

THE DENVER PSYCHOANALYTIC SOCIETY NEWSLETTER

INSIDE THIS ISSUE:

<i>President's Message</i>	1
<i>Institute Director</i>	3
<i>Laurence B. Hall MD</i>	5
<i>Out & About</i>	6
<i>Special Photos</i>	7
<i>Herb Schlesinger MD</i>	8
<i>Nancy Kulish, Ph.D.</i>	10
<i>Judith Chused, MD</i>	12
<i>CAP-PTP</i>	13
<i>Coming events</i>	14
<i>Cartoon Captioning</i>	15



PRESIDENT'S MESSAGE

- ARTHUR D. GARFEIN, M.D.

Sunny, spring-like days turned blustery and cold as I arrived in New York City in January for the annual winter meeting of the American Psychoanalytic Association. But you wouldn't know it during the Executive Council meeting on January 18th where all was sweetness and light. The Board on Professional Standards – who have been in increasing contention with the Council for these past years – had apparently agreed that the American is not a bicameral organization as it has traditionally functioned, and is legally subject to the appropriate oversight of the Executive Council (Board of Directors). BOPS said it was taking a 'leap of faith' in entrusting the Council with such leader

ship. In the future some members may put forth an initiative to designate BOPS a 'charter' for their committee, which would require a super-majority 60% vote in Council to over-turn any policy they promulgate. Can a mutually consultative, trusting, collaborative relationship develop between these two groups? Stay tuned.

As most of you probably know, the membership rejected the "Renew the American" bylaw replacement. In anticipation of that possibility, the Executive Council empowered a Compliance Committee last June to come up with the minimal changes necessary in our by-laws to bring us into compliance with New York State not-

for-profit law without changing radically our structure. Their report prompted a motion from Council to empower our Bylaws Committee to implement such recommendations. We look forward to a decrease in power struggles and organizational distrust, and a renewal of our energies to position psychoanalysis for new relevance in the 21st century.

Of relevance, we have advocated continually on the national level for strong health information privacy bills. With the increase in electronic medical record-keeping and computer information theft, this effort is critical. Our Washington lobbyist has been most effective and Capitol Hill seeks his opinions.

(Continued from page 1)

Of relevance, our membership growth has remained static. We need a sustained effort to grow our membership and offer a wider door to those who share our interests and values. The Membership Requirements and Review Committee have recommended bylaw amendments to address that issue.

Of relevance, we have supported Senator McCain's anti-torture bill and approved a recent position statement in Council condemning the use (or oversight) of torture, believing it degrades the tortured and the torturers.

Of relevance, the Board on Professional Standards has decided to reassess the entire training analyst system, addressing the dissatisfaction with personality and rivalry contests and fostering that designation more as the result of a normal, developmental process of professional growth.

Of relevance, The PEP Archive and PEP Psychoanalytic Literature Search recently added Strachey's Complete Psychological Works of Sigmund Freud to enrich its value as a resource. PEP is an innovation popular with scholars who can now explore a topic with a single search and bring what psychoanalysts are writing about more widely into the public sphere.

Of relevance, Council supports the establishment of a standing, joint committee on Psychodynamic Psychotherapy Training Programs to demonstrate that part of our educational mission is to support and promote local psychotherapy training programs, and to work these programs into our local and national organizations.

Of relevance, is the '10,000 Minds Project,' an initiative begun two years ago to increase undergraduate students' exposure to psychoanalysis, both as theory and treatment. This includes providing educational resources to those who wish to include a psychoanalytic perspective in their undergraduate course offerings; a review of psychology textbooks and their commentary on psychoanalysis; an undergraduate advisory board; and evaluating psychodynamic treat-

ment in the college clinic setting. There has been enthusiasm for this project among our members and outside the organization, including leaders in Division 39 of the American Psychological Association.

As you can see, much of value and principle is emanating from our national association. It functions best with an informed membership.

Lastly, Denver will host the June 2007 meeting of the American Psychoanalytic Association from June 20 – June 24 at the downtown Marriott City Center. The Denver Psychoanalytic Society will co-host with the Institute a cocktail reception for members at Palattes at the Denver Art Museum, Tuesday evening, June 19th. (**WARNING: Do not buy baseball tickets for the NY Yankees at Coors Field for that evening!**) We hope to see you all there to help celebrate our Association's conclave in Denver and the promise of creative, relevant psychoanalytic thinking and practice in this new century.



— SPECIAL ANNOUNCEMENT —

PLEASE HOLD THE DATE

FRIDAY, OCTOBER 12, 2007

SPECIAL CONFERENCE
AT D.U.

JUDITH WALLERSTEIN, PH D.

“Long Term Effects of Divorce on Children: Therapeutic Perspectives”

Jointly sponsored by the Clinical Social Work Society and the Denver Institute for Psychoanalysis



MESSAGE FROM THE DIRECTOR OF THE DENVER INSTITUTE FOR PSYCHOANALYSIS

- Jill M. Miller, Ph.D.

This academic year has brought new faces to our educational programs, as well as those who are continuing their training. We began a new class of five adult analytic candidates who are now half way through their first year, and our other two adult candidates are now in their third year. One first year adult candidate, one third year, and one adult graduate have joined the child and adolescent analytic training, bringing that class to five. These numbers are in addition to our seven advanced candidates, and four candidates on leave of absence. Eight individuals began their first year of training in the adult PTP program, and our Advanced PTP seminar continues. We were unable to begin a child and adolescent PTP program this year, but are hopeful for a class in September 2008. Applications for any of our programs can be found on our website and are now being accepted for 2008-09.

Our curriculum, capably designed and staffed by Mark Wolny and his committee, consists of 35 courses. This involves 37 teachers, 7 of whom as teaching two classes. Three new teachers have joined us this year, Drs. Laura Anderson, Pam Haglund and Cynthia Satchell. Summaries of these courses can also be found on our website.

At our annual banquet last September we were pleased to see a large number of graduates join our ranks. Laura Anderson, M.D. and Pam Haglund, Psy.D. graduated from the adult analytic training, and Ben Green, M.D. graduated from child and adolescent analytic training. Our PTP program saw 7 graduates from our child and adolescent program; Nancy Bell, L.C.S.W., Lisa Deboer, M.A., Anita Khanna, M.D., Donna Mahnen, L.C.S.W., Elizabeth Neal, M.A., Michelle Sarche, Ph.D. and Mahtab Wilsey, Psy. D. In addition, seven have graduated from our adult PTP program; Ginger Kipp, L.P.C., Denise Lever, L.C.S.W., Michaela Millott, M.D., Gopa Mukherjee, M.D., Charles Parks, M.D., Elizabeth Robinson, Psy.D., and James Wolfe, L.P.C. Congratulations to them all!

The Institute has also added new members to our faculty. Dr. Jennifer Kennedy was appointed a Clinical Instructor in the Department of Psychiatry and elected as a Full Faculty member. Drs. Robert Feinstein, Ben Green and Lawrence Wiberg also became Full Faculty members. Dr. Jonathan Shedler was elected as an Honorary Faculty member, and Drs. Laura Jensen and Karen Rosica were appointed Institute Affiliates. We welcome them!

This was also a year of loss. John Conger, Ph.D. passed away on June 24th, 2006 at the age of 85. Dr. Conger was a Professor in Clinical Psychology and former Dean of the University of Colorado Medical School. He was also a strong proponent of psychoanalytic thinking and training. Please see page 5 regarding Larry Hall, M.D.

As I discussed in my last report, the Institute and its Faculty have been in a process of re-evaluation. Our Annual Retreat in 2006 was devoted to this task. The goal of that retreat was to develop a consensus about our mission and to explore the faculty's thoughts about our future. Our 2007 Annual Retreat, this year following a past tradition, is being held at the Broadmoor in Colorado Springs. The Faculty will continue these discussions, sharing our differences and similarities and working to strengthen our cohesiveness, as we enter a period of multiple transitions. These include

“The Faculty will continue sharing our differences and similarities and working to strengthen our cohesiveness, as we enter a period of multiple transitions.”

a new Executive Committee in July 2007, our move to the Fitzsimmons campus in 2008, and the ongoing trials and tribulations in our national organization.

As those of you who are members of ApsaA (The American Psychoanalytic Association) are aware, the suggested bylaw revision known as Renew did not pass. Thus, the organization continues to be in flux, although some are hopeful that there can now be a period of peace. The Executive Council has charged the Bylaws Committee to propose changes in proper legal language, which will meet the requirements of compliance with New York State law. These are to be ready for action by the Council and BOPS (Board on Professional Standards) in June 2007.

At the January 2007 meeting we learned that Eric Neutel, Chair of BOPS consulted with the Association's attorney regarding issues of BOPS compliance with New York State law. For unknown reasons previous APsa Presidents had not thought this consultation was necessary. Interestingly, the outcome of this meeting was the realization that BOPS has not been out of compliance with New York State law in the ways that others have charged. Appointments to BOPS need to be approved by the Executive Council, which has not been happening, but in its position as a Committee of the Corporation, the way BOPS functions is most definitely "legal". The requirement is that BOPS make a report to the Executive Council, which has always been the case, and the Executive Council has always received this report without a vote. The area of possible contention could be whether Council decides they would want to do this differently. The question of oversight of BOPS by the Executive Council is not a matter of law, however, but one of politics and the level of confidence Council places in BOPS.

On another note, for those of you interested in ApsaA's budget, the projected actual expenditures for 2006 are \$2,876,174.00. Of this 4% or \$126,125.00 are the actual projected expenses of BOPS. The remaining 96% are expenditures of Council.

I would like to report on three ApsaA committees that are of great interest to our members. One is the Certification Advisory Research and Development Committee, which has been chaired by Dr. Cal Narcisi. This Committee has been working with Dr. Stuart Hauser who is co-chair, along with Dr. Robert Emde, of the Committee on Research and Education to standardize and improve the interview process of the Certification Committee. This work is going very well and the committee is about to enter Phase III of their inter-rater reliability study. This will apply the instrument listing core competencies and component skills to actual case reports. If the instrument continues to yield high reliability, validity can begin to be evaluated.

The Project for Innovation in Psychoanalytic Educa-

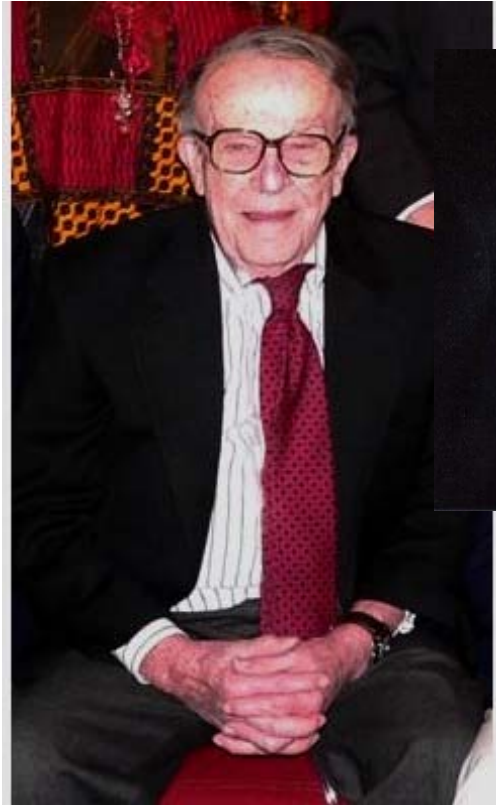
tion, Chaired by Michael Singer, has been examining the Training and Supervising Analyst (TA/SA) System. They have gathered data from all of the Institutes, and have been talking to members and candidates. Some of the questions posed are: Should the TA system be retained, and if so, with what, if any modifications? What opinions do individuals have about the policy of requiring candidates to switch from a non-TA to a TA in order to train; of the possibility of personal analyst choice (choosing any analyst in good standing); and of separating supervising and training analyst functions? When candidates were presented with these questions, some of the opinions included: an external threat from non-ApsaA psychoanalytic training programs that do not require an appointment to TA/SA to analyze or supervise candidates; re-vamping the TA system and the range of possibilities for choosing one's analyst and supervisor; certification as an obstacle to becoming a TA; certification as one, but not the only measure of a good analyst; certification as a "weeding out" process, an important exercise of exposing one's work to other analysts as valuable; as candidates have special needs when being analyzed that are different from non-analysts, it is important to have a special designation; TAs should be re-certified and reanalyzed if they are going to analyze candidates. As can be seen, the opinions are wide-ranging.

Lastly, I would like to mention the Committee on Child and Adolescent Analysis (COCAA), previously chaired by Ruth Karush and now by Phyllis Tyson, and their pilot project of training child and adolescent candidates without the previous requirement of full adult training. As you may be aware, Denver is one of four Institutes who were approved for this pilot project, along with Columbia, Houston and St. Louis. I have headed up the research component of this five-year project and will be presenting the final results to both COCAA and BOPS in June.

Aside from the political turmoil in the administration of ApsaA, there is a great deal of important work going on for psychoanalysis. I would like to thank those who give so much of their time, over 15 members of our Society sitting on more than 20 committees.

ApsaA has chosen Denver as the location for their next meeting, to be held June 20-24, 2007. Watch for details, as all mental health professionals are welcome to attend. The wide variety of workshops, study groups, and panels always prove to be very interesting. Also see the announcement elsewhere in this newsletter of the Seattle Conference in October.





(left) Larry in 2005 at the Society dinner where he was honored along with several other colleagues.

(above) Larry & Janet in 2001 at the Institute Awards Dinner

LAURENCE BARTLETTE HALL, M.D.
August 10, 1919—March 1, 2007

Say not in grief 'he is no more' but live in thankfulness that he was.

Hebrew proverb

It is with deep sadness that we inform you of the death of our dear friend and colleague, Laurence B. Hall. He died quietly Thursday evening at the age of 87.

Larry was a founding member of both the Denver Psychoanalytic Society and the Institute. When he came to Denver from Philadelphia in 1957, it was to take the position of Director of Education in the UCHSC Department of Psychiatry. Larry served as President of the Society from 1967-1968 and Director of the Institute from 1975-1978, as well as many other positions in both organizations. Most recently he was the Program Chair for the Society. In 2000 he received the Brandt F. Steele Award from the Institute. Larry was a Training and Supervising Analyst, and also highly involved with our national organization APsaA, serving as Chair of the Board on Professional Standards from 1979-1982.

Larry was known for his sense of humor, his wealth of stories, and his love for psychoanalysis. He is survived by his wife Janet, two of his children and their families. Sadly, he recently lost one of his daughters to cancer. Information will be forthcoming regarding any memorial arrangements.

For those wishing to make a donation in Larry's name, the family has suggested the Institute's Fund for an Endowed Chair of Psychoanalysis within the UCHSC Department of Psychiatry. Please note "In memory of L. Hall" and make the check payable to: The Denver Institute for Psychoanalysis. Mail to The Denver Institute for Psychoanalysis, 4200 E. 9th Ave. (C255-64), Denver, CO 80262

OUT & ABOUT...

— by Ben Green, M.D.

Let us begin by honoring our honorees. **Ted Gaensbauer** was awarded the 2006 Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award at the 2006 annual meeting of the American Academy of Child and Adolescent Psychiatry. **Barbara Rainwater Redinger** received the Distinguished Clinician Award from the Colorado Society for Clinical Social Work on March 2, 2007. This past Fall, **Esther Lowenstein** received the Department of Psychiatry's Clinical Faculty Award for Medical Student Education. That same evening, **Ted Gaensbauer** received the Child Psychiatry Award, **Robinette Bell** received the Residency Training Award, and **Bill Bernstein** received the Overall Award. Happily, our vigorous and varied collaborations with the Department of Psychiatry are going strong!

Several of our members have been actively reaching out to the community. **Mary Ann Levy** and the Disaster Response Committee met with individuals up in Bailey after the tragic Platte Valley School shooting. **Peter Mayerson** and **Margy Stewart** continue to volunteer time working with the Red Cross. **Barbara Redinger** and **Margy Stewart** lectured the Colorado Society of Clinical Social Workers on the topic of transitional phenomena and eating disorders. **Nancy Bell** and **Libby Neal** both gave presentations to The Rocky Mountain School of Expeditionary Learning as part of their seminar, "Freud, Dreams and Surrealism".

Now to our own educational activities; once again, those hungry for intellectual sustenance have not been disappointed by the offerings of our Society. **Herb Schlesinger** launched our Community Lecture Series with a characteristically fresh approach to defining psychoanalytic process; this was followed by **Nancy Kulish** discussing Female Body Representations, **Judith Chused** differentiating the analyst as real versus new transference object, and then our own **Rex McGehee** playfully pitting John Bowlby against Melanie Klein. Still to come (at the time of this writing): **Ken Corbett** (March 9th) will expand upon his "Gender Now" title and **Linda Mayes** (April 13th) will round out the year by expounding upon the biological and experiential roots of parenting.

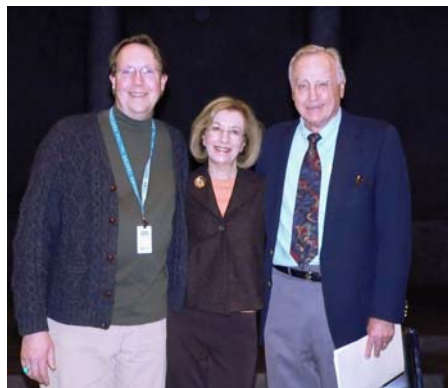
Not to be outdone, the Continuing Education Program served up the following courses: Buddhism and Psychoanalysis (**Bill Edwards**), Borderline Personality Disorder (**Barbara Redinger, Margy Stewart**), and Sleep Disorders (**Michael Weissberg**). Upcoming- and still accepting applications- are the following: Treating Borderline Children (**Shoshana Adler**), and a program involving a medley of presentations pertaining to working with adolescents (coordinated by **Matty Wilsey** with lecturers **Susan Frederick, Jill Miller, Shoshana Adler, and Lee Johnston**.)

Finally, **Margy Stewart, Denise Detrick, Paula Bernstein, and Rex McGehee**. Organized a group-viewing of the Denver Performing Arts Center's excellent staging of King Lear. Following the play, Richard Simons and Ron Barber provided thought-provoking commentaries. **Paula Bernstein** deftly presided over the discussion. The reception afterward was, by all accounts, delicious. Not only did **Margy Stewart** arrange the buffet, but her homemade brownies were, to quote **Mark Groth**, "to die for!"





Margy Stewart (right) and her sister, Christine Gillet from Libertyville, Illinois, at the reception after King Lear.



Ron Barber of the DCPA, Paula Bernstein, and Dick Simons after the discussion of King Lear.



Alexis Geise, Larry Adler, Robinette Bell, Steve Mays, and Bob Freedman at the Department Awards Banquet in November.



Larry Adler, Marianne Wamboldt, Ted Gaensbauer, and Bob Freedman (Department of Psychiatry Award)



Bill Bernstein, Larry Adler, and Bob Freedman (Department of Psychiatry Award)



Michael Weissberg, Larry Adler, Esther Lowenstein, and Bob Freedman (Dept. of Psychiatry Award)

Photos by Mark Groth

How to Know if What you are Doing is Psychoanalysis

Presented by Herbert J. Schlesinger Ph.D.

October 13, 2006

— Reported by Roy Lowenstein, M.D.

In his introduction, Dr. Schlesinger makes clear that he is focusing on the process of psychoanalysis, and in that focus, is excluding that which we are normally interested in, namely the content, the “juicy stuff.” For heuristic purposes, his minimalist definition of Psychotherapy is “a continuous though regularly interrupted conversation between two persons.” Process pertains only to what these people say and when they say it.

Drawing on his text, *Endings and Beginnings*, the concept of process dwells mainly on “macro-process,” the gradual progression of events that occurs over the entire length of the psychoanalysis. Interactions between analyst and patient within the course of a single session or less, he would term the “micro-process.”

Dr. Schlesinger proposes four ideas implicit in macro-process:

1. The atmosphere in the room varies over time, dependent on the changing quality of importance the two principles have for each other: cooperative or antagonist, and regression and progression of form and content.
2. The relationship is continuous, going through phases organized around the patient’s investment in tasks deemed important to the patient.
3. The beginning and end of phases make themselves known by behavioral “landmarks” that the analyst recognizes.
4. Process time distinguishes itself from everyday linear time by its subjectivity. This kind of time can reverse itself, stand still, vary in speed, return to itself, and create almost *déjà vu* experiences. It calls to mind Einstein’s explanation of relativity in the time sense one might experience touching a hot stove vs. the time sense of being in the close presence of a sexually attractive person.

Psychotherapy concerns itself with psychological time rather than real time. The therapist must remain sensitive to the time sense and time changes experienced by the patient. These are feelings and experiences told in the metaphorical language of time. It requires that the therapist must be nimble on his feet to follow the vicissitudes that the patient experiences in his subjective experience of time. As Dr. Schlesinger says, this enables him to say to his patient: “You

just shifted from remembering how it *was*, to feeling in the here-and-now how it *is*.”

Diagram #3 illustrates how “real” time elapses in its inexorable, measurable rate, while psychological time moves at a varying rate through the procession of various tasks that may be stuck, may slow or speed up, or go backward.

Dr. Schlesinger diverges momentarily to talk about the concept of free association which he likens to the oxymoronic “military intelligence.” Association is never free, but is the product of thought, preference, affect, conflict, shame, guilt, and a whole host of other confounding variables. He posits that rather than the content of the associations, the times when the patient cannot associate “freely” are the most informative and useful in determining what is troubling to the patient.

Free association is a normal function of human thought, as dreaming is during parts of sleep, but it is inevitably drawn to the service of protecting the individual’s cherished, organizing, and familiar fantasies—i.e. his own view of reality. Within the psychoanalytic surround of relative lack of distraction, the recumbent position, the non-interference of the analyst, the analysand is more likely to share his internal fantasy world in “free association,” including those areas of mental life that cause pain, constriction, and maladaptive behavior. Even more to the point, the analytic surround makes it easier to see the great lengths to which the patient attempts to preserve these fantasies. More freedom leads to increasingly vigorous attempts to protect the fantasy, and here is where the development of transference comes to the fore. Dr. Schlesinger sees resistance and transference are the starting point of the micro-process of psychoanalysis, the endless little ways that the analysand defends and betrays his organizing fantasies in an attempt to keep them hidden from the analyst and himself.

Such discontinuities are maneuvers present in everyday speech, but normally are not noted when away from the psychoanalytic surround. Here too they serve the purpose of protecting the individual from knowing he is under the sway of unconscious fantasy.

Slide #5 looks at the helix end on end. Dr. Schlesinger makes a point that the apparent circle is not static but continually moving, pulled on one hand by the wish to change and on the other by the wish to maintain sameness and order, similar to a planet in orbit. Obviously a human being’s

orbit is far more irregular than planetary motion, buffeted by impulse and defense driven by anxiety. As the analyst noted the tiny discontinuities in the patient's associations, his comments tend to cause to a relative "straightening out" of that portion of the helical curve. This makes it more difficult for the patient to maintain a smooth orbit. In other words, what is effected is a small increment of change. A process develops in which the analyst's tampering with the patient's "orbit" is antagonistic to his desire for the status quo, and frequently transference is used by the patient (i.e., the analyst is "doing something" to cause anxiety). Each time the analyst straightens out the curve of the helix he is imparting an increment of health. The neurosis is less and less confining. As the process continues, the patient himself undertakes this function, with the analyst intervening only to give assistance over rough spots.

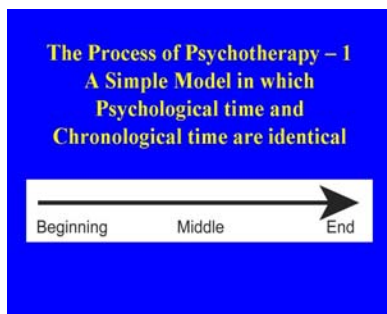
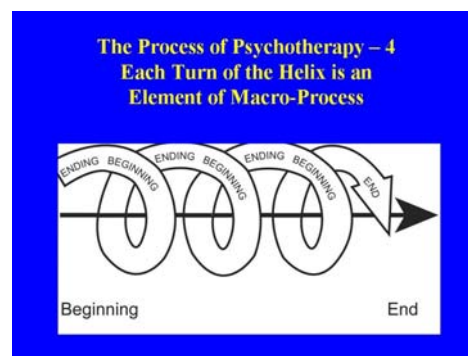
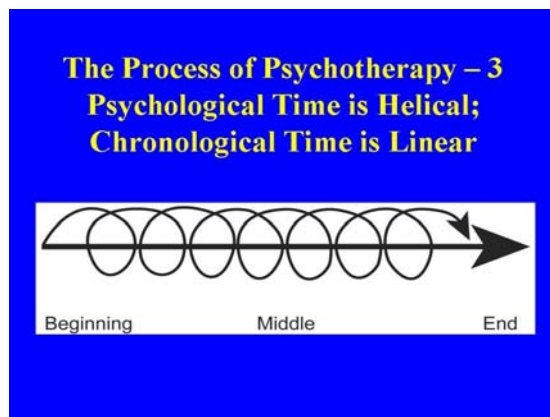
As the analysand tells his narrative, both he and the analyst suspend disbelief, but shortly thereafter, what happened in the story, is happening in the transference, and the one-time audience, the analyst, becomes one of the main characters in the story. The discontinuity between the analyst as audience and the analyst as character, changes the narrative to a discussion about the relationship between the two parties. This ultimately has the effect of straightening the helix, widening the orbit.

Dr. Schlesinger then provides a clinical vignette describing what he has been positing. As the patient tells her narrative, Dr. Schlesinger confines his interventions to that time when the patient has obvious difficulty in maintaining the continuity of her narrative. After a bit, the patient herself does the analyzing.

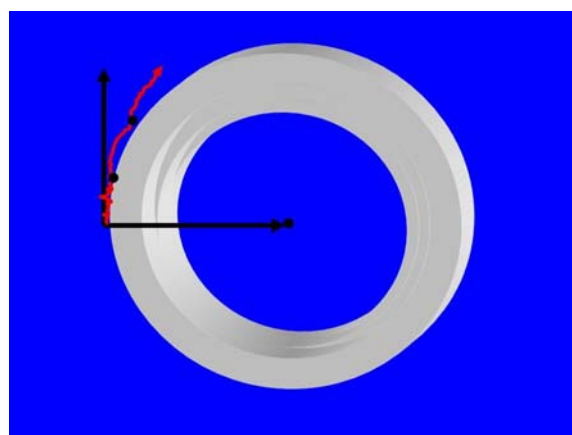
Dr. Schlesinger summarizes as follows:

Macro-process of event takes place over long periods of time. The helix is the result of the interaction of the patient's unconscious fantasy, real clock time, and the non-interference of the analyst. Its form is the product of the patient's contributions.

Micro-process arises from resistance and transference, and the shape of the helix depends on the interventions of the analyst in response to discontinuities in the patient's narrative.



#5



Baubo: The Representation of the Female Body

Presented by Nancy Kulish, Ph.D.
November 10, 2006

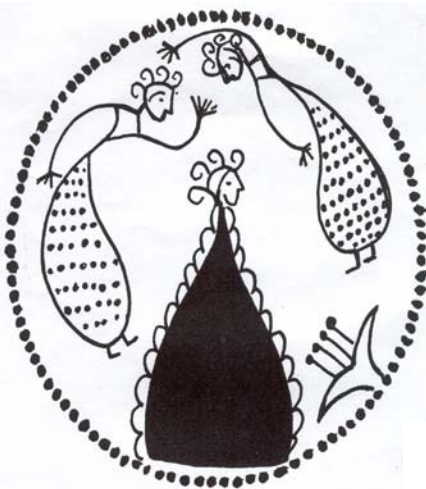
— Reported by Ruth L. Fuller, M.D.

On November 10, 2006, the introduction of the evening's speaker, Dr. Nancy Kulish, presented a highly condensed picture of both the person and her work. It was noted that she received her B.A. from Berkeley, her Ph.D. in psychology from Michigan, and pursued her analytic training in Michigan. Her areas of interest and writing are summarized as female issues as an analyst, female sexuality, and femaleness in a broader context. This paper is an engaging and enlightening work touching on these areas of interest.

Dr. Kulish began with a summary of the myth of Demeter and Persephone. "Demeter, the Goddess of Grain, has descended from Olympus to search the earth for her beloved daughter, Persephone, who has been abducted by Hades and carried off to the underworld." Demeter is grief-stricken (and angry). She causes draught and famine on earth, then presents herself to a human family as a nurse for their infant son, Demophoon. However, Demeter refuses to eat or drink anything until an older servant woman, Baubo, jests by lifting her skirt and displaying her genitals to Demeter. Demeter responds with laughter and her depression is lifted.

The figure of Baubo, sometimes called Lambe, "appears in every version of the Persephone myth." The activities associated with Baubo – lifting the skirt and exposing the genitals and joking were part of the Eleusinian mysteries with celebrated birth, death and rebirth. Another component of this activity is the sharing of infinite communication between two women, "tangible depictions of female sexuality without restraint or negativity." In looking at our Western history, religion, and psychoanalytic theory, acceptance of female sexuality, sexual pleasure, and exhibitionism have faded.

Attention to the triangular development in the female as different from the male, but not pathological, allows for greater understanding in our work as analysts. The story of Persephone/Kore, proceeds as follows: Kore/Persephone is the young daughter of Demeter and Zeus. She is gathering flowers one day and plucks a particularly beautiful narcissus. The earth opens up to Hades, God of the underworld and death, and he abducts her. Hades can keep her for three months of the year since she has eaten a pomegranate seed in Hades (after being told not to eat anything). The other months she spends with her mother, spring and summer. With the aid of many slides reflecting various aspects of the myth in antiquity, Dr. Kulish elaborated on her writings. For example: a Minoan cup from Crete 2000 BC shows Persephone vanishing into Hades. The marriage between Hades and Persephone is incestuous, similar to that of Oedipus and Jocasta. But the development of the girl is different from the boy. The mother is the primary caretaker for both. The girl has the task of negotiating mother/daughter separation, loyalty toward both parents, female fertility, and erotic bodily sexuality.



Persephone vanishing into Hades. Detail from a Minoan cup. Phaistos, Crete, Ca 2000 BCE

(Continued from page 10)

Various images of Baubo figures are noted across the centuries and around the globe. With cultures that would seem to have little or no contact with each other, there is seen the frog image, upraised arms and lifting the skirt. It is with Judeo-Christian tradition that Baubo is seen as obscene and any sexuality is seen as unacceptable unless clearly separated as Saint or whore. Even the exhibitionism of children is problematic because sexual pleasure is seen as in the adult domain and, therefore, is unacceptable. In observing children, the pleasure that children show in running around naked is in the range of childhood, not adulthood. Dr. Kulish commented elsewhere that “Baubo represents the concretization of pleasurable exhibitionism and unabashed pride in the female body.” One of the tasks for the development of sexuality in the girl is that she receives permission from her mother to be sexual. In other words, “Unless a girl perceives permission from her mother to be sexual, the road to her attaining a sense of agency over her sexuality is very difficult.”

Clinical vignettes address the points made in the presentation. For example, a married adult patient presented a dream in which she was in a Mikva. The issue of who was allowed to be naked and who was not was presented in the analytic hour. Another vignette addressed the pleasure of the child of less than two in pulling her skirt up. A different vignette came from an analytic hour in which the patient became aware that her sexual freedom had been sanctioned by her mother and her mother’s sisters. Another vignette addressed the patient’s preoccupation with her face as “fat and ugly,” a displacement upward. She also presented a dream of a Geisha. The last vignette was in the termination phase of an analysis in which the female patient presented a “flower dream” and the joy of having a beautiful body.

A summarizing thought was raised by the speaker.
Why is there so little laughter in psychoanalysis?

Discussion: From the audience, Dr. Dick Simons began the discussion with a comment that he almost yelled bravo. He then recalled the vignette in which a 2-year old was spinning around and pulled her skirt up at her sister’s bat mitzvah and the little girl’s naming ceremony. He wondered how the Rabi responded. Dr. Simons last question/comment was why we still talk more about castration anxiety in boys rather than mutilation anxiety for both boys and girls?

Dr. Paula Bernstein spoke about the denial of the vulva as well as other body parts. Other comments included questions/comments about the lack of vocabulary for female genitals now.



Two terra-cotta statues of Baubo/Isis. Alexandria, Egypt, third-second century BCE.



The Analyst as a Transference Object, New Object, Real Object by Judith F. Chused,, MD

December 8, 2006

— Reported by Pam Haglund, Psy.D.

“Quite frankly, Dr. Chused, you stink!” Thus began the analysis of seven year-old Sarah, and, for the audience, Dr. Chused’s thoughts about how patients perceive their analysts and use them over the course of an analysis. A welcome presenter to the Denver Psychoanalytic Institute and Society, Dr. Chused illuminated her ideas concerning the analysis of the transference as the primary vehicle for change in patients, by describing the analysis of Sarah, seen from ages seven through twelve.

Taking care to define her terms so that we, like patients, would not attribute our own meaning to her words, Dr. Chused began by discussing transference. “During an analysis, a patient’s initial ‘habitual mode of responding’ becomes the analytic transference through the relative anonymity of the analyst.” This anonymity, achieved in part through neutrality and abstinence, is not to be equated with emotional unavailability, especially in the case of child analysis. What Dr. Chused aims to promote is the thickening of the “transference veil.” An analyst encourages this thickening by holding in check self-revelations and by wearing the defensively projected attributions of the patient. When the analyst refrains from correcting the patient’s perceptions, but remains accepting and curious, the patient sees and responds to the analyst as he has to figures in his past, and the analyst becomes a player in the patient’s drama.

For Dr. Chused, the term “real object” also requires clarification. She believes that knowing facts about the analyst or having made observations about her is not the same as being “real” to the patient or to anyone else. “To see us accurately, as we ‘really are’ is only possible for those who do not use us for the gratification of an unfulfilled desire, who do not push us to be something other than who we are.” That is not possible, in Dr. Chused’s view, for our patients. She suggests that we may be real, ultimately, only to our own analysts, our spouses after many years of marriage, and to our children after they have become adults.

However, patients may consider their analysts “real” when they see them as separate individuals, with their own motives, impulses, and feelings, with minds of their own. Seeing the analyst as “real” in this way is an achievement, marking the capacity for self-reflective functioning. The appearance of this ability may overlap with the patient’s experience of the analyst as a transference object, especially as the transference is being worked through. Patients use their analysts as real objects at times when transference elements are relatively silent, and, during these times, “the work of integrating the analytic experience occurs.”

The analyst becomes a new object when the patient recognizes “his perceptions [*of the analyst*] as ‘misperceptions,’ based on transference. For most patients the relationship with

this ‘new object’ permits the exposure to and greater tolerance for previously forbidden fantasies, desires, and affects. With many children and adolescents, and some adults, the ‘new object’ may also serve as a model for identification, an important developmental function.”

A patient can see the analyst as a new object only after the patient has experienced psychic change and growth. Being seen as a new object requires that the patient recognize the analyst as someone who is different from how she initially experienced her. The “newness” of the new object rests in the psychology of the patient, not in the way an analyst behaves. In other words, an analyst may act differently from the patient’s expectations and from important figures from the past, but being seen as new means that the patient senses these differences. “How this takes place, how transference loses its power to shape the perception of the object, is what analysis is all about.”

Initially, Sarah saw Dr. Chused as stupid and unsophisticated, a crazy people’s doctor, who smelled bad. For nearly a year, Sarah maintained this stance, continually attributing greedy and selfish motives to her analyst. In response, Dr. Chused, illustrating how she “wore” these attributions, wondered aloud why Sarah thought that she (Dr. Chused) acted as she did. By experiencing Dr. Chused as the object of Sarah’s displaced unacceptable impulses and the projections of the worst aspects of herself, she used her analyst as another child might use a toy. Over time, as she could accept these attributions, and gradually allow them to become less “odious,” Sarah could eventually reclaim them as parts of herself.

When the analyst abstains from withdrawing or defending against the patient’s accusations, she acts counter to the patient’s expectations. In so doing, she creates cognitive dissonance within the patient, who must come to terms with the prior misconceptions. At this point, it becomes possible for the patient to use the analyst as a new object. With the new recognition comes the potential for self-reflection and for developmental movement.

Dr. Chused wove her understanding of the changes in a patient’s use and perceptions of the analyst through a colorful case of child analysis. She showed how her own emotional availability to Sarah and her willingness to tolerate harsh attributions without withdrawal, enactment, or defensiveness allowed the child to become more comfortable with herself and more agreeable to others. It was a delightful and inspiring presentation.

IMPRESSIONS OF THE CHILD AND ADOLESCENT PTP (CAP-PTP)

It was exciting and a privilege to be part of the first 2-year Child & Adolescent Psychodynamic Psychotherapy Training Program at the Denver Institute for Psychoanalysis. My classmates and I were most impressed with the Institute's dedication, integrity, and the enthusiasm and vast experience of the faculty. Their willingness to share their clinical knowledge and insight, with detailed accounts of their own successes and challenges, made the experience very rich and "kept it real." It also made the learning relevant to the struggles we all face in this profession, and the triumphs that keep us going.

The value of the diverse backgrounds and experiences of our classmates cannot be underestimated. We learned a lot from each other, as we had experts in our midst in the areas of eating disorders, inpatient psychiatric treatment, art therapy, and Native American culture. As a class, we demonstrated compassion and respect for patients and each other through the sharing of difficult case material. Almost everyone cried at one time or another! We also allowed ourselves to be vulnerable and accept feedback, which we have incorporated into our practice in a useful way.

The theoretical material presented in class lectures and readings was thoughtfully chosen, concise, and applicable to today's practice, even when we were reading classic papers from many years ago. The program's strong foundation in the child development and ego psychology work of Anna Freud provided a very useful framework in which to think about our young patients. Class discussion and readings were stimulating, energizing, and, at times, moving and profound. Sometimes, the reading material could be dense and difficult to understand. In these cases, we really appreciated the lengths to which instructors went to explain a difficult theory or concept, using practice examples to illustrate.

I think we would all agree that we felt challenged and rewarded by the Child and Adolescent PTP. Our understanding of the therapeutic process was deepened, and our practice enlivened by this unique experience.

Donna J. Mahnan, LCSW
Child and Family Therapist,
Mental Health Center of Denver
2006 CAP-PTP Graduate

New CAP-PTP, PTP and Psychoanalytic Programs will begin in September 2008. Application deadline is March 31, 2008.

Ongoing enrollment is possible in the PTP Post-Graduate Seminar, and the Child Psychoanalytic Program. Call for information: 303.315.7776

PRIZE ANNOUNCEMENT

THE ANNA FREUD FOUNDATION

The Anna Freud Foundation will award a prize of \$5,000.00 (five thousand dollars) for the best paper demonstrating how Anna Freud's theoretical or clinical contributions can effectively address some of the contemporary challenges in psychoanalysis. Papers, in English only, will be accepted until **30 November 2007**. They can be sent as attachments via e-mail to samdoc@msn.com or through ordinary mail channels to

Samuel Abrams, M.D., Chairman
 Anna Freud Foundation
 25 East 83rd Street, Apt. 2 D
 NY, NY 10028
 USA.

Each paper will be judged by the members of the Board of the Anna Freud Foundation or by experienced designated readers.

STILL TO COME — (See page 2 for note on October 12th Wallerstein Conference)

Lecture Series:

April 13, 2007 — Linda Mayes, M.D., Connecticut "How Experience and Biology Together Shape Early Parenting"

Continuing Education: (Deadline to register—April 2, 2007)

April 12-19-26; 5/3/07 — Clinical Topics in the Treatment of Adolescents, Coord. By Matty Wilsey, Psy.D. (7:30—9:00 p.m. in the Spitz Library)

April 13,20,27; 5/11/07—Treating Borderline Children, taught by Shoshana Adler, Ph.D. (10:00-11:30 a.m. in the CPH building at 8th & Bellaire)

Other special events:

June 19-24, 2007 The American Psychoanalytic Association in Denver—with a 6/19/07 opening reception at Palette's in the Denver Art Museum.

June 25, 2007 The Society's Annual Business/Dinner Meeting at the Wellshire (6:30 p.m.)

Institute happenings—

Institute fall classes begin: Friday, September 7, 2007

Institute Annual Faculty Meeting: Saturday morning, September 8, 2007

Institute Graduation at the Brown Palace will be on Saturday evening, September 8, 2007

Check our website for 2007-2008 Society Lecture Series and Cont. Ed., as it is known.

www.denverpsychoanalytic.org



CARTOON CAPTIONING CONTEST WINNER AND RUNNER UPS: TOP TEN —

1st place: *"If I HAD a death wish, would I schlep all this?"*
(Neil Rosen)

2nd place: *"I thought you said 'belay' gratification."* (Neil Rosen)

3rd place: *"Thanks a lot! Now I'm afraid of heights!"* (Peter Buirski)

About the Artist: Vickie Todd is a candidate at Hanna Perkins Center for Research in Child Development and a member of the Cleveland Psychoanalytic Center. She is also an artist whose watercolor paintings are frequently on exhibit in local art shows. Several other groups around the country are conducting captioning contests and Vickie hopes to compile the winning entries into book form with 30% of the profits divided between the participating Institutes and Societies. She has built a website which displays all of her cartoons which are also now available as greeting cards.

Go to: www.sigicartoons.com

Denver Psychoanalytic Society
Univ. of Colo. Health Sci. Ctr.
4200 East 9th Ave. (C255-64)
Denver, CO 80262



THE DENVER PSYCHOANALYTIC SOCIETY OFFICERS

Arthur D. Garfein M.D.—President
Randolph W. Pock, M.D.—President Elect
Marguerite Stewart, Psy.D.—Treasurer
Yana Vishnitsky, L.C.S.W.—Secretary

NEWSLETTER STAFF

Editor

Roy Lowenstein, M.D.

Managing Editor

Lin Borden

PLEASE SEND ALL FUTURE MANUSCRIPTS TO:

Roy Lowenstein, M.D.

303-333-2111

FOR NEWSLETTER SUBSCRIPTION CONTACT:

The Society Office

303-315-7776