

# THE DENVER PSYCHOANALYTIC SOCIETY NEWSLETTER

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## PARTING PRESIDENT'S MESSAGE

- ARTHUR D. GARFEIN, M.D.

There is an old Jewish proverb: *The good is remembered, the bad is felt.* I hope you remember more about me than you feel.

Two years ago I mentioned four goals that I wanted to pursue during my term of office. The first goal was to increase our public visibility and strengthen our outreach to the community. We have continued to offer free Friday night community lectures with nationally-renowned psychoanalytic thinkers and clinicians, albeit at times under-attended by our membership. Our Salon Series, offered every other year, continues to generate interest in psychoanalytic thinking and provide a warm inviting atmosphere for collegiality. We will, again, be co-sponsoring a seminar with the Colorado Society for Clinical Social Work, this time with Judith Wallerstein on Friday, October 12<sup>th</sup>. Mark your calendars. Also, last fall we collaborated with PFLAG (Parents and Friends of Lesbians and Gays) in co-sponsoring a very popular film and discussion series.

We have publicly supported the confidentiality of therapist-patient treatment notes, as well as greater third-party support for longer term psychotherapy. We have made our community aware that our members were available for community and national emergencies, such as Columbine, Katrina, Platte Valley High School, both as first-line responders and as care-givers to the care takers. We have considered offering referral services for longer-term treatment at reduced fee for under-served populations, and advocated supplemental funding of public mental health needs through a tax on those most financially fortunate, as was done in California in 2004.

The second goal was to enhance services and recognition to our members. We began what is, we hope, a tradition of retirement banquets, honoring those members ending their active careers. We have brought music to all our larger get-togethers. For those of us still active in our careers, we have secured discounted fees for insurance, disability, long-term care, estate and retirement planning, accounting and legal services. We are charging reduced fees for continuing education courses. We have invited any member to offer a self-designed course. Through the generosity of Forest Pharmaceuticals, we have

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been able to provide our Coordinating Committee Chairs cost-free dinners during our business meetings. We are also helping fund the attendance of our Councilor, our active voting representative, at the twice yearly Executive Council meetings of The American Psychoanalytic Association. We have fashioned a confidential, humane Colleague Assistance Program, in cooperation with the Institute's Psychoanalyst Assistance Committee, to aid in evaluating possible impairment before an ethical breach occurs. Agreeing to this is a condition of membership in the Society.

The third goal was to strengthen our financial situation. We are a membership organization primarily dependent on your dues to pay our necessary expenses. Thanks to our robust recruitment -- the most new members welcomed in any two-year period of our Society's history -- our balance sheet should appear favorable. Our popular continuing education courses have also provided an additional income source with many teachers offering their services *pro bono*. Other more modest fund-raising attempts have included our annual partnership with The Denver Center for the Performing Arts for viewing a play followed by discussion and a reception, Cars for Charity, T-shirt sales, and an ongoing tax-deductible, charitable-giving option for our Endowment Fund. Keep us in mind when updating your will. We meet annually with the Denver Institute for Psychoanalysis to aid in coordinating some lectureship funding and shared expenses. The Institute has been very generous in its collaboration.

The fourth goal was to interface with the American Psychoanalytic Association. We are one of over thirty Affiliate Societies that elect a Councilor to help constitute their Board of Directors. As this Board has acted to consolidate its legal, consultative and ethical responsibilities, other organs in the Association have been loath to cede their traditional powers and prerogatives. I was a babe in the woods coming upon this hornet's nest. It required a sharp learning curve. Some of you believe I learned well; others, that my education was deficient and wrong-

headed. I hope our disagreements do not result in schisms and a further fragmentation of our energy and resources, with the exception, perhaps, of creating a certification entity. Patients help keep us humble, as do our children. Perhaps we need to allow the same with our colleagues. Self-righteousness does not wear well on us. There appears to be a spirit of compromise and collaboration developing. It is a hopeful sign.

We have just finished co-hosting with the Institute, the 96<sup>th</sup> Annual Meeting of The American Psychoanalytic Association in our fair city. My thanks to our Arrangements Committee for getting the necessary informative articles written, providing a liaison with the staff of the American, and organizing a very successful reception for members at the Denver Art Museum. I want to thank specially my Executive Committee and Chairpersons for their invaluable participation over the past two years. It has been an invigorating and challenging time, and I have appreciated the opportunity to be your President.



#### APPLICATIONS ARE NOW BEING ACCEPTED

The Denver Institute for Psychoanalysis is now accepting applications for all of its training programs for the 2008-2009 academic year. The Institute offers analytic training for those interested in working with adults, children and adolescents, or all three. In addition, the Institute also offers two-year psychoanalytic psychotherapy training with adults or with children and adolescents. Applications and program information can be found on the website at [www.denverpsychoanalytic.org](http://www.denverpsychoanalytic.org) or by calling the Institute office at 303-315-7776.



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

- Jill M. Miller, Ph.D.

This has been an exciting academic year with much going on at the Institute. Our two adult analytic groups have now advanced another year, into their second and fourth year of classes, our child analytic class of five continues to progress, and our adult psychotherapy students have completed their first year. I want to thank personally the entire faculty who gave so much of their time to teach these fine individuals.

We held our Annual Retreat at the Broadmoor in Colorado Springs, a venue that used to be a tradition, but hasn't been used for many years. David Stevens chaired a very stimulating and thought-provoking educational program, "Confrontation as a Clinical Concept" with the panel consisting of Stacey Keller, Peter Buirski and David Hurst. In addition to this panel and the by-annual curriculum evaluation, the faculty continued our discussions of the state of the Institute, sharing our differences and similarities, as we worked to strengthen our cohesiveness during this period of transition. Everyone seemed to leave rejuvenated and found the weekend productive. The majority of participants agreed that holding the retreat outside of the city was extremely helpful. In April, Ron Britton, a contemporary Kleinian from Britain, came for our faculty development weekend, to offer useful theoretical and clinical ideas. The year ended with our faculty appreciation dinner, which is always a fun occasion.

*A special 'Thank you' to Jill from the office staff for the many ways she has made our job easier for years to come.*

As you have read elsewhere, the American Psychoanalytic Association held their June meetings in Denver. This was a great success. Many of our faculty and Society members participated. See Ben Green's column for a list of these individuals, all of whom did an outstanding

job. The politics of our Association continue with divergent opinions and ideas about how the structure of the organization should look. As one of the Institute's Fellows, I attended both a Congress of Institutes and the Board on Professional Standards meeting. A motion was passed expressing a hope and a wish to work together with the Board of Directors to reach some sort of solution whereby the organization can function effectively and begin to focus their attention on the work at hand. After three years of involvement in the administrative area of ApsaA, I have seen several options come and go, but these ancient problems continue to persist. It saddens me that so much time, energy and money has been devoted to this controversy. Let us hope that this coming year sees progress toward a resolution.

This is my last newsletter report, since my term ends 1 July 2007. I want to express my deepest thanks to my Executive Committee; David Stevens as Associate Director, Earlene Dal Pozzo as Treasurer and Stacey Keller as Secretary. We have worked well together and made some important changes in concert with the Extended Executive Committee, and prepared the Institute and Society for the move to our new offices sometime in the autumn. I offer my best wishes to the new Executive Committee: Stacey Keller, Director; Rex McGehee, Associate Director; Paula Bernstein, Treasurer; and Laura Jensen, Secretary.



### A NEW CHILD AND ADOLESCENT ANALYTIC TRAINING PROGRAM IS APPROVED.

After the American Psychoanalytic Association studied a five year formative research project of pilot programs in child and adolescent analytic training at Columbia, Denver, Houston-Galveston, and St. Louis, it has approved this type of training that does not include a requirement of adult training. The option of a program like this is now available for any Institute in ApsaA, and our program in Denver will now be a permanent feature. Thanks to all who helped initiate the project and participated in the study.

Jill M. Miller

Dear Member of the Denver Psychoanalytic Society,

We are moving ahead with a program offering reduced-fee psychodynamic psychotherapy through the Society and hope that you'll sign up to work with one or more low-income patients.

Here is the description of the program that will appear on the Society website:

The reduced-fee psychodynamic psychotherapy service assists people who are interested in psychodynamic psychotherapy but are unable to pay full fee. For those who qualify, the program offers referral to a therapist willing to provide reduced-fee treatment. This service is not designed for individuals in crisis but for those who believe that therapy may help in resolving significant on-going problems. The fee will be scaled to the patient's ability to pay, and may be renegotiated as appropriate during the course of treatment.

If you believe you qualify and are interested in a referral for reduced-fee psychodynamic psychotherapy, contact Lin Borden 303-315-7776. A screener from the Outreach Referral Service will contact you to gather some preliminary information, such as the issues you wish to address. If it appears that you are a good fit for the program, you will be referred to an experienced psychodynamic psychotherapist. At that point, you and the psychotherapist will form your own working relationship, collaboratively negotiating the goals of the treatment, the frequency of meetings, the fee, and all other parameters of the treatment.

If you are interested in working with a patient (or more than one patient) on this basis, please respond to Linda Plaut at [lplaut@comcast.net](mailto:lplaut@comcast.net), write her at 622 Mt. Evans Road, Golden, CO 80401, or phone her at 303-377-0563 ext 1.

1. What is the range of payment you'd consider? (Treatment will be offered on a sliding fee basis, depending on the person's ability to pay.)
2. Are there kinds of patients you'd be particularly interested in working with? Specify age, gender, ethnic background, kind of diagnostic categories, and anything else you wish.
3. Are there kinds of patients you'd prefer *not* to work with? Specify age, gender, ethnic background, kind of diagnostic categories, and anything else you wish.
4. How many hours per week would you be open to treating people on a reduced-fee basis? (The frequency of sessions will be negotiated by each therapist-patient pair.)
5. Describe anything else that will help us make a good match between you and a prospective patient.
6. Give your name, address, phone number, and e-mail.

Thanks.

**Linda Plaut**

## **SPECIAL INTERVIEW WITH JUDITH WALLERSTEIN, PH.D.** **by Joan Heron, L.C.S.W. , Psychoanalyst** **Denver workshop to be held on October 12, 2007.**

*Dr. Wallerstein is the keynote speaker for our upcoming conference "Long Term Effects of Divorce and Remarriage on Children and Parent-Child Relationships: Therapeutic Implications" to be held on October 12, 2007 here in Denver.*

*She is widely considered the world's foremost authority on the effects of divorce on children. She is the founder of the Judith Wallerstein Center for the Family in Transition which is located in northern California. She is a senior lecturer emerita at the School of Social Welfare at the University of California at Berkeley where she served on the faculty for 26 years. She has authored and co-authored five books, including *The Unexpected Legacy of Divorce: a 25 Year Landmark Study*, *What About the Kids: Raising Your Children Before, During and After Divorce* and *The Good Marriage How and Why Love Lasts*. In addition, she has appeared many times on national TV and radio shows, including Oprah, and has published over 100 articles in scientific journals. Her work is included in the standard curriculum of Law Schools and graduate programs in Psychology, Child Psychiatry, Pediatrics and Counseling programs.*

**JH:** Our conference was inspired, in part, by your 25 year study of children and adolescents after the parental divorce. In your interviews with these youngsters and their parents you concluded that the impact of parental divorce on children rises to a crescendo in young adulthood. Please tell us about this powerful result.

**JW:** As children of divorce reach adulthood they fear that their own relationships are going to fail like their parents' marriage failed. They come to late adolescence and adulthood eager for love, and marriage. At the same time, they are frightened. They feel unprepared for marriage and family. Adult relationships that include commitment and sexual fidelity pose complex challenges for these young people. Some succeed and others fail. Avoidance of marriage and the incidence of divorce for children raised in divorced or remarried homes is much higher than for those raised in intact families. Entry into adulthood is more complicated in many ways. We did not expect this result.

**JH:** Divorce is a very painful topic for us to talk about, even professionally, as so many of us have experienced it in our personal lives in one way or another. We may have clung to myths to cope. Can you tell us what myths you see that we need to re-examine.

**JW:** There are a lot of myths about divorce. One is that it is a temporary crisis in the life of the child and it will have little impact on the child's development and future relationships. The notion of a time limited crisis is a powerful myth that obviously many people want to believe. Another myth is if the parents do not fight or litigate in the court the child is home free. This is simply not true. The home of the child is still divided and her growing up is entirely different than that of the child in the reasonably functioning, intact family. The pain and anger of the parents may endure for many years and can surely escalate following the separation. It does not end with the end of the marriage as was widely expected.

Additionally, my most recent research shows that after remarriage, relationships between parents and children often take a different turn. My new study shows that siblings who are treated alike in the pre-divorce family are often treated very differently by the stepparent. This may extend

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to willingness to support college for only one of several stepchildren. The impact of remarriage on parent-child relationships is a new field which we have just begun to explore.

**JH:** The title of your latest book is *What About the Kids: Raising Children Before, During, After Divorce*. Your findings have led you to reformulate the traditional advice provided to divorced parents. Would you give us a preview?

**JW:** My latest book *What About the Kids* attempts to summarize all that I have learned that would be useful to therapists and to parents. Many of the usual recommendations are mistaken and will not help children. For example it is a mistake that if you have joint custody and the child maintains relationship with both parents, the child is home free. Custody should be suited to the age of the child, to the child's relationships with both parents and to the individual attributes of the child including temperament. I argue for extending to the child the care and consideration that she would receive in the well functioning intact family including recognizing expectable maturation, changing needs and interests, and increased ability to participate in her own decisions. There is new, very significant research that shows the value for the child and the father-child relationship, in particular, of child-inclusive decisions. No one size fits all.

Secondly many parents need help in explaining to the youngster why the divorce happened. The current advice leaves children in the dark or is platitudinous and vague. Children don't believe it and often become increasingly angry at being kept in the dark about a central change in their lives. Some children conclude that what happened must have been so terrible that nobody can talk about it. Children continue to think about the divorce during their growing up years and to construct or fantasize different scenarios for the breakup as they grow older. When the children reach adolescence, the explanations are especially important to their thinking about the expectable relationships be-

tween men and women, and what their own future holds. Few parents understand this.

**JH:** I looked at my practice 15 years ago and compared it to my current practice. I was surprised to find that over 50% of my current clients are in some way involved with step families. I was also surprised at the high incidence of second and even third divorces. This was certainly not the case 15 years ago. I suspect other clinicians experience the same issue. What is your thinking on this?

**JW:** Clinical practice reflects the changing demographics of this country. One quarter of the adults between 20 and 40 now have parents that are divorced 80% of divorced men remarry and 60% of second marriages end in divorce

For reasons that I will discuss in the workshop, children from remarried families are referred for treatment two to three times more than children in intact families. My new work sheds light on this phenomenon. The divorced and the remarried family both pose challenges that are relevant to therapeutic and educational interventions, partly because relationships with parents change, following a divorce and again following remarriage, in unexpected ways that have not been reported in the clinical or research literature. As a result of the many divorce related changes in the family, the dominant transferences in therapy are reshaped as well. Thus, for example, a central issue in treatment of adult children of remarried or divorced families is their fear of abandonment, and one fairly frequent transference reflects their fear of being abandoned by the therapist. This needs to be addressed by the therapist early on in treatment because the patient's intense fears of sudden loss of the therapist can lead to counterphobic flight from treatment.

**JH:** What shaped your interest in this area of study? How has your training, experience and personal life influenced your work?

**JW:** Personally, my interest in loss is probably

research when we left the Menninger Clinic in Topeka, Kansas where we resided for 17 years and where I was trained in clinical work with children and in psychoanalysis. When we came to California in 1966 I joined the faculty of the University of California at Berkeley where I was responsible for all of the courses at the University dealing with children and adolescents in need of treatment. California, at that time, was preoccupied with the rising divorce rate and the new “no fault” legislation. I was consulting at a large clinic where we were soon overwhelmed with referrals from newly divorced families. I went to the library and found that nobody had done any work on this at all. So I decided that this was something I wanted to do. I was interested in research, in clinical work, and in families with children. This triggered my new career. I soon realized that I was looking at new theoretical issues in child development and new clinical populations. For many years, as a pioneer, I was alone. It was a lonely field. Gradually law school professors, judges, attorneys, pediatricians and colleagues in mental health started to seek me out and to use my work in teaching and in their practice.

I think many clinicians are still reluctant to work with divorcing parents and in adapting developmental theory and practice to this large population. Working with angry and highly stressed parents as you work with the child is very hard. The countertransference is very serious in this work. Therapists understandably prefer concerned and cooperative parents who support their efforts and take recommendations regarding their children to heart. Parents in this population are no less concerned about their children but they also have other very serious agendas which interfere with their parenting and powerful passions which block their capacity to respond to professional advice. The dominant transference of parents in high conflict is often “Are you going to be on my side, or are you going to be against me?” The idea that there is a neutral person may be incomprehensible at this time. These and other

issues which I will discuss add new complexity to clinical work.

**JH:** Dr. Wallerstein, thank you for your time. We look forward to the conference and the opportunity to talk in more depth about the considerations you suggest for this very large population.



***“LONG TERM EFFECTS OF  
DIVORCE AND REMARRIAGE  
ON CHILDREN  
AND  
PARENT-CHILD RELATIONSHIP:  
THERAPEUTIC CONSIDERATIONS”***

**JUDITH WALLERSTEIN, M.D.**

**OCTOBER 12, 2007**  
(Friday Morning & Afternoon)

**HOLD THE DATE AND  
WATCH OUR WEBSITE FOR DETAILS**

Presenters:  
Tom Avery, LCSW  
Cheryl Straus-Witty, Ph.D.

Jointly sponsored by —

The Colorado Society for Clinical Social Work  
And  
The Denver Psychoanalytic Society

## OUT & ABOUT.....

by Ben Green, M.D.

### Denver at the American

The 96<sup>th</sup> Annual Meeting of the American Psychoanalytic Association was held this year at the Denver Marriot City Center on June 19-24; by all accounts it was a raving success! All members of the Institute and Society are to be congratulated, with particular kudos going to members of the local organizing committee: **Jill M. Miller** and **Arthur D. Garfein** (co-chairs), **Marguerite Stewart**, **Laura L. Jensen**, **Joan Heron**, and **Lin Borden**.

The meeting was kicked off by a wonderful wine and appetizer reception at Palette's café in the Denver Art Gallery. What followed was five days of meetings, discussion groups, workshops, addresses, symposia, displays, and research poster sessions. It was a vigorous celebration and exchange of ideas by many of the best and brightest of our field; most of us staggered away with brains abuzz and spirits reinvigorated. Many of our own took their place among this distinguished faculty: (alphabetically) **Shoshana Shapiro Adler**, **Thomas B. Avery**, **William Bernstein**, **Cindy Brody**, **Arthur D. Garfein**, **John Graves**, **Pamela Haglund**, **Joan Heron**, **Laura L. Jensen**, **Leslie Jordan**, **Rex McGehee**, **Jill M. Miller**, **Frederick Mimmack**, **Neil Rosen**, **Ronnie Shaw**, **Jonathan Shedler**, and **Marguerite Stewart**. **Rex**, along with **Robert N. Emde** and **Mary Ann Levy**, organized the Oral History Workshop "Psychoanalysis in Denver" that also brought to the podium the likes of **Herbert J. Schlesinger**, **Samuel Wagonfeld**, **George L. Mizner**, **Mark Groth**, **Paula Bernstein**, **Fred Mimmack**, and **Anastasia Keller**. It was a moving and startlingly honest appraisal of the good, the bad, and the not-all-that-ugly history of our hardy local psychoanalytic institution; the DVD, when available, is heartily recommended to you all. Last, but certainly not least, our little group also shone administratively; **Jill M. Miller** and her colleagues are to be commended for the passage of the amendment authorizing "stand-alone" Child Analytic training, **Laura L. Jensen** presided over the Affiliate's Council, and our own **Calvern E. Narcisi** began his term as co-chair of BOPS! Oh- and **Barbara Rainwater Redinger** got herself certified...yeah!

This meeting so far from Manhattan,  
The hatches, they said, we should batten,  
In such a Cow Town?  
'Twill make us all frown,  
But, really, it went smooth as... satin.



Many memories were created at the Faculty Retreat at the Broadmoor in February 2007.

Pictures can't do them justice...

Many, many memories have been created in the CPH building as well.



We will be located on the western side of the AMC (Anschutz Medical Campus) across the Parade Grounds from the VA Colorado State Veterans Home in Building 400. We will be sharing the building with Brain Imaging, High Altitude Research, Addictions, and other programs.

More memories to be made...

## “HOW EXPERIENCE AND BIOLOGY TOGETHER SHAPE EARLY PARENTING”

By Linda C. Mayes, M.D.

April 13, 2007

— Reported by Ben Green, M.D.

I do not believe that it is possible to understand the functioning of the mother at the very beginning of the infant's life without seeing that she must be able to reach this state of heightened sensitivity...*almost an illness* ...and recover from it.

D.W. Winnicott (1956)

Considering the fact that Dr. Mayes has established herself as one of the pre-eminent evidence-based researchers of our time- having published 177 journal articles and book chapters and having been funded for 30 research projects- it

was thought- provoking that she began her presentation with a quote written 50 years ago by this eccentric pediatrician-turned-psychoanalyst. Happily, this foreshadowed the presentation's extraordinary integration of rigorous neuroscience and compelling clinical insight. Before diving into the content further, I would add just a few more words about the speaker. As Dr. Leslie Jordan's introduction accurately predicted, Dr. Mayes proved herself to be as gentle and patient as a teacher as she was remarkable as a thinker. She modeled for us the very maternal qualities that her presentation enumerated and measured: “OK, now we're going to get into a little molecular genetics — but don't worry -- I'm going to walk you through this...”

Dr. Mayes began by making explicit her overarching psychoanalytic/relational assumptions. Drawing upon Bowlby's attachment theories as elaborated by Fonagy, Targer, and others, Dr. Mayes described a confluence of genetic factors, neurobiology, environmental variables, and internal mental states. Attachment theories predict that stimuli (from within or without) that activate inborn “Fear and Stress” neural circuits trigger a cascade of events that result in the up-regulation of the “Reward System” circuits that then prioritize “salient” options capable of down-regulating the fear and stress. Optimally, “average expectable” constitution and development compell the individual to seek reward and security through attachment-seeking and interpersonal affiliation. Pathology results when this social engagement is either unavailable or ineffective in rewarding and soothing, resulting in the individual turning to maladaptive alternatives, e.g. psychoactive drugs, hypersexuality, gambling, bulimia, self-mutilation, or other extreme forms of excitement and self-stimulation.

As Dr. Mayes described the manifestations of parental bonding and preoccupation with their infant, the picture she painted came alive. It was easy to see ourselves in those little rodent mothers, hovering over their babies, watching and checking, licking, grooming, high-arched-back nursing, and aggressively driving off any intruders. Additionally, with human mothers and fathers, internal states were elucidated: the need to prepare the space and place, the exclusivity of mental focus, the intrusive thoughts (“reverie”), the worries and doubts (“Go make sure he's still breathing”), the idealization (“Isn't she absolutely perfect?”), the intense sustained looking, the changes in speech and voice (i.e. parental “baby talk”) and the intense longing for reciprocity (“She smiled back at me!”). As Oprah might say, this is a researcher that “Gets it”.

In one study involving 41 (well-educated, middle-class) pregnant couples, extensive behavioral and interview data was collected at 8 months pre-partum and at 2 weeks and 3 months post-partum. Lamenting the lack of longer follow-up, Dr. Mayes described an escalating parental preoccupation that generally peaked somewhere between 8 and 12 weeks after the birth. Measures of worries and doubts crested and then fell back during this period while the idealizing preoccupations continued to rise. The more the parents felt that having a baby had changed or transformed them, the greater the overall preoccupation score. Similar trajectories were detected in both mother and father, although the dad's curves were somewhat delayed and of a lesser amplitude. However, if it was the dad who served as primary caretaker, then it was the mom's cognitive and behavioral changes that were slower and lower. Hence, this transformative preoccupation would appear to be a gender-nonspecific, biologically-programmed potentiality that is primarily dependent upon the amount of physical contact with the baby. Dr. Mayes then presented some neuroimaging data. When neuronal activity in response to their own baby's cry was contrasted with neural response to other sounds, parents' brains showed heightened activation in the superior temporal, right medial temporal, and right hippocampal regions; these are the areas previously identified as dedicated to attachment-related phenomena. Using Functional Connectivity Analysis (“neurons that fire together, wire together”), it is strongly suggested that these brain regions are fundamental constituents of the neural circuit

responsible for this primary parental preoccupation. Interestingly, parents who'd previously had one or more children showed higher initial levels of neuronal activation but with flatter subsequent escalations during the neo-natal period. This would suggest that veteran parents' brains never fully return to the pre-pregnant state; once these neural circuits are established and utilized, there is a heightened readiness to parent again, albeit in a less anxious, more stable manner. Not surprisingly, a smaller sample of substance-abusing mothers showed diminished post-partum preoccupation and fewer brain changes.

Research using animal models has also shed new light on the origins of parenting. So far, estrogen, prolactin, oxytocin, cortisol, monoamines (e.g. dopamine) and nine distinct genes have been correlated with parenting behaviors. Oxytocin -- which is also responsible for uterine contractions and milk ejection -- seems to be critical to the establishment of any new attachments in mammals. Habitual cocaine use blocks this oxytocin effect.

Rodent parents show remarkable similarities to humans. Like humans, they demonstrate significant, heritable variations in parenting behavior. The quality of parenting has many consequences; low-care pups suffer from exaggerated startle responses, inhibited exploration of novel situations, diminished brain serotonin turnover, lower levels of nerve growth factor, and an impaired capacity to deal with acute stress (e.g. blunted cortisol response). As adults, the females prove to be low-care mothers themselves. This is all too reminiscent of multi-generational neglect and abuse dynamics in human families. It is hope-inspiring that cross-reared pups demonstrate the characteristics of their rearing mother, not their genetic mother. When reared by high-care mothers, biological pups of low-care mothers look indistinguishable from their adoptive high-care siblings.

And there is more! In this age of biological reductionism, one might suspect a revised Freudian dictum: "Genes are destiny." The gene responsible for initiating a competent stress-response sequence is deactivated by methylation (i.e. the addition of a methyl side-chain). Only the biological offspring of low-care mothers are born with DNA methylated at this gene region. Amazingly, however, when these genetically low-care pups are reared by a high-care mother during post-natal days 1-5, their DNA is de-methylated (permanently) to a degree that is identical to the DNA of the biological high-care pups. Obversely, high-care pups' DNA show post-natal methylation when they are reared by low-care mothers. These same molecular processes appear to obtain in our species. In this instance, at least, nurture seems to trump nature.

Human mothers who suffer from depression, anxiety, or severe environmental stressors (e.g. poverty, domestic violence, homelessness) tend to be less responsive, more intrusive, and more negativistic towards their children. Negative maternal attitudes during the first six months (e.g. projections

like "my baby is trying to get back at me") are associated with increased child behavioral problems at age six years. Anxious mothers are more likely to have shy, timid kids. Stressed mothers withdraw when their children are upset or anxious.

A number of successful early interventions have been developed, e.g. David Old's perinatal program entailing 30 monthly home visits by a nurse; results were demonstrable through age 15. One key intervening variable is the degree to which the mother develops mentalization, i.e. the capacity to consciously attribute to themselves and to their children the mental functions of thinking, feeling, and behaving on the basis of understandable motives and intentions. To mentalize is also to humanize, to experience oneself and others as experiencing life and making choices with a depth of mental activity and meaningfulness that is both more complex and more coherent than might be suggested by superficial behavioral observation alone. This seemingly abstruse factor has proved to be robustly associated with secure attachment, parental empathy, caregiver contingent responsiveness, and a variety of longitudinal child competencies.

What a wondrous thing to have so many of our cherished clinical intuitions validated by the rigorousness and powerful methodologies of modern empiricism! Thank you, Dr. Mayes...

Note- For further details about this and other related matters, please see the anthology edited by Mayes, Fonagy, and Target entitled "Developmental Science and Psychoanalysis."



**“GENDER NOW”**  
**by KEN CORBETT, Ph.D.**  
**MARCH 9, 2007**

— Reported by Peter Mayerson, M.D.

Dr. Ken Corbett lives and practices psychoanalysis and psychotherapy in New York City. He is on the faculty at the NYU Post-doctorate Program. He is on the Editorial Boards of Psychoanalytic Dialogues and Studies in Gender and Sexuality. He has published numerous papers in the area of postmodern views of gender.

Dr. Corbett presented this complex, theoretical paper in a lively and engaging manner. Paula Bernstein summarized the paper well in the announcement flyer:

What makes for coherent gender? What makes for a coherent body? Who is a coherent human? Do bodily coherence, gender coherence, and psychological coherence rest on one’s given anatomy and what one makes of that anatomy in any kinship experience? The evolution in our ideas about gender is surely one of the most exciting changes that have taken place in psychoanalysis in the last half-century. Dr. Corbett will explore and challenge long held presuppositions as to how anatomy shapes psychology, how the sexes are inscribed with particular and distinct values, as well as the ways in which gender is presumed to follow on certain kin relations as symbolic norms.

Dr. Corbett introduced his talk by stating: “The outlook evinced by ‘Gender Now’ begs comparison to ‘Gender Then’. Then, when gender was old, not now, when gender is, well, new, now. It is the kind of perspective about which one might be understandably suspect. It provokes them/us, now/then splits”. He proceeded to review the “gender then” concepts of Freud, who declared that anatomy shapes (gender) psychology and inscribed masculinity and femininity with specific values. Corbett refers to Freud’s Oedipal theory, and other Freudian concepts of gender and sexuality as a “symbolic norms,” or cultural ideals rather than theories based on complex socially constructed, developmental relationships as outlined by more contemporary, feminists theorists such as Judith Butler, Nancy Chodorow, Adrienne Harris and Muriel Dimen. These viewpoints don’t exclude the anatomical body, but widen the playing field of understanding gender.

In the section of the paper on Gender Development, I particularly liked Ken’s reference to the metaphor of the Mobius strip:

Another helpful way of imagining how the mind and body come together in the act of gender has been proposed by Elizabeth Grosz, who suggests that we imagine the psyche like a Mobius strip – a topological puzzle, a flat ribbon twisted once and then attached end to end to form a circular twisting surface, whereby inside and outside become continuous. Grosz proposes that we think of the body – the brain, muscles, sex organs, hormones, and more – as composing the inside of the Mobius strip. Culture and experience would constitute the outside surface. One moves from body to culture and back again without ever stepping outside the intricate ways in which they are relationally intertwined.

This complex matrix, built through “an infinite array of exchanges between the developing child and her/his social, kinship and internal environment” is a far cry from Freud’s and neo-Freudians’ binary concept of masculinity and femininity. Dr. Corbett stressed that we don’t necessarily have the final answers now, but that this is an evolving theory that will surely change in the future.

In contrasting the gender binary to the heterosexual complementary, Ken gave examples of the diverse matrix:

There are multiple identifications within any given boy, those identifications do not necessarily correspond to normative patterns of desire. A masculine boy may develop as a masculine man who desires other masculine men. A feminine boy may develop as a feminine man who desires feminine women ... Gender does not dictate desire; it does not even assure consistency. The masculine boy, who develops to desire masculine men, may occasionally ‘flip’ as denoted in current gay parlance between so-called masculine

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and feminine desires... and be a 'butch on the streets, femme in the sheets.'

Turning to the topic of what is described in the DSM IV as "Gender Identity Disorder," Dr. Corbett pointed out the dangers of both society and mental health professionals pathologizing cross-gendered states so that "cross-gendered subjects live at the margin of the symbolic order."

He discussed how "Sometimes mixed gender or cross-gendered humans are simply being human" and, with understanding that gender is open to a range of different organizations, can find their own state of psychic equilibrium. "Perhaps coherence is not all that it is cracked up to be. Too often analysts have looked at variance and called it illness."

The concluding section of the paper is entitled "Listening to Gender Now." Dr. Corbett outlined the need to listen with ears more open to the complicated and diverse understanding of gender, which means redefining the potential space between analyst and patient, and being open to all sorts of transference and counter-transference gendered positions. He redefined the classic definition of therapeutic action as being:

less defined by reparative action and solution as directed by ideal normative mandates, and more one of listening to the unique features of any given subject's gendered experience, and the histories, the politics, the style and embodiment that experience may speak. Our task then becomes one of therapeutic action that is shaped by paradox and problem, not one of certainty and solution, and in turn analyst and patient alike are freer to speak genders in the manner of a chorus as opposed to a binary dialogues.

An active discussion followed the presentation of the paper. Roy Lowenstein asked if Ken could give some clinical examples of his theories. He told us about two quite different little boys who he saw in evaluation, both labeled with "Gender Identity Disorder". One boy turned quite soon to a Barbie doll whom he proceeded to tie to a tree. He then began to frantically attack Barbie with a toy dog. Because of the boy's increasing distress and chaos, Dr. Corbett felt that he needed to interrupt the process by "interpreting from above." The second boy, 4 years old, also picked out Barbie and began to play gently with her. Barbie started to make dinner for the family. "He wanted me to admire the nice clothes that Barbie was wearing". There was no evidence of anxiety or disorganization. Dr. Corbett felt that the first boy's primary problem was related more to trauma rather than identity confusion, and certainly needed treatment. The second boy seemed to be secure in his state of psychic equilibrium. Dr. Corbett advised the understanding

parents to watch and wait and to re-contact him as need be.

Another question related to the trauma on the playground so often experienced by the child with an untraditional gender identity who has difficulty going home and talking with unaccepting parents about his or her experiences. In consulting with parents, Dr. Corbett emphasized the importance of helping parents deal with their grief about the child they have versus the child for whom they had wished.

A comment made about one liability of letting go of the binary theory was that one could get lost in the postmodern views of gender complexities. In reply, Ken drew a diagram of two points connected by a line as an example of the binary theory of clearly defined masculinity and femininity, and then two amorphous co-mingling spaces illustrating the many potential meanings opened up by "Gender Now". He feels that the job of the analyst is to allow oneself to get lost in the process with the person with whom you are engaged, and not be compelled to come to quick formulations and interpretations. This seems to me to be the essence of relational analytic technique and highlighted the approach to gender that Dr. Corbett shared with us this evening.



## “ATTACHMENT AND THE INNER WORLD: BOWLBY RE-MEETS KLEIN”

by REX H. MCGEHEE, M.D.

JANUARY 12, 2007

— Reported by Cynthia Satchell, M.D.

In early January of this year, Dr. Rex McGehee presented his recent contribution to the evolving dialogue between psychoanalytic psychology, and research and theory related to the psychology/neurobiology of attachment. He presented a synthesis of his ideas about the clinical relevance of combining a theory first elaborated by John Bowlby (focusing on the importance of early attachment experiences) with the concepts and notions of Melanie Klein. First he presented abbreviated but meaningful summaries of each of their work, and discussed something about the directions and evolution of attachment research since Bowlby. He shared ideas regarding the reasons for the conflicts between these two frameworks. These included the personal issues and childhood dynamics of both Klein and Bowlby. In addition he outlined the details of the political/historical context in the British Psychoanalytic Society where these two models originally collided. There were more discipline-wide conflicts rooted in notions of professional identity. The psychoanalytic focus on intrapsychic heuristics through introspection and psychoanalytic gnosis (Klein) conflicted with an interdisciplinary, experimental approach to development, particularly early childhood attachment processes (Bowlby).

Dr. McGehee suggests that something was lost in holding either model too dear, that each point of view included critically important elements that the other did not substantively take into account. He believes Mrs. Klein's ideas regarding fantasy and instinctual sources of aggression to be indispensable in understanding behavior, including that of very young children. While discussing the clinical implications of synthesizing Bowlby's and Klein's ideas, referencing clinical vignettes, Dr. McGehee suggests that instinctual aggression, projected and feared, was important to consider in appreciating the infant's intrapsychic activity, even in the apparently straight

forward paradigm of the Strange Situation. This paradigm utilizes a structured protocol of separations and reunions between infant and caregiver, to study the relationship between previous caregiving and attachment strategies or styles of the 12 month old.

Research has delineated four attachment categories that have predictive significance for later resilience to stress and even psychopathology. While attachment literature asserts a relationship between infant self and object representations and attachment category, it tries to understand separation/reunion process largely without referring to the role of fantasy. Dr. McGehee sees this omission (and Bowlby's apparent disinterest in the role of fantasy) as problematic, and emphasizes the importance of recognizing the complexities of human experience that become understandable listening with an ear tuned to fantasy. He holds that fantasy is required by the nature of the human mind, and described the mind's need to make sense of experience, to generate explanations or hypotheses where information is insufficient or confusing. He emphasizes that the nature and content of mental experience in infancy is continuous with later mental process, conserved throughout development in some meaningful sense. In brief, he suggests that fantasy is central to psychoanalytic thought, and that all behavior and experience are intimately involved with and affected by fantasy.

On the other hand, Dr. Bowlby was troubled that Mrs. Klein paid relatively little attention to environmental factors, or actual experience with primary attachment figures, as important in understanding and treating psychopathology in children and adults. Mrs. Klein was 25 years his senior, and was a well established leader in the British Psychoanalytic Society when Bowlby began his psychoanalytic training in 1933. An organization in which intellectual line

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age and adherence to previously established concepts were central might have readily set aside his ideas. It is unclear the degree to which the absence of a level playing field influenced the establishment of such a divisive polemic around these issues.

Bowlby's ideas, which have remained outside of mainstream psychoanalytic thinking until recently, center around the infant's biological drive to attach to his caregiver. He described this attachment as a unique form of affectional bond, required for the important experience of felt security, and necessary for healthy development. He also developed the idea that in response to experience of caregivers in early life, a child will develop internal models of the world (including people) that it will use to predict behavior and create expectations of what may happen interpersonally, particularly with important others. He emphasized the importance of understanding a child's intrapsychic process not in isolation, but in the context of the relationship between the internal world and the external circumstance.

He also introduced a concept that replaced the notion of repression, which he referred to as 'defensive exclusion.' It was an active unconscious process that excluded from awareness significant experiences that were particularly painful, thereby deactivating the motivational systems related to those experiences. This defensive exclusion seems equivalent to the more current concept of dissociation. Related to the concept of fantasy, to exclude relevant information about real experience makes any attempt to make meaningful sense of, and organize, experience impossible. The notions about oneself become unnecessarily complex and diverge substantively from reality.

Dr. McGehee's paper raises many important questions and suggests possible answers regarding the conflicts generated by the content of these two prominent psychoanalytic writers' works. He speculates about each of their childhood histories, and the influences that their experiences may have had in determining their theoretical inclinations. I would suggest that, when available, this paper would be an

important one to read carefully. Among other things, it suggests that analyzing dynamics in the tension derived from differing analytic viewpoints can be a fruitful endeavor. It also elaborates a significant piece of history about a topic that remains more quietly conflictual today, the ongoing ambivalent relationship between attachment theory and psychoanalysis.



## CONTINUING ED. FOR 2007-2008

### **A Beginners Guide to the Brain**

10 Monthly Thursday evening lectures (Sept.-June)  
Hosted by Jill Miller using videotaped lectures of  
**Mark Solms, Ph.D.** starting September 27th  
7:00-9:30 p.m. in the CPH building at 8th & Bellaire.

### **Narcissism**

Monthly starting October 5th 10:00-11:30 a.m. Taught by  
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CPH building at 8th & Bellaire.

### **Common Problems of the Preschool Child**

4 Weekly classes starting October 3rd 7:00-8:30 p.m.  
Taught by Edie Buchanan, M.Ed. & Rex McGehee, M.D.  
in the McGehee home.

### **The Oedipus in Clinical Practice**

Saturday morning, September 29th - taught by Cheryl  
Straus-Witty, Ph.D., & Jennifer Kennedy, M.D. in CPH.

### **Crises in the Lives of Men: A Psychoanalytic Course in the Novel**

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October 10th 7:00-9:00 p.m. with Michael Moran, M.D. &  
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