at Fort Meade, MD.

He joined the faculty at the University of Colorado School of Medicine in Denver, and became Associate Professor of Psychiatry and Director of EEG (brain wave) Research. He is author of numerous scientific papers.

In 1975, he completed training at the Denver Institute for Psychoanalysis, and left the University to establish a private practice in Denver. He was a member of the Denver Psychoanalytic Society for many years, and when he later moved his practice to Albuquerque and Santa Fe, he became a Corresponding Member of the Society in order to continue his tie with this group. After retiring from active practice, he lived in El Rito, NM, Philipsburg, MT, and the Beaufort, SC, area.

David married Antioch classmate, Geneva Bowen. They lived in Boulder for 20 years where they raised their family of 2 boys and 2 girls. After David and Geneva divorced, he married Sheila Horan in 1971 and lived in Denver for over 10 years before moving to New Mexico.

He enjoyed tennis, downhill skiing, hunting, and fly fishing, as well as family camping trips to Guaymas, Mexico in winter and the Colorado mountains in summer. He was a voracious reader, book collector, and lover of jazz.

In addition to membership in professional societies, he served as chairman of the board of trustees for the Colorado Rocky Mountain School in Carbondale. He also served on the Board of Trustees of the Philipsburg School District and the Granite County (MT) Hospital District.

David was predeceased by twin brothers Richard and Robert Siegel, and ex-wife Geneva. He is survived by sons Evan of Denver, CO and Conard of Boulder, CO, daughters Celia McVicker of Sunnyvale, CA and Gail Swinney of Cheyenne, WY; daughters-in-law Mary Crawford and Patricia Metcalf; four grandchildren and 7 great-grandchildren.

Send condolences to [davidmetcalffamily@gmail.com](mailto:davidmetcalffamily@gmail.com).

## THE DENVER PSYCHOANALYTIC SOCIETY'S 2010-2011 ACTIVITIES:

**LECTURE SERIES**—planning underway. Watch the website for details as they become available.

Our opening lecture, "*Early Moral Development: Beyond attachment and questions*" presented by Robert N. Emde, M.D. has been set for **Thursday evening, October 21st from 7:30 until 9:00 P.M.** The lecture will be held in the **Bushnell Auditorium** on the 8th floor of Building 500 on the Anschutz Medical Campus. Visitor parking is \$1.00 for the evening after 6:00 P.M. and is located directly north behind the yellow brick former Fitzsimmons Army Hospital known as building 500. This year, **RSVP's are requested to ensure enough seating.** Reply to [lin.borden@ucdenver.edu](mailto:lin.borden@ucdenver.edu)

**CONTINUING EDUCATION** for 2010 and more being planned for 2011. Check the website for more info.

**A Nancy McWilliams Study Group: Clinical Psychodynamic Assessment** taught by Ben Green, M.D. and Pat Higgins, LCSW will begin on **Thursday, October 7th** (12:00-1:00 p.m.—"bring your lunch"), continuing on 10/21; 11/4; 12/2/10. Registration forms are available on-line.

**Zen, Meditation and Psychoanalysis** will be an all-day workshop on Saturday, **November 13th** in the Cherry Creek area, taught by David Nichol, M.D. Registration information and details of the workshop are available on-line.

**The Process of Supervision** will be taught by Rex McGehee, M.D. on 3 Thursday evenings (December 2, 9, and 16, 2010) from 7:00—8:30 p.m. in Park Hill. Details are available on-line.

### Looking forward to 2011 classes -

**Karen Horney: Contributions to Interpersonal Psychotherapy** taught by Margy Stewart, Psy.D. will begin the first of 5 Friday afternoons from 1:00—2:30 on **February 11th**, followed by 2/18; 3/11,18,25/10. Registration and details available on-line.

**Learning from the Patient: The Work of Patrick Casement** with Nancy Bakalar, M.D. This seminar will meet for 2 hours for 6 sessions on Friday mornings in the Spring of 2011 (April 1, 8, 22, and May 6, 13, and 27, 2011 — 10:00 to noon) Registration and details available on-line.

**Peripheral Vision in Psychotherapy: Papers on Therapeutic Perspectives** with Neil Rosen, Psy.D. and Bob Unger, Ph.D. will be offered in the Boulder area in the winter/spring of 2011. See website for latest information.

**Bion**—a class to be taught by Rex McGehee, M.D. in 2011.

**FILM SERIES** is being planned for 2011—watch the website for details.

**SALON PROGRAM** is being planned for several Tuesday evenings this academic year. Watch for emails and website information coming soon.

Hold the dates for —

**November 9, 2010** Cindy Brody, LCSW, will be presenting: "*A daughter's struggle with her mother's pessimism and fears of separation.*"

**February 8, 2011** David Nichol, M.D. will present, "*Psychoanalysis, Meditation, and Zen: What Do They Have in Common?*"

March— being planned

**April 12, 2011**, Shoshana Adler, Ph.D., will be presenting, "*A View of Dreams in Chinese Culture.*"

**May 10, 2011**, Rex McGehee, M.D., will present. Title to be announced.



Presenters at the Society's March 5, 2010 "Aging and Psychoanalysis" Scientific Panel. From left to right: Keith Meagher, Ben Green, M.D., Mary Ann Levy, M.D., Richard Simons, M.D., and Richard Hurst, M.D.



Nancy McWilliams Conference Committee; from left to right: Pam Haglund, Psy.D., Lorrie Schroffel, LCSW, Florie Lehrburger, LCSW, Nancy McWilliams, Ph.D., Cindy Brody, LCSW, Joan Heron, LCSW, Ron Langer, LCSW. Missing from photo — Pat Higgins, LCSW. *(Photo by Mark Groth)*

***“Sudden Father Loss in a Three-year Old Boy: Thoughts on Interpretation and Technique”*****February 26, 2010****By Carla Elliott-Neely, Ph.D.****Reported by Thomas Avery, LCSW**

Carla Elliot-Neely, a graduate of Smith School of Social Work, the Anna Freud Center in London and the University of Lund in Sweden, where she received her Ph.D., gave the following presentation on Friday evening, February 26, 2010 and taught a class to the candidates the following morning.

Dr. Neely’s talk grew out of her interest in understanding what works therapeutically and why. Specifically, Dr. Neely explored the issue of interpretation as a basic tool in promoting therapeutic action. With adolescents and adults, she noted, that interpretations take into account the origin of the conflict, developmental and current manifestations and how these are represented in transference. Interpretations with children on the other hand are not burdened with the additional complication of accommodating to successive layers of developmental and defensive transformations.

Her paper has not been published, as of this printing, so I shall briefly recount the segments of the analysis Dr. Neely chose to focus on for her presentation. She began by saying that she did not see her patient, Tom, in analysis initially because he was a physically and emotionally robust child with strong family support. Dr. Neely felt he did not need intensive treatment at that point. Rather, she took a role in helping Tom’s mother, an intelligent woman struggling with her own grief, to think about Tom’s development. Interventions were aimed at helping Tom’s mother support his grieving process. Ten months after his father’s death, however, Tom’s difficulties worsened despite his best efforts to put a on a brave face for his mother’s sake. Analysis was agreed upon at this point to restore him to a normal and expectable developmental path.

Dr. Neely used two segments of process to illustrate her thoughts about therapeutic action. The first revolved around a play sequence in which Tom represented a doll house that was guarded by soldiers. The father in this house had been killed in an accident. What Dr. Neely came to understand through the play was, that although the soldiers guarded and protected the outside of the house, chaos continued on the inside. The second play scenario involved puppet play. A big brother puppet cared for and protected a baby puppet, perhaps in the way Tom believed he helped his mother. This big brother puppet remained cheerful and steadfast despite the baby messing up his important building projects. He represented the mother in this play as exhausted and needing to be in bed. Dr. Neely used these two segments of the analysis to discuss her thinking about “what works and how.”

Dr. Neely’s understanding of Tom’s inner world occurred on a preconscious level while she engaged in the play. This led her to make interpretations regarding Tom’s need for and use of defensive maneuvers. For example, the first event she discussed, in which Tom surrounded the doll house with soldiers who were unable to manage the chaos inside the house, helped her understand that either Tom’s defenses were too weak or that his feelings too strong, to be managed without help. Dr. Neely’s comments to Tom along these lines helped to clarify his feelings and eventually, through exploration of the many elements of his dilemma, led to a softening of his need to be so very good all the time.

He was able to give expression to his sadness and anger around missing his mother whom he had lost temporarily to depression. Here Dr. Neely pointed to a misstep she felt she made in moving too quickly to interpret to Tom his anger towards his mother. In response to her interpretation, Tom built a wall between himself and her. Dr. Neely responded to Tom that she thought he was upset with her for talking about his angry feelings towards his mother. This rupture was repaired through working in the transference within the play. Looking back at this piece of process Dr. Neely acknowledged that she had a preference in this instance for, “direct communication, thinking it would have a greater impact on his defense against owning his feelings.”

Another intervention, in which she empathized with the older brother doll’s need to keep the baby safe, was intended to perturb the reaction formation defense against his hostile and angry feelings both towards his mother and younger brother. Working with this interpretation empowered Tom in a manner that enabled him to instruct Dr. Neely how to become the object that he needed her to be. In turn, Dr. Neely stated, “I was willing to change my angle – to be influenced by him.”

Dr. Neely concluded by suggesting that the process of Tom’s analysis was similar in some ways to analysis of the transference in the treatment of an adult patient. Observing the interaction between patient and analyst, Dr. Neely outlined a process of commenting in a manner that first clarifies, later confronts, and finally connects with genetic material as the hallmark of classical analytic interpretation. What is different in the treatment of very young children is that the final step, that of linking to genetic material occurs closer to ‘real time,’ rather than being buried under successive layers of developmental and defensive transformations.

Dr. Neely demonstrated to us that her interpretations with Tom had evolved in the work in a manner that is “less than conscious.” She used the example of the play sequence where Tom represented the dollhouse surrounded by soldiers, yet chaos continued within. This puzzling situation led her to imagine that the “soldiers got tired and could not manage.” This thought was based on her notion that either his defenses were weak or that his feelings were overwhelming. Either way he was unable to manage. “My interpretive work,” Dr. Neely stated, “could begin to take into account both sides of this dilemma.”

The notion that time is foreshortened in work with very young children recalls for me Loewald’s paper on therapeutic action where he examines mental structures. Freud believed that mental structures, unlike physical structures which are associated spatially, are connected through time so that the patient’s past is intertwined with his present. Accordingly, a patient such as Tom, coming to analysis as an adolescent or adult might not tell his analyst, “I’m afraid to love, trust or engage with you because I remember when my father died.” Rather he would hopefully find a way to say, or express through behavior, something to the effect of, ‘I know I need your help, but this feels unsafe.’ In other words the patient would be expressing a current concern. Various solutions to resolving his core dilemma would be successively analyzed as they appeared in the transference. Only through being engaged as present and experienced affectively can therapeutic action proceed. Dr. Neely believes, nevertheless, that play is involved whether one is working with an adult or a child.

The audience responded with questions and a warm discussion ensued. Many of us were happy to see Dr. Neely again on her home turf and to engage with her in her uniquely inquisitive and intelligent fashion.



## *Aging and Psychoanalysis*

Scientific Presentation  
Denver Psychoanalytic Society  
March 5, 2010

Reported by Barbara Redinger, Ph.D.

On Friday evening, March 5, the Denver Psychoanalytic Society presented a third panel of local psychoanalysts organized by Dr. Ben Green. The objective of these panels, as conceived by Dr. Green, is “to bring to the larger community the side of psychoanalysis that is both accessible and human—in the person of some of our most beloved and personable senior faculty members.” The 2008 panel addressed how analytic technique and theory have changed during the last thirty years. In 2009 the topic was religion. This year the panel focused on the older patient and the aging psychoanalyst, regarding to theory and technique, along with the existential aspects of aging. Dr. Green’s vision for the panels is to recognize that the “psychoanalytic/psychodynamic enterprise that we hold so dear should not be consigned to the dustbin of history; that it is scientifically credible, clinically effective, and profoundly humanistic.”

He certainly realized his vision on March 5, 2010 with his scholarly report on studies in adult development, followed by the moving, powerful, compassionate and personal presentations of Dr. David Hurst, Dr. Mary Ann Levy, and Dr. Richard Simons. The last speaker of the evening was Keith Meagher, a former analysand of one of our retired psychoanalysts, who spoke of the ongoing impact on his life of having an analysis thirty years ago.

Dr. Green began the program with a review of the psychoanalytic literature on adult development. Dr. Hurst talked about our current views on how we define “elderly” and about his treatment with a man that lasted until the patient died. Dr. Levy’s presentation was a personal account of how she coped with a frightening illness, while helping another family member, deal with a difficult neurological condition. Dr. Simmons presented clinical material from an analysis he conducted with a man in his seventies. He also followed up on the patient a decade later. The last speaker was Keith, and there was a short question and answer period.

Dr. Green’s review of the literature began with Freud and his followers, who wrote that human development occurred primarily in childhood and adolescence. Carl Jung’s studies included the adult through age 40, and he discussed the reemergence of less developed personality elements at that time.

Studies on adult development outside of psychoanalytic field included a famous study from The University of California at Berkeley’s Institute of Human Development which began in the 1930’s. This was a prospective study on the development of 50 healthy children from birth over their first 10 years. This project ultimately continued for five decades. Some major publications on human development resulted from this study, including Erik Erikson’s *Childhood and Society*, Daniel Levinson’s books, *Season’s of a Man’s Life* and *Season’s of a Woman’s Life*, and Betty Friedan’s *The Feminine Mystique*. The findings from the Cal Berkeley study popularized the point of view that psychological growth and development continue throughout the life cycle.

George Vaillant directed from 1967 another significant, comprehensive study of adult development. This research, funded in 1938, was the Grant Study, which is the most comprehensive prospective long-term study of mental and physical health ever conducted. The original sample for the study included men from Harvard. JFK and Ben Bradlee, eventually the editor of the Washington Post, were among the more famous, extraordinary, and influential members of the sample. The participants of the study allowed themselves to be re-interviewed psychiatrically every 15 years. To enhance the findings of the project, the researchers added a sample of 456 boys from blue-collar Boston families and 682 women from the Stanford (Terman) study of gifted children.

Vaillant’s 2002 book, *Aging Well*, based on the findings of the study, had a great deal to say about what enables a person to maintain both physical and mental health as he grows older. One interesting fact he noted was that older adults in their 60’s and 70’s focused mostly on positive emotional relationships with others. The exceptions were isolated and reclusive people who focused on their possessions.

Vaillant identified seven projective factors associated with healthy aging: four physical and three psychological. The physical ones are no smoking, no drinking to excess, maintaining a healthy body weight, and regular exercise. The psychological ones are stable marriage, education, and healthy coping mechanisms—mature defense mechanisms. These kinds of coping abilities allow aging men and women to tolerate positive and negative characteristics in both self and others. Dr. Green made the salient point that psychoanalysis or psychodynamic therapy promotes healthy aging partly through the “analysis of defense.”

Vaillant elaborated Erikson’s stages of adult development. He proposed that there are five tasks necessary for different phases in adult life. The first is the achievement of *Intimacy*, which he describes as the capacity for lasting, interdependent, reciprocal, committed, contented relationships. An important element in relationships of intimacy is that one expands the sense of self to include another so that their happiness and well-being becomes as important as one’s own.

The second developmental task of adulthood is *Career Consolidation*, which means expanding one’s identity to assume a social identity with the work of the world, in which one hopefully finds some satisfaction.

By middle adulthood emerges the task of *Generativity*. This involves interest in and participation in the guidance of the next generation.

The fourth task is become the *Keeper of the Meaning*. People take personal responsibility for conserving and preserving the collective products of mankind, culture, civilization, institutions, and traditions. Dr. Green included individuals such as the wise judges, matriarchs, village elders, and the Chairperson of the Psychoanalytic Institute’s Progression Committee.

*Ego Integrity* is the fifth developmental task of adulthood. This requires a personal sense of wholeness and integration. A person is able to appreciate and accept one’s own life.

Dr. Green reported that one of Vaillant’s favorite questions to ask is, “What have you learned from your children?” One must stay involved with the world, continue to make new friends, and obviously, recognize the contributions of the next generations. An alternative way to live is to withdraw from the world to try to avoid stagnation and despair by pampering and indulging oneself.

Dr. Green talked about some other models for adult development. Daniel Levinson proposed the idea of a “Life Structure” that shifts and changes every ten years or so.

Psychoanalysts Colarusso and Nemiroff posited in their books on adult development, that the same notions that govern developmentally informed work with children should also be heeded in work with adults. Psychic structure takes form in childhood, and it continues to modify throughout life. It is important to remember that every stage of development is affected “by the vicissitudes of the body and by the representational body-self”; therefore, the aging analyst and the aging patient deal with the limitations of time left and goals unfulfilled. Nevertheless, psychoanalysis can facilitate the modification of psychic structure, regardless of the age of the patient or the age of the analyst if the participants are physically, intellectually, and psychologically capable.

The second presenter this evening was Dr. David Hurst, who talked about treating elderly people. He began by reassuring us that treating an older patient is like treating someone in any group, as long as you adapt the treatment to the patient’s situation. Dr. Hurst reported on current information and statistics which define and differentiate between groups of the aging population, before he shared poignant case material involving one of his patients for whom he served as analyst until the man died.

Dr. Hurst relayed to the audience that “aging demands courage because the old person confronts the challenges of life with progressively fewer options” and mounting losses of physical and mental capacities. The aging person also faces the loss of the role he once had in the family and in the community, loss of identity, and loss of important relationships, including friends and partner.

Dr. Hurst discussed the question regarding when a person is considered elderly. It has generally meant anyone over 65,

but this number does not fit with the life expectancy and vigor of so many older people in our present society. The average life expectancy in 1900 was 47; now it is 77. Our thinking and attitudes have not kept pace with the reality of our culture.

One way to define the “elderly” is to designate people who are “functionally old,” meaning they need special care. Population experts have used the terms “young old” for the 65-74 group, “middle old” for the 75-84 group, and “oldest old” the over 85 group. A third of the over 85 group still have no limitations. The reasons people are living longer are improvements in the environment, cleaner water, better control of infectious diseases, antibiotics, more abundant food, immunizations, and life style changes. In 2000 there were 180,000 people in the U.S. over 100, and that number is rising.

Dr. Hurst reported some additional interesting facts. Despite social programs, 80% of the dependent elderly live with their families. 80% of the men 65-74 are married, but only 50% of the women are married. Men remarry 8 times faster than that of their female peers. Divorce means severe financial loss for women, and it means disrupted or weakened family networks for men. He also said that 20% of seniors suffer from anxiety, depression, or substance abuse. While they attempt suicide less frequently than younger people, they succeed more often. It may be that elderly people don't receive mental health services as readily as younger people because of the prejudice in society that they cannot benefit from therapy because of their age.

Dr. Hurst, however, presented a wonderful example of his analytic treatment with a “middle old” man who came to see him because he was terribly lonely, in spite of what he had built in his life. He had a difficult beginning in life. His teenage mother relinquished him for adoption to a family who treated him badly. He ran away from that family when he was a teenager and eventually became a wealthy, self-made man. He married and had a family, but he never felt close to any of them. He trusted no one.

He started seeing Dr. Hurst when he developed an illness which would eventually make it impossible for him to maintain his independence. Dr. Hurst adapted his mode of treatment to the patient's gradually failing abilities to bring himself to the office. The changes Dr. Hurst implemented included meeting at his patient's home; monitoring his medications when his wife was unable; taking an active role in persuading his patient to stop driving when he was no longer safe to do so; and visiting him in a medical hospital after his patient became toxic from too much medication while Dr. Hurst was on vacation. As his illness worsened and there remained no treatment options, he asked Dr. Hurst to assist him to die. After Dr. Hurst refused, the patient and his family asked him to continue therapy with the patient and honor his decision to stop eating and drinking. Dr. Hurst agreed and provided care until the end of the man's life.

Dr. Mary Ann Levy's presentation was a personal reflection on a painful and tender account of confronting her own mortality while dealing with a close family member's recent diagnosis of a serious neurological condition. As she moved through this extremely difficult time in her life, she discovered new depths of her own capacity for giving, receiving, and sharing with her family, her friends, and her patients. She began by reporting a dream that helped her realize she wanted tell her story of growth and development from what she had been through, in spite of how scary it felt to do so.

A few years ago Dr. Levy was attending a conference in another city pertaining to the condition her family member was facing. Her family had been terribly saddened and then frustrated by the serious neurological diagnosis given to her family member. There was little knowledge or professional help available for this problem in the family member's community. Dr. Levy, along with others in the family, attended the conference to learn more about the condition, treatment options, the environment necessary for optimal outcome, resources, and services in a larger community.

While she was there, she picked up a phone message from home that indicated she needed to call her doctor about the report from a recent mammogram, something that had slipped her mind. She received the devastating news over the phone that she had breast cancer. This diagnosis was particularly terrifying because of the loss of a beloved sister to breast cancer at age 42. Dr. Levy shared with us the internal struggle this news presented at this particular time and place. She wondered if she should go home right away and get her treatment organized or stay for the remainder of the conference to learn the program for helping her family member. She decided it was a “no brainer;” she needed to do everything possible to help her family member and arrange her treatment when she got home. Age and experience helped define what was important for her.

During her recovery from cancer surgery she established “Mondays with Mary Ann” so she and her family member could learn and grow stronger helping each other. This was a special and challenging time for both of them, and going through it together was transformative for each of them. Their relationship deepened, and the difficulties they faced enabled both of them to confront their pain and frustrations with courage and camaraderie.

Dr. Levy sought the council of Dr. Gene Schwarz, a compassionate, senior analyst, regarding how to handle this life crisis of her illness, treatment, and recovery with her patients. Work with her patients during her recovery process was rewarding and challenging in unexpected ways. Some recovered with her and resumed their therapy. Some could not tolerate the loss of the ideal analyst. Many of her patients suffered from the feeling of abandonment. Most people wove her illness, treatment, and recovery into their own story in the transference.

Dr. Levy conveyed in her presentation the profound importance of this period of her life both personally and professionally. Her management of this process and what it taught her about generativity and perspective was indeed a powerful experience. She identified and further developed parts of herself that she previously had not fully appreciated.

Dr. Richard Simons presented material from a six year treatment of a man who began therapy in his early seventies. As he had aged, he'd grown increasingly unable to be and feel close to people, including his wife and family. He spent long periods of time each year away from them. He retired from his career in his sixties, had given up his passionate musical pursuits long before that, and felt stuck and demoralized as he grew older.

Early on Dr. Simons decided, based on the man's history of early and numerous losses, which included his father and son, that he needed to be a "real object" in addition to serving as a transference object for his patient.

The presentation was a beautiful example of analytic therapy wherein the relationship between Dr. Simons and the patient was clearly a powerful agent for change. The work involved highlighting and understanding unconscious anniversary reactions, times, and dates around painful losses. The masterful elaboration and analysis of the patient's intricate dreams revealed important transference love and affection, along with pieces of history that could at last be recalled, felt, grieved, and integrated.

The patient's marriage, which became sterile, distant, and lifeless after the death of their son, revived. The patient resumed his interest in music. His life had joy and meaning once more.

The termination process was rich with dreams of love and dread of loss, which would feel like death to the patient because of his history. Dr. Simons moved through this phase of the therapy leaving open the possibility that the patient could see him again in the future should he have the need. Several years after the successful therapy, Dr. Simons learned that his former patient was blind. Soon after that Dr. Simons visited him in the hospital where he was depressed and wanted to die. He was having psychotic symptoms secondary to a bladder infection. When this condition was treated, he went home with the plan of weekly phone sessions with Dr. Simons. The support and ongoing psychological work enabled the patient to resume his music, become involved his local the Blind Society, learn Braille, and lead the group singing at the Society. He will soon have his 88th birthday, and he's active, involved, and living his life to the fullest.

Dr. Simons' case presentation is a wonderful example of the usefulness of psychodynamic therapy with the older patient conducted by an outstanding, creative senior analyst.

The last person to present was Keith Meagher, a man retired from the Colorado Department of Revenue, who received an analysis as a younger man after he returned from a tour of duty in Vietnam. He was asked what he stayed with him through the years from that analysis and how it had changed his life. He related that he learned empathy for others, which had allowed him to leave his anger and resentment from childhood behind. He realized that what he thought was unfair and insensitive treatment had actually been the attempt by people close to him to give him the best chances in life that were available. He came to terms with the disruption and pain of war. These resolutions enabled him to move forward in his life with his career, interests, and educational endeavors that remain ongoing.

We don't often get to hear about the real, moving, and compassionate stories of analysts' work in these kinds of formal presentations. We felt intense gratitude and appreciation to Dr. Hurst, Dr. Levy, and Dr. Simons for sharing these personal, academic, and precious times in their careers with us. I am not able to do justice to these presentations in this report. The things we learned and felt on that evening from our colleagues were unique to that evening. Experiencing the personal and emotional sides, along with their kindness, caring, expertise, and character of our senior analysts was truly inspiring. It was one of those events, however, that you needed to be there to understand the power of these stories told from the hearts, minds, and souls of Drs. Hurst, Levy, and Simons. We are grateful to them and to Dr. Green for organizing this panel. Keith Meagher's willingness to talk with us about what was lasting for him from his analysis was fascinating and quite informative. It took courage for him to stand before our group and tell his story. We sincerely thank them all.



**“New Empathy for Old Diagnoses: A Clinical Conversation with Nancy McWilliams”  
April 17, 2010**

**Review by Ben Green, M.D.**

For many in our community, Nancy McWilliams represents a new sort of psychoanalytic ideal. In a field long dominated by authoritarian male ideologues, she could epitomize a kinder, gentler, more candid and authentic and decisively relational analyst. But she’s more than that. One might not guess it from her casual, easy-going demeanor, but she was part of the determined thrust by non-physicians at the National Psychological Association for Psychoanalysis to challenge the MD monopoly of the American Psychoanalytic Association in the 1980’s. Similarly, it would be easy to be so charmed by her approachability and engaging conversational style that one might miss the fact that, beneath the very plainspeak surface of her work underlies a sturdy bone structure of scholarship and academic rigor.

Inspired by the brilliance and humanity of Freudian disciple Theodor Reik, McWilliams enrolled in the department of Personality and Social Psychology at Rutgers; there she studied with such luminaries as Sylvan Tomkins, George Atwood and Robert Stolorow, and, later, Arthur Robbins. This interdisciplinary study has strategically positioned her to address one of the cyclical controversies in our field: the relevance of personality nosology to clinical psychotherapy. Freud and the first couple generations of his disciples threw around diagnoses like “hysterical”, “paranoid”, and “obsessional” with great frequency. A half-century later, there began to emerge a humanistic sea-change; legend has it that Karl Menninger opined that there was only one appropriate label for our patients: “human being.” By the time that my classmates and I began our analytic training here in Denver in the late 90’s, there was hardly a mention of diagnostic categories, or really anything having to do with assessment diagnoses, typology, or dimensional scales. Once the suitability of a patient for psychoanalysis had been determined, the emphasis from the very first analytic session was on the development of the analytic process. Patients were to be described in dynamic terms-- behavior, words, affects, transference, defense, resistance, that sort of thing, the more specific the better. Most attempts to characterize or identify patterns, let alone diagnoses, were generally discouraged as being overly intellectual, reductionistic, and as a distraction from—to invoke Bion’s oft-cited phrase—“listening without memory or desire.” Often, clinicians who persisted in attempting to arrive at a diagnosis were asked to consider whether countertransference reactions, or, even worse, unanalyzed characterological issues on the part of the therapist might not be interfering with the work. Of course, many of these supervisory comments were both insightful and accurate. These attitudes did, however, effectively minimized certain kinds of thinking, certain modes of conceptualization—that McWilliams strives, I think, to redress. With regard to the interface between psychoanalysis and neurology, it has been proposed that we should strive to be neither brainless nor mindless. Similarly, to tolerate a dialectical tension between seeing and responding to our patients, on one hand, as seen through the lens of radical individuality as expressed in the infinite complexity of every analytic moment (with a Zen-like attitude of “not knowing”), and, on the other, as characterized by personality-specific patterns of behavior or relational configurations that have been richly described and deeply considered by wise and experienced colleagues—this would seem an eminently worthwhile effort.

As is usually the case in our field, it depends. Does the use of psychoanalytic diagnoses enhance or detract from our thinking analytically? I doubt that anyone leaving the lecture hall on that particular day was left with any uncertainty as to whether, in McWilliams’ hands at least, invoking these personality designations enriches our clinical sensitivity and understanding.

Her first paper concerned schizoid personality dynamics. Adopting Otto Kernberg’s diagnostic framework, McWilliams articulated a theory of personality that entails two axes: one indicating the relative health/developmental maturity and this stretches from psychosis to borderline to neurotic to healthy. The other, orthogonal axis designates the particular style of personality functioning—schizoid, paranoid, narcissistic, histrionic, obsessional, etc. The first implication of this conceptualization is that some diagnoses that have historically been seen as

more primitive or pathological, e.g. schizoid and paranoid, are not necessarily associated with any more overall personality disturbance than the other personality types. There are many individuals with schizoid and paranoid personality organization who “pass” as normal and, indeed, who are successful and high functioning across the various domains in their lives. This effort to remove the pejorative connotation from these descriptors (hence her choice of conference title) and to use these terms with a minimum of good-bad judgmentalism is a critical first step. (Unfortunately, finding more neutral substitute terms with equivalently rich clinical meaning is daunting; for the category “schizoid” she described why she had considered, but then rejected, the alternative (Jungian) designation, “introversion.”)

McWilliams convincingly illustrated how giving ourselves permission to use the notions of “schizoid sensibilities” and “schizoid psychology” opens up our discourse in wonderful, thought-provoking ways. Schizoid persons tend to be exquisitely sensitive, introspective, and, often, creative. They are over-represented among artists, theoretical scientists and mathematicians, philosophers and spiritualists, and, yes, among therapists. There is often an innate interest in and comfort with the Unconscious, with the nooks and crannies of the mind that most people heavily defend against. Schizoid individuals do desire interpersonal connection and intimacy, but they are afraid that their rich and sometimes idiosyncratic inner lives will be intruded upon, overstimulated, invalidated, and adjudged weird or even crazy by others. It’s no surprise then that many of these folks find therapy an attractive resolution to their central conflict about closeness and distance (see Wheelis, 1956). Guntrip is reported to have quipped, “psychoanalysis is a profession by schizoids for schizoids.” (Empirical investigation of psychotherapists’ personalities confirms the truth of this for male therapists, while the modal female therapist tends to be depressive.) McWilliams shared her personal attraction to schizoid persons, e.g. her late husband, who, in turn, was drawn to her more histrionic style. She drew us into the interactional dynamics of such a dyad; the histrionic coveting the strong boundaries and staunch individuality of the schizoid, but then being extremely frustrated at the periodic withdrawals; obversely, the schizoid is fascinated by the histrionic’s interpersonal warmth and comfort, but is annoyed by the sometimes sloppy boundaries and the prolonged bids for engagement. As she painted this picture, this dyadic interaction seemed vivid and alive. She described how, after public presentations such as these, she has been approached by schizoid audience members who have thanked her for helping them better understand themselves and for making them feel less isolated and alone. Similarly, schizoid patients can feel gratitude toward a persistent, committed therapist—especially one who is mindful about a schizoid’s sensitivity to intrusion, impingement, and invalidation. McWilliams recommends some modifications to our usual clinical technique. Schizoids often do well on the couch (with its protection from visual overstimulation) and they often respond better to elliptical interpretations, e.g. using metaphors drawn from literature, film, art. McWilliams has been struck by how her schizoid clients were often the first to notice changes in her, e.g. anxiety or illness. Accordingly, one is well advised to be radically honest with schizoids—because they are likely to detect even subtle deviations from the unvarnished truth, and because the therapist’s honesty can make it a little easier for the schizoid to overcome some of their intense shame about personal matters. The major mutative benefit of therapy for a schizoid may well come from the opportunity to elaborate “the self in the presence of an accepting, nonintrusive but still powerfully responsive other.”

With regard to persons with a paranoid personality organization, McWilliams critiques the DSM-IV as exclusively focused on the persecutory subtype of paranoia. Individuals with these dynamics disavow their own anger and hostility, project it onto others, and then experience the aggression as directed back at themselves. There are other manifestations of paranoia. When this process is directed toward an entire group (e.g. a racial or religious group, those of a different sexual orientation), it manifests as prejudice and group hatred. The erotomania of stalkers and certain sexual predators results from the disavowal and projection not of anger, but of erotic or romantic feelings. There is a frequently voiced justification for their actions: “You know you want it.” Paranoid jealousy can be engendered when an individual denies his or her own desires to stray from a monogamous relationship and, instead, displaces these motives onto their partner, thus justifying their own extreme vigilance and controlling behavior. Megalomania projects onto the other a perception of smallness, weakness, or limitation: “You are pathetic, I am magnificent.” Paranoid individuals are often quite self-referential; everything that happens around them is directed at them, takes place because of them. Although this may cause them distress and problems at times, it repeatedly confirms their pre-eminent place in the universe.

*Continued from page 15—*

Etiologically, many with paranoid psychologies grew up in families where they were repeatedly subjected to humiliation and the thwarting of age-appropriate strivings for separateness and individuation. Often there was the modeling of disavowal and projection by primary caregivers—the adults may have split off unwanted feelings, shortcomings, or motives that they refused to acknowledge as their own and instead experienced them as belonging to the child. Paranoid persons are then faced with a cruel dilemma: relatedness threatens to repeat early traumatic patterns, but they have not been helped enough with establishing their own autonomy to feel confident about withdrawing from interpersonal engagement (in the manner of the schizoid).

As with schizoid patients, it is important to identify paranoia because it calls for certain modifications in our usual psychotherapeutic interventions. To start with, the establishment of a trusting working alliance is especially difficult, but not impossible. Therapeutic regression should be minimized because it threatens vulnerability and humiliation—use of the analytic couch is generally not advised. Too much sympathy or demonstrations of therapist's goodness can be seen as insincere, naïve, or manipulative. Even the usual neutrality, abstinence, or avoidance of self-disclosure may be interpreted as evasive, unfriendly, hostile, or evidence that the therapist is hiding something. Particularly with these often very perceptive patients, it is important to convey respect and to be scrupulously honest, even candid. McWilliams recommends answering most questions simply and directly, and only then asking the patient what might have been behind their inquiry. If the patient imputes an affect or motive to you that seems incorrect, it would be important to preface any disconfirmation with the admission that you don't fully know your own mind, and that it might turn out that the patient is more right than you realize at the moment.

Besides the theoretical papers, McWilliams presented a compelling course of treatment with an extremely skittish, schizoid woman. McWilliams' gentle, honest style was apparent throughout, as was her commitment to immersing herself deeply and courageously in a co-constructed therapeutic process. Much room was left for the spontaneous and unanticipated, the emergent properties in both the patient and the dyadic interaction. And also a readiness to take risks when necessary, to be playful when appropriate.

We also had the benefit of two additional case presentations, one by Laura Anderson and another by LeAnn Hansen. It was a spectacular conference, start to finish; the place, the food, the welcoming atmosphere, as well as the content. This did not come about by chance—the conference organizers worked many, many hours over many, many months to bring this off as they did. Please send out your gratitude to Florie Lehrburger, Joan Heron, Cindy Brody, Pam Haglund, Pat Higgins, Ron Langer and Lorrie Schroffel.

For those of you who would like to read more, please go to our website and the link to Dr. McWilliams' two papers and the personal interview with her. Also, see her 3 major works: *Psychoanalytic Diagnosis* (1994), *Psychoanalytic Case Formulation* (1999), and *Psychoanalytic Psychotherapy* (2004).



### **Working Party Groups—by Ronnie Shaw**

A number of people have asked me about the Working Party Groups that are now established in Europe and beginning in North America and Latin America. I am chairing one section of the Working Party Project, (the Working Party on the Specificity of Psychoanalytic Treatment Today) for North America and I have enjoyed working with the founders of this research project for several years.

The Working Parties originated in Europe under the European Psychoanalytic Federation. Here is a very brief introduction to this work and if there is interest, we can give more information in a meeting. The most important thing about this project is that it is generally very well received and psychoanalysts can participate on a one time basis without making ongoing commitments. Most of the participants in all of the groups in Europe return again and again. Some Societies in Europe have started to use some of what they experience in their own meetings and in their teaching. In the European Psychoanalytic Federation the meeting attendance grew three fold when the working parties became known among analysts in Europe and the US. Some of us from the US participated early on and now we are trying to develop a few of the Working Parties here in North America and in Latin America as well. Some of our faculty have attended these groups, presented and worked in other capacities as well.

We are now attempting to establish several Working Parties here in the North American region which includes the US, Canada, Korea and Japan under the North American Psychoanalytic Confederation. The current Working Parties that are starting up in North America are the Working Parties on: Comparative Clinical Method; Initiating Psychoanalysis and; Supervision and Graduation for Supervisors; and the Specificity of Psychoanalytic Treatment Today. There will also be a Working Party on some aspect of child analysis. At the national level some of our old friends and colleagues are chairing some of the Working Parties such as Ted Jacobs and Ruth Karush. There are other Working Parties in Europe where some of the research work has been finished and the work is now published, or being written about.

The North American Working Party meetings will be open to psychoanalysts and candidates who are members of the IPA or its component societies. These groups can be one time experiences that have been generally very well received here in Europe and Latin America. Many analysts return at every meeting as the work is unique and compelling, and it brings analysts together from different analytic and social cultures. Many say that various aspects of their own work are favorably and uniquely influenced. And on a personal note, lots of us have made some wonderful new friends and colleagues. Learning how other analysts work and think is a very big aspect of this work, but working together in depth is different from our usual congress agendas.

There will be Working Party meetings in San Francisco in October and in New York in February. These meetings are free standing in North America and at this time will not occur in conjunction with the APsA meetings in NY in January. You can also consider attending the European Working Party Groups which will be meetings in Copenhagen in the Spring in conjunction with the EPF meetings, and in Mexico City in July in conjunction with the IPA Congress. I recommend attending both here and at the international level where there are always English speaking groups. In either local you will have an in depth very unique experience with analysts from other locations, orientations, and cultures. This is the link if you are interested in reading about some of the groups. [events@napsac.info](mailto:events@napsac.info) If you want to read more, check the IPA and the EPF web sites. I can also help you find the books and papers that have been published.

If you have questions of course contact me. [rshaw@ashcomm.com](mailto:rshaw@ashcomm.com)

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