

THE DENVER PSYCHOANALYTIC SOCIETY NEWSLETTER

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PRESIDENT'S MESSAGE

— ARTHUR D. GARFEIN, M.D.

THE STATE OF THE SOCIETY

This first year of my two-year reign has focused on increasing our public visibility, strengthening community outreach, nurturing Society 'in-reach,' strengthening our financial situation, and interfacing with The American Psychoanalytic Association.

1) Increasing public visibility.

Right out of the gate, we were faced with news reports that the Air Force was attempting to force a Colorado Springs psychotherapist to hand over treatment notes of a client who had not given consent. A letter from our Society in support of the therapist's stance and the importance of confidentiality of records was printed in the *Denver Post*. We had also joined a con-

sortium of other like-minded professional mental health groups. Also, post-Hurricane Katrina, the *Post* printed a letter from our Society supporting their columnist's call for expanded, longer-term mental health treatment for the evacuees.

We were less successful in getting our local newspapers to print an article commemorating Freud's 150th birthday or with our Community Relations Chair, Joan Heron, attempting to get us on KCRF's Colorado Matters. Joan is also working with other members to organize a jointly-sponsored symposium in Fall 2007 with The Society of Clinical Social Workers.

Margie Stewart, our Fundraising Chair, organized an enjoyable event in conjunction with the Denver Center for the Performing Arts pro-

duction of Shakespeare's "Measure for Measure," arranging a discussion and reception afterward. We plan to sponsor a similar event next year.

This fall will see the return of the popular Psychoanalytic Film Series, to be co-sponsored by PFLAG.

2) Strengthening Community Out-reach.

Paula Bernstein, our Program Chair, continues her 'godmother' ways of making visiting speakers 'an offer they can't afford to refuse' by bringing to our Community Lecture Series internationally renowned psychoanalytic thinkers and writers. Her and Bill's hospitality is legendary. Our old colleague and mentor, Dr. Herbert Schlesinger, will be inaugurating our 2006-2007 series on October 13.

SIGMUND FREUD'S 150TH BIRTHDAY

— ARTHUR D. GARFEIN, M.D.

As Sigmund Freud's 150th birthday was noted by such diverse publications as The New York Times, Newsweek, The Wall Street Journal and even The International Jerusalem Post, it was unfortunate that our

own local newspapers declined to publish the following commemoration written by our President. So, even though we are preaching to the choir, we thought it appropriate to share it with you.

Sigmund Freud, the father of psychoanalysis, was born 150 years ago on May 6, 1856 in the small Moravian village of Freiberg in what is now the

(Continued from page 1)

Esther and Roy Lowenstein organized and co-hosted our successful Evening Salon Series this past year. This is another free series of presentations offered to the broader mental health community as a means of bringing psychoanalytic thinking to new audiences. The Salon will continue to alternate years with this year's upcoming Best of Psychoanalysis series. The "Newsletter," under Roy's editorship, continues to be a quality, innovative publication.

Our Continuing Education offerings, chaired by Rex McGehee, have had a dynamite year with courses on such diverse topics as Buddhism, eating disorders, intersubjectivity, and the 'texture of treatment.' Enticing new courses await us this coming academic year.

David Hurst, Chair of our Awards Committee, continues to scan the horizon for eligible papers from residents, students, or candidates to merit the Herbert Gaskill Award.

We are pursuing Kevin Udis' idea to create a Psychotherapy Outreach Service (which he chairs) to offer referral for reduced-fee longer-term psychodynamic psychotherapy to under-represented groups. In the same vein, Shoshanna Adler is interested in developing a Pre-School Consultation Service to offer psychoanalytic perspectives on normal or troubled child development.

Mary Ann Levy, Chair of our Disaster Response and Education Committee, helped organize Red Cross mental health training for interested Society members and, with others from our group, volunteered at the Family Assistance Center for Hurricane Katrina evacuees. Who says all psychoanalysts are ivory-tower types?

3) Nurturing Society 'In-reach.'

We were alerted to the need to purchase Directors and Officers Liability Insurance to protect our officers from potential lawsuits and financial ruin. This was done. A decision was also made to fund the basic expenses of our President (Councilor) for representing us at the two national meetings a year of The American Psychoanalytic Association.

We celebrated the first retirement banquet in November 2005 where five retired Society members were honored for their service. We hope this becomes a regular event in the life of our Society.

We fashioned an agreement with Berkshire Advisor Resource to offer our members discounted insurance, estate and retirement planning, accounting, and legal services. Discounts are also offered to Society members for tuition for our continuing education programs.

Steve Shulruff and his committee have fashioned a confiden-

tial, humane mechanism for a Colleague Assistance Program. The aim is to aid in evaluating possible impairment before an ethical breach occurs. All of us will be required to sign an agreement to participate and abide by these procedures as a condition of membership.

Ben Green and Barbara Redinger, co-chairs of our Membership Committee, have created a brochure inviting qualified people to apply for membership and are preparing an informational packet for each new member. With their active recruitment stance, our Society continues to grow.

Our Ethics Chair, Cheryl Straus-Witty, has been interfacing with the Ethics Chair of the Denver Institute for Psychoanalysis to avoid duplication and enhance a collegial relationship.

4) Strengthening our financial situation.

We continue to create greater equity in our dues structure while avoiding across-the-board dues increases. Also helpful has been our modest success in soliciting unrestricted grants to underwrite partially our retirement banquet, coordinating committee dinner meetings, and our annual business meeting. We have added a Cars (and trucks) for Charity tax deductible option for members, with any profit accruing to our not-for-profit Fund. Last, we are announcing an initiative for our members (and others) to consider charitable giving options to enhance our paltry endowment fund, and gain tax savings in return. This will help support both our community out-reach and Society in-reach functions. This can be as simple as adding a codicil to your will. A seminar will be offered this Fall to members interested in learning more about effective estate planning and tax savings.

We continue to meet with Institute officers twice yearly as a joint finance committee to coordinate shared expenses and rational funding mechanisms.

5) Interfacing with the American Psychoanalytic Association.


Our Society is one of 40 Affiliate Societies of The American Psychoanalytic Association. As President, I am one of forty Councilors that partially constitute the Board of Directors (Executive Council) of the Association. Lately, the Association has been debating controversial plans both to re-organize the Association and to expand criteria for membership. We held an open forum for local members in May, and it was the sentiment of those who attended, that the "Renew the American" bylaw initiative effectively subverted an orderly process of debate on, and consideration of, the Task Force on Reorganization's recommendations.

Aside from governance and membership squabbles, the American Psychoanalytic Association is helping lead the fight in Washington to protect therapist-patient privilege and confidentiality guidelines; raising the profile of psychoanalytic psy-

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chotherapy among the members; evaluating how psychoanalysis is presented in undergraduate Institutes; re-evaluating the certification process and the training analyst system; creating an outreach program to military families; and enhancing opportunities for research, critical thinking, and scholarship in its educational activities. Cal Narcisi, William Bernstein, Rhoda Singer, and Laura Jensen are some of our local members actively engaged on the national level.

The bell  for my second year is about to ring. I can't do it without you.

Freud's 150th Birthday—*continued*



Czech Republic. Considered one of the most influential persons in the 20th century for his profound psychological insights into the nature of what it is to be human, he has both admirers and detractors. His ideas, often misunderstood and distorted, have impacted every facet of our intellectual, scientific and cultural life.

He was already a trained neurologist and devoted scientist – but fighting poverty – when in 1885 he was approved for a meager stipend to study in Paris under the renowned physician, Jean-Martin Charcot, who introduced him to diagnosing mental disorders and treating hysterics with hypnosis. He returned to Vienna with the ambition to treat patients and learn about their intrapsychic lives.

“The Interpretation of Dreams” in 1900 focused his explorations of mental life, specifically unconscious mental life, on its characteristics of symbol and metaphor, condensation, displacement, timelessness and denial, and contradiction. But it was in 1905 that his “Three Essays on the Theory of Sexuality” shook the medical establishment and caused uproar among proper Viennese. In it he described his theories on the significance of infantile sexuality and psychosexual development and its ongoing impact on mental life, both normal and perverse. He understood that the desire for pleasure is an important motivating force in our lives and that sexuality is broader than genitality alone. He believed that our urges are resisted by social and internalized taboos that can result in conflict, defense, anxiety, guilt, defensive failure and symptom formation. Rather than promoting uninhibited sexual expression – he was rather proper and priggish -- he supported the maturation of ego development so that sexual and intimate personal bonds could be integrated as much as possible.

Likening himself in temperament to a conquistador – of the inner world of our basic drives of self-preservation, sexuality and aggression and our conflicts around satisfying them – Dr. Freud began listening carefully to the patients in his office/home at 19 Berggasse in repressive, anti-sexual, anti-Semitic Vienna. He was alarmed to hear so many of his (primarily female) adult patients report childhood sexual abuse in their lives that he initially feared that Vienna was rife with incest and pedophilia. He continued to mull on the role of early traumatic events and proposed a seduction theory of neurosis that caused ‘hysterical’ physical symptoms, but eventually turned his emphasis to the role of fantasy in adult memories with its own psychic truths. In the latter part of the 20th century he was lambasted by many for retreating from his earlier concerns about actual sexual molestation.

Elaborating his psychological ideas from a masculine point of view hindered his understanding of feminine psychology. Yet, he was no misogynist and encouraged women to join his professional ranks as colleagues. He was more successful when he began his own self-analysis, realizing that slips of the tongue, humor, fantasy and dreams can provide a window into our unconscious. From personal insight, he postulated the universality of the Oedipus complex, a metaphor to describe the effects of a child’s early relationships with his/her parents in the formation of self-identity.

Dr. Freud first sought to hypnotize patients as a means of bypassing their psychologic defenses, but came to appreciate the need to analyze and understand those coping mechanisms as well. He opted for the patient using ‘free association’ on a couch and the analyst listening with evenly suspended attention’ so as not to prejudice the patient’s narrative. He slowly realized that part of his patients’ perceptions of him was to re-live in their sessions a relationship with a formative figure from their past. Terming this ‘transference’ and the analyst’s unconscious reactions to such as ‘countertransference,’ it added an essential ingredient of understanding to the analytic encounter

was not immune from transferences in his own life and seemed to develop patterns with some of his male friends and colleagues that resembled aspects of his relationship with his father.

He paid his only visit to America in 1909 to receive an honorary Doctor of Laws degree from Clark University in Worcester, Massachusetts which was a morale booster for his fledgling cause. Psychoanalytic contributions to the theory and therapy of the ‘war neurosis’ (now termed posttraumatic stress disorder) toward the end of World War I attracted an unprecedented degree of attention. Teaching and training centers initially began to form in Europe, later to cross the Atlantic. Psychoanalysis began to grow as a science, as a theory of mental life, as a treatment, and as a profession.

Although leery about giving cookbook-like advice, he was prompted to write his classic 1913 paper “On Beginning the Treatment” – which supported abstinence, anonymity and neutrality – due to reports of ‘wild analyses’ and boundary violations between therapist and patient. His own relationships with many patients, however, were far more personal as attested by some of their memoirs and the ‘splendid isolation’ of his consulting room was often relieved by his beloved chow, Lin Yug. In his “Lines of Advance in Psycho-Analytic Theory” (1919) he adapted his technique to encourage greater activity in the analyst and also expressed his view that less affluent people were just as entitled to psychoanalytic assistance and he advocated outpatient clinics offering free or reduced-fee treatments.

Dr. Freud’s approach to homosexuality was respectful, believing that every person had a constitutional bisexual potential. In a letter he wrote to an American mother concerned about her gay son, he opined that homosexuals were no more or less ill than anyone else – but rather a natural variant – and pointed out their vast contributions to civilization.

In May 1923 a malignant palatine tumor of his palate was diagnosed. After all, he loved his cigars! Numerous operations followed and he had a frustrating struggle with a poorly fitting prosthesis that made it difficult to speak and to chew. Nevertheless, he continued treating patients and revising his theories. Following the Nazi Anschutz in Austria in 1938, he and his immediate family, including his psychoanalyst daughter, Anna, fled to England where he died in 1939, surrounded by his treasured books and ancient artifacts. He accepted as his fate ‘to agitate the sleep of mankind.’

Many people believe that psychoanalysis’ strongest bid for ongoing legitimacy is in its focus on and alignment with the individual. It aims to free a person from chronic, crippling symptoms or personality distortions that seriously interfere with the ability to love intimately and work productively. Restrictions to necessary access to psychotherapy and psychoanalysis by the managed care industry and governmental intrusion into confidentiality of medical records have had pernicious influences that are being actively resisted by the organized psychoanalytic community.

Today, cognitive researchers and neuroscientists’ findings buttress psychoanalytic observations in our offices with our patients. So many important contributions from diverse authors and schools of thought have been made in the past century that we cannot think of psychoanalysis in a purely Freudian way anymore – nor do we need to. But he was the giant on whose shoulders we still stand. Happy birthday, Dr. Freud.

Arthur D. Garfein, M.D., President
The Denver Psychoanalytic Society



WE WOULD LIKE TO THANK
THE FOLLOWING PEOPLE
FOR THEIR RECENT
CONTRIBUTIONS TO THE
DENVER PSYCHOANALYTIC
SOCIETY FUND:

Arthur Garfein M.D.
as a DPS Partner

Anita Khanna, M.D.
as a DPS Partner

Roy Lowenstein, M.D.
as a DPS Partner

Rex McGehee, M.D.
as a DPS Partner

*A special thanks for helping
us continue to offer fine
programs to the local men-
tal health community.*



MESSAGE FROM THE DIRECTOR OF THE DENVER INSTITUTE FOR PSYCHOANALYSIS

- Jill M. Miller, Ph.D.

Over the last year the Institute began a process of re-evaluating. To this end, we devoted our annual retreat to this task. The goal of the retreat was to develop a consensus about our mission, and to explore the faculty's thoughts about our future. In preparation, the faculty was asked to complete a survey, which was used to stimulate our discussion.

The idea for this retreat grew out of a number of revelations. The first was that we are extraordinarily successful at what we do. We have a busy, active Institute, and a dedicated, talented faculty. On the whole, the analytic candidates and psychotherapy students are content with their training. However, as we reorganize the Institute/Society office in preparation for our move to the Fitzsimmons campus (anticipated in 2008), we began to wonder if we were working with an infrastructure that was outdated. An opportunity to look at where we are and where we wanted to go was needed. It was time to check the weather.

The History

Before we looked ahead, it was important to look at where we had come from. It was 50 years ago that the Denver Training Center opened under the auspices of the Chicago Institute, but our history really began in 1938 when John Benjamin and his wife Hertha moved to a small ranch west of Denver. Dr. Benjamin's training in Switzerland was interrupted when he was diagnosed with TB, at which point they moved to Colorado. Eventually he joined the University of Colorado Medical School's Department of Pediatrics, and later the Department of Psychiatry. Dr. Franklin Ebaugh was chairman of the psychiatry department, which was at that time receiving much national recognition. Over the next 15 years, Dr. Ebaugh attracted many notable psychiatrists, and began to recruit psychoanalysts. One of those was Herb Gaskill, an advanced candidate at the Chicago Institute, who arrived in 1953.

It was under Dr. Gaskill's chairmanship that our distinguished founders appeared on the scene: Gretl Hitchman and Sidney Margolin, Rene Spitz, Gaston Blum, Larry Hall, Brandt and Eleanor Steele, Sam Kennison, Joan Fleming, Herb Schlesinger, and Jose Barchilon. The Chicago commuters also entered, those who traveled to that Institute to receive analytic training. Jerry Jacobson was among them, and as he has said, "We became as skilled and adept as travelers as we were as analysts".

This group of analysts was among the ones who formed the Denver Psychoanalytic Society in 1962, and attended the first retreat in 1968. The Denver Psychoanalytic Institute opened in 1969, and in 1972 was accredited by the American Psychoanalytic Association. Drs. Robert Emde and John Kelly were the first graduates in 1974.

The early years were filled with excitement and enthusiasm - stories of curriculum committee meetings held on the ski slopes of Loveland. But as the 1970s wore on, a puritanical and perfectionist set of attitudes formed, and the Institute entered "the bad old days", the memories of which continue to haunt us. At the Institute's annual retreat in 1982, attitudes were confronted, the atmosphere lifted, and changes began to take place.

Enter the era of rejuvenation. The child analytic program began in 1988. The Colorado Center for Psychoanalytic Studies opened its doors and non-medical candidates and analysts entered the scene. New ideas and opportunities for training were emerging. Then in 1992, our formal two-year adult psychotherapy training took its first students. Then this phenomenal thing happened. Twelve analytic candidates appeared, 4 of who

"Now, the enthusiasm has returned. The question becomes how to continue on this path of growth and development."

also wanted child training. The Institute went from no class in three years, and a tradition of teaching 3 or 4 candidates every other year, to 21 individuals to teach, supervise, and advise. At the same time, the Institute's administrative structure shifted with the addition of an Extended Executive Committee. Officers and committee chairs now met regularly to discuss Institute matters. The Training and Supervising Analysts seminar became a seminar, rather than a policy and decision making body.

Although there was an opportunity to take an analytic class the following year, it was decided to continue the pattern of a new class every two years. To attend to those who had expressed an interest in training, but had to wait, the salon series was born in 1993. New analytic and adult psychotherapy classes started in 1994, 1996 and 1998, then again in 2002 and 2004. In 2002, and over the next two years, 3 additional programs were added, the pilot child and adolescent analytic training, the child and adolescent psychotherapy training, and the post-graduate psychotherapy seminar.

So, in 15 years, since the group of 21, the Institute added 4 programs, a salon series, and our child analytic program was granted independent status.

The Numbers

In order to assess our situation, it was useful to look at several sets of numbers.

1. Number of programs

At present, we have 3 different yet interrelated analytic training tracks - one for adult analysis; one for child, adolescent and adult analysis; and one for child and adolescent analysis. We also have 3 psychodynamic psychotherapy programs, one for adult training, one for child and adolescent training, and a post-graduate seminar. There is also now a request for a child and adolescent post-graduate seminar.

2. Number of graduates

Since the first graduates in 1974, we have graduated over 73 adult analysts. Our child program graduated its first class in 1992, the total now being 11. The adult PTP program, which began in 1992 and graduated its first class in 1994, has had a total of 42 graduates, 11 of who have gone on to do analytic training. The PTP post-graduate seminar saw 7 students complete the first year. That is, at minimum, a total of 130 people who have completed one of our programs. In the 2005-06 academic year we had 16 candidates at various points in their analytic training, and 18 students in our PTP programs. That means a total of 34 people currently in training.

3. Number of faculty - teaching

We have 67 members of our faculty. Of these, 11 are retired, emeritus or Associates, thus no longer active. That leaves 56 available faculty. This year we taught classes in 5 different programs concurrently, a total of 64 different courses. Over 50 different teachers taught, 4 of who were invited guests.

Over 1/3 taught more than one course. That is an impressive 80% of our faculty teaching.

3. Numbers - Department of Psychiatry

Statistics were collected for a three-year period, from 1999 to 2002. These numbers may now be higher. The average number of hours given by Institute faculty per year were: Supervision - 590, Teaching - 600, Mentoring - 115, Administrative - 90, for a total of 1395 hours. That is roughly 35 40-hour workweeks or one employee for 9 months.

3. Numbers - administration and committees

We currently have 24 committees. In addition to the Executive Committee, are the 11 standing committees, 1 curriculum sub-committee, 4 adhoc committees, 3 committees related to the department, and 2 joint Institute/Society committees. There are also our ombudspople and the PEPWEB organizer. On these committees are 43 members, 5 of whom are non-faculty. Approximately 1/2 are serving on more than one committee. This is a total of 70% of the faculty serving in some administrative capacity. It is important to add, since we are many of the same people, that 10 are also on Society committees.

The Survey

There were 5 questions on the faculty survey that I would like to highlight and give a brief overview of the responses.

1. What is the mission of the Institute?

The overwhelming consensus was "to educate". There was also agreement that our current mission statement remains applicable:

"The Denver Institute for Psychoanalysis is a community of psychoanalysts whose goals are to provide education in psychoanalytic thinking and treatment, to advance scholarship and research, and to encourage application of psychoanalytic knowledge to related fields of study. The Institute is committed to providing a continuous learning environment. As such, it is expected that trainees, faculty and those involved in treatment, will participate in activities related to evaluation and research."

The remaining comments are divided into categories:

Who do we teach or train?

Mental health professionals, a diverse group of professionals, future psychoanalysts and psychotherapists, our psychoanalytic graduates.

What do we teach?

The theory and technique of psychoanalysis for children, adolescents, adults; psychotherapy (described similarly); development; critical thinking; psychoanalytic research.

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What do we provide?

A learning environment; a user-friendly educational institution.

What is the outcome?

Clinicians who can mobilize a psychoanalytic process; understand how to use the process to benefit others; are systematic observers; are open to new ideas; continue to grow; have the potential to make contributions to scholarship and research.

2. As an educational institution, how would you like to see the Institute in five years?

The consensus was that the faculty like the way it is now, or close to it. Additional comments are divided into categories.

Regarding the Institute's educational programs:

Teaching competence in psychoanalysis and psychotherapy; maintaining, augmenting or improving our programs; increasing efforts in research and systematic observations.

Regarding the organization:

More administrative help, a larger endowment, successfully integrated into the Fitzsimmons campus and culture, as a hub for psychoanalysis in the region with strong relationships to other organizations.

Regarding the atmosphere:

Maintaining the diversity and the spirit; providing support to one another as colleagues with similar values, skills and interests; being a user friendly foundation for educational programs.

3. Would you like to see the number of training programs grow in number, stay the same or reduce in number?

Most thought that the number should stay the same. However, the ambivalence was clear. Many saw the Institute as being overextended. Some could not imagine cutting any of our programs, whereas others thought adding a one-year post-graduate psychotherapy course for mental health professionals was an excellent idea.

4. What are the strongest aspects of the Institute?

Overwhelmingly, the response was the people, not only the faculty, but also the students. The atmosphere was also seen as strength, as well as the educational programs, both their quality and substance, and the Institute's integration within the Department of Psychiatry

5. What are the Institute's greatest problems or limitations?

There was a huge consensus that the greatest problems are ones of burnout and money. Comments focused on the faculty and the administration/committees being overburdened, there being too many jobs and too few people, and the need to increase our endowment.

Conclusion

Clearly there was consensus as to the Institute's mission and pride in our educational endeavors. That is not to say there is no room for improvement. Our curriculum is ever evolving,

our methods of teaching are constantly re-examined, and the ways in which we evaluate student's learning and how to meet their educational needs is an ongoing area of exploration.

There was also consensus that the largest problems the Institute faces are ones of burnout and money. Our faculty is stretched by both educational and administrative demands; and our administrative office is overburdened. Therefore, expanding our faculty development program is a priority. In addition, streamlining the administrative structure and duties is a must, as is adding help for our staff. Lastly is the area of money. The income we receive from tuition and our endowment continually fails to meet our expenses even though our teachers and committee members are unpaid.

The Institute's challenges in the future are clear. In the 1970s they were ones of lifting ourselves out of outdated, unrealistic and rigid ideas about analytic training as embodied in its educators and students. Now, the enthusiasm has returned. The question becomes how to continue on this path of growth and development?



REMINDER: Please refer to our WEBSITE for the latest in calendar updates, scheduling, as well as names and addresses of our members.

There are links to CARS FOR CHARITY as well as other ways to contribute to the Denver Psychoanalytic Society and the Denver Institute for Psychoanalysis.

www.denverpsychoanalytic.org

To keep you updated on our drive to fund the
Endowed Chair of Psychoanalysis,
we would like to thank those who have
contributed to date...



Brandt Steele
Robert Emde
Michael Moran
Rex McGehee
Patricia Bernstein
Carla Elliott-Neely
Calvern Narcisi
Harold Martin
Frederick Mimmack
Sheila Teitelbaum
Cynthia Rose
Jill Miller
David Hurst
Paula Bernstein
Arthur Garfein
Jerome Karasic
Geoffrey Heron
Mary Ann Levy
Roy Lowenstein
Laurence Hall
Robert Freedman
Ronnie Shaw
Andrew Levitas
Joseph Jensen
H. Leon Oxman
Clotilde Bowen
Stephen Dashef
John Aycrigg
Caroline Corkey
Howard J. Entin

To see our Mission Statement and get more detailed information
on how you might contribute, please see our website:
www.denverpsychoanalytic.org (click on “contributions”)



The PTP Class of 2006—

Front row L-R:

- Charles Park, M.D.
- Liz Robinson, Psy. D.
- Gopa Mukherjee, M.D.
- Michaela Millott, M.D.
- Jim Wolfe, LCSW

Back row L-R:

- Denise Lever, MSW
- Ginger Kipp, LPC

4th Year Candidates -

L-R :

- Michael Levin, M.D.
- John Skulstad, M.D.
- Laura Anderson, M.D.
- Pam Haglund, Ph.D.



The CAP PTP Class of 2006 -

Front row L-R:

- Lisa DeBoer, M.A.
- Nancy Bell, LCSW
- Michelle Sarche, Ph.D.

Back row L-R:

- Libby Neal, M.A.
- Matty Wilsey, Psy.D.
- Donna Mahnen, LCSW
- Anita Khanna, M.D.

OUT & ABOUT...

— by Ben Green, M.D.

Just a brief note to top off the year: Hats off to the Institute's leadership for bringing **Dr. Lawrence B. Inderbitzen** here to lead the faculty retreat focused on improving our psychoanalytic/ psycho-dynamic teaching. This choice of topic and speaker further confirmed what the previous day's review of our students' and candidates' feedback had already substantiated; this is a superb group of teachers who are absolutely dedicated to offering the best possible learning experiences to our classes. It will be interesting to see what Mark Wolny and the curriculum committee suggest for their follow-up.

Congratulations to **Rex McGehee**, who was given the Dane Prugh Teaching Award at the Residents' graduation on Friday night, June 16th. How does he do all that he does?

Also, there were a couple High Society parties to round out the year's social calendar: First, the wild and whimsical celebration of Freud's 150th birthday- starring **Art Garfein, Paula Bernstein**, and the incomparable **Lawrence Friedman**...and a cake so large that it threatened to devour the entire CPH auditorium, and, Second, the fun-filled Annual Meeting of the Society in which- amidst well lubricated wisecracks and witty repartee- we welcomed 7 new members: **Laura C. Anderson, Allison Benton-Jones, Donna Mahnen, Michaela K. Millott, Gopa Mukherjee, Stephanie B. Peterson, and Randy Smith**. Prior to the business meeting itself, **Warren Kennison** and his troupe of blue-grass singers/players—*True Blue* — started the evening out with a festive air. As an added bonus, proud parents, **Sam and Dorothy Kennison** joined us to hear their son and his colleagues.

On these nights at least, we successfully set aside our reputed solemnity, probity, and gravitas and were able to "*laissez les bons temps rouler!*" *Tres Bien!*

We regret to inform you that our Honorary Member,
John Conger, Ph.D.,
died Saturday, June 24th at his Denver home at age 85.

He was a Professor of Clinical Psychology and former
Dean of the University of Colorado School of Medicine, as
well as a strong proponent of psychoanalytic thinking and
training.

Our condolences to all his family and close friends.

Dr. Larry Inderbitzen—teaching us how to be better teachers at a recent Faculty Development seminar in May.

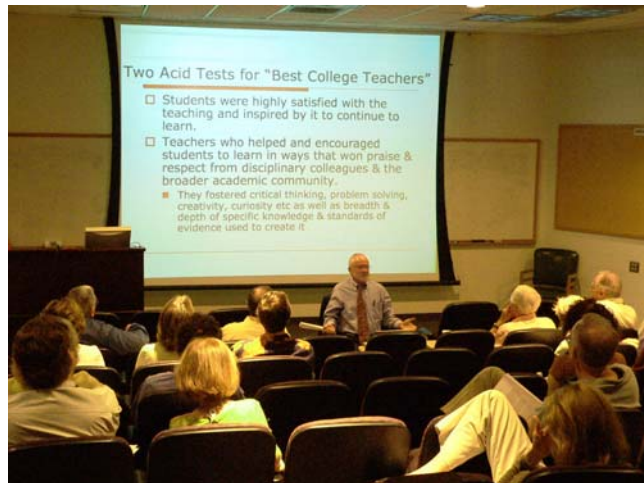


Photo by Mark Groth



Arthur Garfein, M.D.—made a fine Sigmund Freud at the 150th Birthday celebration in May.

Roopa Kurse represented the residents in giving Rex McGehee, M.D., the Dane Prugh Teaching Award in June 2006.



Photo by Mark Groth

FOR BETTER OR FOR WORST: ROMEO AND JULIET

Presented by Paul Schwaber, Ph.D.

February 10, 2006

— Reviewed by Cheryl Straus-Witty, Ph.D.



Dr. Schwaber starts with the premise that imaginative literature and psychoanalysis interact in ways that can be fruitful to both, even though “one is not scientific enough and the other, perhaps too reductive or insufficient.” He hopes to extract deeper meanings from

Shakespeare’s *Romeo and Juliet*, like Freud did from Sophocles’ *Oedipus Rex*. Schwaber artfully explores a perspective quite different from the usual conclusions drawn from *Romeo and Juliet* as “star crossed lovers” living out their fate. Instead, he offers a modern, psychoanalytically informed perspective on these two young lovers as agents of their own fate. Both Romeo, but more impressively Juliet, engage each other and their audience with a sense of emerging selfhood, each involved in his/her individuation and differentiation process. As Schwaber reminds us, it is through the “folly and evil” of the Capulets and Montagues, that their love is thwarted and their tragedy sealed.

After their initial encounter these youngsters become increasingly conscious of the trouble that awaits them. Schwaber takes us into the depth of the “remarkable consciousness” that Juliet expresses, pointing out her intense shifting emotions and alacrity of mind through her monologues. Alas, the rashness and impulsiveness of their youthful love and intentions is their downfall. Like young teenagers today, *Romeo and Juliet* are youngsters in grownup bodies, determined that their love become permanent against all odds. Schwaber demonstrates the mixture of love and hostility that is intermingled in their young love. This is demonstrated by their wish to forestall their parting on the first night of their encounter. This risk would surely have endangered them both. Juliet acknowledges the frankly sexual love she desires. She aspires to “an ego of her own, a female sense of self to manage and release her desire.” Schwaber’s intermingling of the concepts of ego and self are perhaps not unlike Freud’s interchangeable use of ego and self in his earlier writings.

There has rarely been such a depiction of a young woman’s consciousness in imaginative literature then or now, Schwaber points out. He is impressed with her “dynamic emergence, her excited, enchanting, still inchoate feelings, her pliancy and connectedness, her longing, frustration and fury,....her courage and intelligence....” Wishing that she could merge with Romeo through their love and commitment, and the awareness that this might not be, she feels immediately bereft and empty inside, losing not just the object of her desire, but a part of her “self”. She would just as soon die than live without her love. The very thought seems to contribute to her own sense of fragmentation which is equated with death. This is indeed a timeless theme seen in today’s adolescents who, on their way to consolidating a sense of self, can become desperate and even suicidal when they lose their love object or selfobject.

Schwaber focuses on how gender differences are portrayed in this play. Compared to Freud, Shakespeare seemed quite an enlightened student of female gender identity and sexuality, providing us with a conscious, lively, vital, impassioned tale of young womanhood. In his portrayal of Juliet, Shakespeare breaks the barriers of gender proscribed by the cultural climate of his time, where even female roles were played by men. As an enlightened student of personality, Shakespeare, according to Schwaber, provides a splendid depiction of adolescent desires, with its excitement, difficulties and the dangers of first loves. The bard also reveals the developmental issues of separating from one’s family of birth, and from peers; and the task of consolidating the sense of self needed for the enlivened spirit, deep convictions, and willingness to merge with another that love initially entails.

Schwaber’s “re-reading” of *Romeo and Juliet* offers the reader and audience a unique chance to revisit Shakespeare’s tragic comedy through the eyes and ears of a mature, contemporary psychoanalyst. We marvel at the depth of Shakespeare’s psychological wisdom and knowledge in revealing fascinating and timeless characters, much as Sophocles did for Freud a century ago.



FAMILY ROMANCE DENIED
Oedipal Drama and Its Impact on the Lives of Gay Men
Presented by Gary Grossman, Ph.D.

March 10, 2006

— Reported by Kim Schurman, M.D.

Dr. Grossman presented a lecture on the oedipal experience of gay boys and the impact that this experience has on their development. Dr. Grossman is a psychologist and psychoanalyst in San Francisco, with over twenty years of clinical experience with gay men. He focuses on psychoanalysis and homosexuality, erotic transference and countertransference, and the psychological impact of HIV. He is an Assistant Clinical Professor in the Department of Psychiatry at the University of California in San Francisco, a member of the faculty of the San Francisco Psychoanalytic Institute and the former Chair of the American Psychoanalytic Association's Committee on Gay and Lesbian Issues.

Dr. Grossman outlined what he has learned about the oedipal drama and its impact on the lives of gay men. In contrast to the oedipal romance in its more prototypic form, the proto-gay child directs his romantic fantasy and erotic feelings toward the parent of the same sex parent rather than the parent of the opposite sex. When parents become aware of this dynamic, typically they react in an unempathic and misattuned way. In general, father is uncomfortable with his son's erotic attachment and withdraws or rejects his son's affection. Subsequently the boy feels hurt and humiliated and often defensively turns away from father, thereby turning a passive experience into an active one. The boy tends to feel responsible for his father's disinterest or hostility and believes that there is something wrong with him. This consolidates into an internal self-representation of being defective, unlovable and bad. The boy defends against this sense of shame and narcissistic injury by identification with the aggressor; adopting the attitude that homosexuality is bad. This leads to internalized homophobia, negative attitudes and hostility towards gay people and antigay beliefs and attitudes. Often internalized homophobia is unconscious and repressed, but the self-representation is experienced as defective. As the boy develops and becomes more aware of social hostility and antigay attitudes, these only serve to further reinforce his homophobia, leading to shame and secrecy.

From the boy's perspective, father is his primary love object and mother, therefore, his rival. He develops hostile and competitive feelings towards his mother, but these feelings coexist with his attachment and dependency upon her. The boy may become rejecting of mother instead of participating in the romance which mother may expect. Mother may become hurt by her son's loss of interest and withdraw, or become solicitous or seductive in an attempt to win back her child's affection. Some boys may respond to their jealous hostility toward mother by reaction formation, turning hate into love as a way to defend against aggressive wishes and fears of losing their attachment to their mother. Rage about the rejection by father may also be turned against an available mother.

Discordance between the boy's romantic fantasies and those of his parents result in a lack of recognition, empathic failure and potential humiliating rejection. Normal oedipal experiences include parental responses of joy and pride in their child's emerging self, fostering an internal self-representation as lovable, desired and treasured. Objects are internalized as loving, accepting and excited. These early object relations form the template of adult romantic relationships.

Empathic breaks, as are commonly experienced by a proto-gay boy, lead instead to a greater risk of defective self and object internal representations. Grossman pointed out that even gay men who have achieved a conscious level of comfort and self-acceptance often have unconscious or hidden feelings of degradation and shame associated with oedipal rejection and empathic dissonance from parents. He has found that the antigay feelings and their impact on the self-esteem of gay men are very tenacious. Homophobic concerns surfaced for most men only after several years of treatment.

Dr. Grossman described case examples of countertransference in which he felt devalued, rejected and ignored, as the patient had felt in childhood. Alternatively, he described feeling critical or disappointed as a father who was unable to connect empathically with his son's experience. Dr. Grossman shared with us his insights, empathy, sensitivity and clinical wisdom in his work with gay men.

For a gay man, his later experiences of hostility and rejection towards his homosexuality are conscious or preconscious, and accessible to memory. His oedipal experience of rejection, hostility and humiliation, however, are repressed and remain shielded in their original form, unmodified by experience or through emotional and intellectual maturity. As adolescent and adult gay men negotiate coming out, they have the opportunity to confront and modify their conscious homophobia and often feel a sense of resolution and acceptance of being gay. Underlying antigay attitudes, linked with the denied family romance of their oedipal years, however, persist in their unaltered form.

He reminds us that it is important to address these unconscious issues in the treatment of gay men. This lecture contributed significantly to our understanding and increased sensitivity toward homosexual patients.



A Developmental Orientation for Contemporary Psychoanalysis Status and Prospects

Presented by Robert Emde, MD

April 21, 2006

— Reported by Roy Lowenstein, MD

Dr. Emde based his presentation on ideas put forth in his chapter of a very similar name in the recently published *The Textbook of Psychoanalysis*, by Gabbard, *et al*, but he made it clear in his introduction that his aim this night was to stimulate new ways of thinking and productive discussion.

Dr. Emde began with a summary of the developmental orientation. He emphasized that development is life-long, leading to levels of increasing organization, and that it was characterized both by continuity by times of dramatic transformation. Development depends on context, particularly the essential relationships of early life that are formative. He emphasized that later relationships can also be formative, in fact we might say transformative, if they are intimate. Such intimate relationships include formal therapeutic encounters, but are not limited to these. Particularly over the past two decades, the developmental orientation for psychoanalysis has increasingly appreciated the importance of the *future*, and along with psychology in general, appreciated the importance of expectations, plans, schemes and goals in guiding behavior in everyday life as well as at brain levels. There is a new appreciation of the brain as expectant or predicting in its organization and that, for psychoanalysis we are open to new experience and emerging possibilities.

He then gave a brief history of the developmental orientation, starting with Freud's work on the psycho-sexual stages. He noted that these were actually stages of increasing organization as instantiated in . "The Transformations of Puberty" chapter of the Three Essays in

1905). He also examined the evolution of anxiety, leading ultimately to signal anxiety, which he exemplified as *anticipatory*. Denver has been an important site for developmental research and theorizing. Spitz theorized a genetic field theory of development, in which ego formation, far from being linear, was characterized by steps, "organizers," successive levels of re-organization, and times of transformation. Benjamin emphasized the importance of care-giving in early infancy. Fleming and Norton-Kaufmann focused on the roles of trauma and loss in the organization and re-organization of life trajectories. In 1977, a task force, chaired by Cal Settlege and Selma Kramer, took stock of current psychoanalysis and formulated the idea of a developmental orientation and approach for psychoanalysis, and from there, Dr. Emde as a candidate member of this group, and later as a leader of his own group of baby-watchers extended and enhanced the developmental orientation in psychoanalysis for the next decade and beyond.

Dr. Emde sought to illuminate the contrast between the developmental orientation and Freud's original views. Influenced by the chemistry and physics of the late nineteenth century, Freud's thinking tended to be both deterministic and reductionistic. Overall, things "ran down," in accordance with the principle of entropy. Modern biology, in contrast, has been characterized as the biology of organized complexity and modern developmental biology as that of increasingly organized complexity. Things "run up," according to "negentropy." Moreover, rather than psychic determinism, today we are made aware of the probable, the conditional nature of events, and the multiple exigencies by which growth and change occur.

Modern cognitive science provides us with a widening world of non-

conscious mental functioning that Freud could not imagine in his time. Beyond the dynamic unconscious, procedural, implicit memory and knowledge are essential for skill learning in development and are not typically in the zone of conflict. Most social behavior (like moral development and grammar) are learned over time in everyday social interactions and non-consciously in early development. Such aspects of development contain within them implied future-oriented *expectations* of the way things should be, and thus contribute to patterns of behavior with others throughout life.

The world of emotions has widened considerably since Freud's day, particularly with respect to the positive emotions. Play contains within it far more than just mastery, but again emotions are intensely connected to expectations, reward systems and a future orientation. Also widened has been our psychoanalytic appreciation of relationships, both in development and in therapeutics.

In considering prospects, Dr. Emde turned his attention to the issues of therapeutic action. It has been useful to think of at least two main dimensions: interpretation and affective experiencing (Fenichel), introspection and empathy (Kohut), or insight and relational (Gabbard and Weston). All demonstrate increased attention over the past fifty years to the importance of the relationship in therapeutic action.

He focused on the need for re-thinking about the importance of new beginnings and how they work in the context of the psychoanalytic relationship. A few areas were highlighted for additional critical thinking by clinicians and research.

1) *The importance of practicing in new relational contexts.* We need to pay more attention, especially in the later

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phases of psychoanalysis, to the fact that new networks of feeling, expectations, and behavior need to be tried out. The patient needs to test new procedures and schemas both in and out of psychoanalysis. Old expectations and patterns of behavior are not forgotten or simply given up; they need to be replaced by more adaptive and satisfying ones, wherein expectations can be tried out and revised.

2) *Suggestion within the context of affectional bonds.*

Quickly abandoned by Freud, suggestion has since been devalued to the point that we frequently fail to acknowledge the degree to which we use suggestion in our work. It is relevant to matters as simple as what issues we choose to focus on and what we don't.

3) *Placebo effect is extremely powerful.* As much as thirty per cent of symptomatic relief may be attributed to placebo effect, and can now be visualized on fMRI studies as was illustrated from recent studies. Not only is there a correlation of brain areas indicating relief of pain with the placebo condition, but subjective ratings of pain relief from placebo are also correlated with amount of lesser activation in what is known as the "pain matrix" of the brain. Additionally, activation of areas in the prefrontal cortex, precede the activation of the "pain matrix", and impressive correlations of such anticipatory activities are seen to occur with both the lesser brain activation of pain and a lesser reported sense of pain. (Wager et al., *Science*, 2004) How do we intervene with our patients to facilitate the anticipation of symptomatic relief? In the well-known Menninger study, *support* produced results compared favorably to that obtained by insight. Other fMRI studies have shown that not only for romantic love (remember Freud's "normal psychosis") but also for maternal love areas of the frontal cortex involving inhibition and critical judgment are diminished while there is activation of the limbic system.

4) *Genetics works with environmental influences.* Earlier there were searches for gene mutations and psychopathology. Such links are rare as it is agreed now that most disorders are influenced and caused by multiple genes and multiple environmental factors. The interest today is background genetic variations (such as we all have) in relation to some genes that can influence sensitivity to particular forms of disorder in the midst of certain specifiable environmental stressors. Now that the genome is marked and we can specify and measure particular candidate genes known to influence neuroreceptors, mental functioning and developmental pathways we can trace influences across development that we could not before. Two examples were presented from a longitudinal study of health and temperament in Dunedin, New Zealand. Genotyping was done at age 26 in an intensively studied and full sample of children born there. Monoamine oxidase A gene variability did not correlate directly to aggression or psychopathology, but alleles conveying lower activity did in interaction with documented severe maltreatment. Similarly, normal variability in the serotonin transporter gene (i.e. shorter alleles in some individuals) interacted with a strong number of adverse life events in child-

hood to link to the occurrence of major depression. It is only when these genetic variations are paired with levels of environmental stress, such as maltreatment, that we see correlation with mental illness. Once again the relational context becomes huge in determining development and life trajectory.

The ensuing question and answer period reflected the thought-provoking nature of Dr. Emde's presentation. Ted Gaensbauer wondered if classical psychoanalysis was indeed the technique most likely to facilitate the therapeutic action of such factors as support, suggestion, and the affectional bond. Dr. Emde acknowledged that this was a controversial issue, but that the intensity of psychoanalysis, its commitment, regularity, attention to conflict and to the unconscious, transference and countertransference, might well facilitate the opportunity for new beginnings if attention is paid to practicing new procedures and behaviors.

Peter Buirski remarked on the biological effect of empathy, to which Dr. Emde rejoined that the pre-motor cortex clearly reacts to the positive intentions of the "interested other."

Art Garfein wondered how the concepts of affective scaffolding, identification with the analyst's function, the zone of proximal development, and the development of internal regulation fit within the relational context that Dr. Emde was espousing.

This reporter wondered if practicing new procedures and behaviors could be subsumed under the heading of "working through." Dr. Emde noted nothing of the sort existed thus far in the literature, and that in the classical notion of working through there is little if any future orientation. He suggested that it might be a good paper to write.

Fred Mimmack wondered about the similarities between the love relationship and the psychoanalytic relationship. Peter reminded us that Freud had talked about psychoanalysis as being a cure by love. Fred noted that most successful psychoanalyses involved major change not only in the analysand but in the analyst as well, similar to a love relationship.

Mary Anne Levy observed that there is probably suggestion and placebo effect merely in the act of spending forty-five minutes a day several days a week attempting to understand a patient. The very act itself conveys hope.

Cynthia Rose wondered if empathy can be learned, as in patients who suffered from Asperger's syndrome. Dr. Emde noted that there was experimental evidence of both genetic and environmental influence on the capacity to empathize. He wondered to what extent *trainees* could be taught empathy as compared to channeling their already-existent and individually different skills.

The evening's animated discussion was finally brought to a close long before the audience had run out of questions to ask and things to say. If Dr. Emde's stated intent was indeed to stimulate new ideas and productive discussion, he succeeded.



“What is Psychoanalysis?” by Lawrence Friedman, MD

May 5th, 2006

— Reported by Ben Green, MD

Sigmund Schlomo Freud began the festivities celebrating this, his 150th birthday, speaking and gesturing to us through the supple medium of Art Garfine’s adroitly attuned frame. The Professor--as this evening’s speaker dubbed him--described to us with uncharacteristic candor and detail many of the formative events and relationships of his life. Paula Bernstein, frisking about in her “Pink Freud” T-shirt, might as well have been “channeling” some “live-fast-die-young” rocker. The birthday cake--in defiance of Established Truth--was of such proportions that we could--and, in fact, did-- both have it and eat it too. Freaky. And it did not stop there; it was like we were having this supernatural party and then this lecture broke out...

And not just any lecture, either. Our speaker for the evening was none other than Lawrence Friedman, an individual widely regarded as one of the leading interpreters of Freudian and post-Freudian theory. And--mark this well, ye unbelievers of the collective unconscious--this lecture, written weeks before on the distant island of Manhattan, was fundamentally preoccupied with those aspects of Freud’s work that could be described as “weird/ unnatural/ bizarre”, and, even, “monstrous”. The audience shifted uneasily at the recognition of this eerie synchronicity; what else was in store for us?

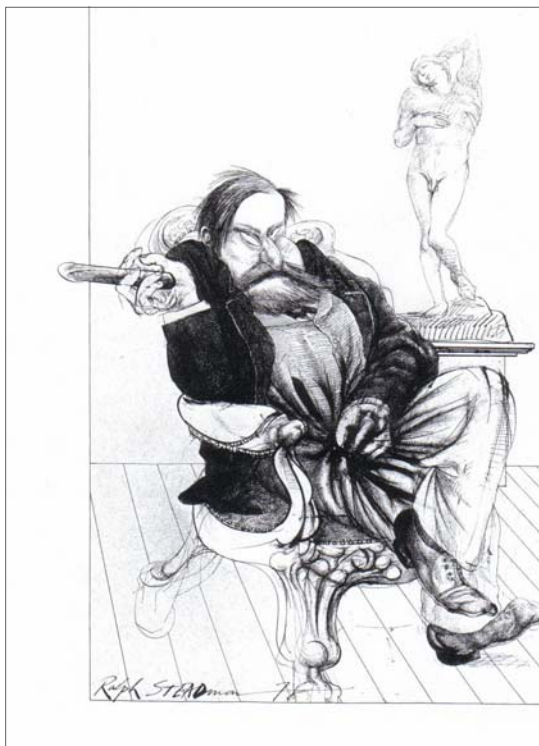
With admirable humility, Dr. Friedman had requested a minimalistic introduction. Pausing only to thank the Bernsteins for their gracious hospitality, Dr. Friedman quickly warmed to the task. Employing the whimsical metaphor of the Loch Ness monster (“the shy, beloved Nessie”), Dr. Friedman spun out his tale of Freud’s circuitous development of something that was unprecedented in human history, something weird, strange and bizarre, only to finally succumb to normalcy over the last several decades “because quirkiness is hard to sustain...” Dr. Friedman’s imagination and language were at times the equal of any fantasy fiction writer: “...watch the unnatural monster stir the tranquil tarn of reasonable procedure, watch its unnatural shape unwind, and see the monster sink reassuringly back into the peaceful, green foam of common-sense.”

The first of the four “monster movies” had to do with the clinical activities of the analyst. Freud the physician was trained to follow the proper sequence: examination, diagnosis,

and treatment/ “manipulation.” As his peculiarly psychoanalytic techniques evolved, however, these three distinct processes morphed into one. The listening of the examination collapsed into the diagnosing. The diagnosis was, in essence, all the reactions to the treatment. The treatment entailed little more than “the leisurely tracing of causes and connections” which was, also, in circular fashion, the examination. This was Dr. Friedman at his best, turning old familiar matters inside out, making the commonplace appear novel and intriguing. Accompanying this unholy confluence of actions were a set of unso- cialable “bizarre rules” (e.g. neutrality, abstinence, anonymity) and, to top it off, the self-serving deception that they, the early analysts, were actually doing nothing but allowing the patients

to “manipulate themselves.” Taken together, these techniques seemed contrived, awkward, unfriendly, and logically indefensible--yet they somehow gave life to something extraordinary and unique.

Enter, stage left, the villains of this piece, the meddling, normalizing monster-slayers who began to once again tease apart this unholy triad of activities and who also bade us recognize more honestly the influence of the analyst upon his or her patients. Jung, three great Hungarians (presumably Ferenczi, Rado, and Balint--although he could have also added our own Rene Spitz), the “lovable Englishman” (Winnicott), Franz Alexander, John Gedo, and others--promulgated “the straightforward form of after-parenting, or after-education.” The damage was further compounded more recently by contemporary notions drawn from infant observation and neuro-



physiologic studies of procedural/implicit mental processes. Dr. Friedman appeared to be contradicting himself. He began his presentation with a rather flippant dismissal of the perennial question, “Is that really psychoanalysis?” by answering it thus: “No more ancestor worship. We try to stay compatible with science as it moves forward, and for the rest, we do what we find value in doing.” Well, which was it? Were these “free-thinkers” and scientists our liberators (a la St. George), or the small-minded exterminators of an exquisite, endangered species? When asked later about this by Professor Freud himself,

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Dr. Friedman--intellectually honest and rigorous throughout--acknowledged that, as Owen Renik has repeatedly asserted, the relative effectiveness and cost of the older vs. newer forms of analysis can only be decided by empirical evidence. Whatever the data might indicate, however, Dr. Friedman is troubled that this unique "laboratory" for the study of human nature is in danger of being lost forever.

The second "weirdness" had to do with Freud's "hybrid theory of mind." Was the patient to be seen as bits and pieces of mind at work, or as a whole mind, a person *in toto*? The integrative neuropsychologists and the no-nonsense empirical developmentalists tend to see amygdalized procedural memories and fluctuating cell membrane potentials, objective parts interacting with each other as governed by deterministic, causal forces. By contrast, the hermeneutic narrativists or the intersubjectivists insist upon the view of the person *qua* person, all of us seeking the experiences of connection, meaningfulness, and coherence. Dr. Friedman reminded us of Paul Ricoeur's celebrating Freud's gift for yoking together the heterogeneous phenomena of force and meaning, cause and motive.

The next "monster sighting" pertained to the role of the analyst. Eschewing the role clarity of physician, scientist, hypnotist, suggestionist, or even extractor of traumatic foreign bodies, Freud found himself gravitating towards a new role shrouded in ambiguity. This was "ambiguity-for-ambiguity's sake, designed to keep the patient groping, and the uncomfortable analyst awkwardly evasive and deceptive."

Finally, there is the matter of Time, "the abnormal part of normal, human experience", the "mysterious miasma" over the surface of our lives, analytic or otherwise. At this point, Dr. Friedman launched into a closely-reasoned exegesis of Freud's Papers on Technique (1911-1915). His primary focus was on Freud's struggle to reconcile his cherished memory-retrieval theory with the clinical experiences that underscored the primacy of his patients' pre-ideational archaic transference passions and urges. Some of Dr. Friedman's comments about Time were moving and rapturous:

We are, at every moment, at least vaguely aware of our whole lives at once, the past alive within us and the future dangling before us. We are at all times made up of an original, enfolding union and a final, absolute extinction, and everything in between.

The analytic method was "designed to disrupt a continuum of will and perception and the illusion of presentness". Understanding that the past is always enfolded within the present provided the "crucial fulcrum." Transference love, then, could be understood as simultaneously real and unreal. "Disrupted intermittently by interpretations, the enchantment of the transference flickers against its mere virtuality..."

In conclusion, Dr. Friedman summarized his conviction that the old, weird Freudian paradoxes, inconsistencies, and bizarre rules--for all their awkwardness and self-deceptions--may well have provided a viable, "feisty" alternative to today's

more "anemic" commonsensical approaches. Many of his preferences sprang from his determination not to impinge upon his patients' freedom to make what they will of the analytic situation's ambiguity and indeterminacy; hence his "leaning over backward trying not to let [his] somewhat visible but stifled reaction influence" them.

Dr. Friedman was eloquent, good-natured, and artful, but I found myself struggling with several dissenting reactions. Maybe analysts have changed because their patients have changed. Freud's overstimulated Guilty Man was inhibited by the fear of condemnation and retaliation, so an impartial, distant analytic stance would have been helpful. By contrast, Kohut's more contemporary Tragic Man--buffeted by social isolation, cultural alienation, and familial deprivation--is more likely to be impeded by an analyst that repeats the less-than-wholehearted interpersonal engagement of his childhood. As Anna Ornstein has suggested, these patients need our steady (not intentionally "flickering") empathetic companionship to find the courage to experience the repressed and split-off parts of themselves. Likewise, if we are trying to create an atmosphere of safety and genuineness--and to minimize contrivance and artificiality--then we should avoid tying ourselves into pretzels by trying unsuccessfully to "stifle" certain reactions. And, as for the analytic "laboratory," how many of our patients would knowingly agree to submit to and pay for such an arrangement? Also, given the widespread distrust of authority today, it behooves us to be more transparent in our methods and more co-constructing in our decisions--which might be both more respectful and helpful anyway.

What to do with a dead hero? Regale ourselves with tales of his greatness? Try to protect his corpus as long as possible from the ravages of time and change? Or, instead, do we internalize, metabolize, and add new and personal elements to these introjects and identifications so as to breath into them new life and to make them more truly our own? Can't we discern Freud's epistemophilic spirit in the robust technique writings of Herb Schlesinger, Jody Messler Davies, and Martha Stark; find dynamic paradoxes/dialectics in Winnicott's transitional objects, Thomas Ogden's analytic thirds, and the object relations' bad old object vs. good new object; and profit immensely from the humanistic science of Peter Fonagy, Woody Waldron, and the almost mystical "moments of meeting" described by Daniel Stern and the Boston Process of Change Study Group? I am somewhat puzzled by our speaker's wistful pessimism; these contemporary theories, these clinical insights, these empirical investigations are neither enfeebled nor manual-driven, neither self-satisfied nor reductionistic. Much as Freud did himself, we struggle today to capture the complexity of human nature with all the wit and wisdom, all the art and science at our disposal.

Freud is dead. Freud is alive and celebrating his 150th Birthday. Long live The Professor and the progeny of his weird monstrosities!



THE COLLEAGUE ASSISTANCE PROGRAM

Report by Steven Shulruff, Chair

The goal of The Denver Psychoanalytic Society's newly formed Colleague Assistance Program (CAP) is to ensure that no member of our Society who develops a temporary or permanent illness, injury, or disability ever has to handle alone these issues with patients and colleagues. CAP will provide compassionate and confidential help to members of The Denver Psychoanalytic Society who may have temporary or ongoing impairments that interfere with their work. CAP will try to help Society members, their families, their patients, and their students address problems early on, before possible impairments lead to allegations of ethics violations and/or malpractice. Such allegations would cause members to become increasingly isolated from their colleagues in The Society. CAP is not a disciplinary committee but rather a committee to provide the members of the Society an ongoing community of collegial concern and consultation during the difficult times we all may face when dealing with impairments.

The American Psychoanalytic Association recently voted to mandate all member societies to form similar committees to help members and societies address these difficult topics directly, respectfully, and privately. In the past, impairment was often regarded as a shameful secret rather than one aspect of the facts of professional life. This secretive approach has led to tragic emotional and clinical consequences for clinicians, their patients, and clinicians' families. The recent formation of CAP ultimately dates back to 1993 when a national study group was formed to look into the widely acknowledged but little discussed problem of impaired psychoanalysts. One of the members of that original study group was our own former Denver Psychoanalytic Society President, Bill Bernstein. Bill has worked tirelessly to shepherd the study group's work into the Denver Psychoanalytic Institute's Psychoanalyst Assistance Committee, now chaired by Rhoda Singer. Rhoda's knowledgeable and helpful consultation facilitated the Society's formation of CAP.

Society President, Art Garfein, and CAP committee chair, Steve Shulruff, formed the CAP committee to represent our current membership's wide range of talent, expertise, professional discipline and clinical work. The committee members include Tom Avery, LCSW, Robin Bell, M.D., Mary Ellen Caiati, M.D., and Esther Lowenstein, Psy.D. This group has many years of experience helping psychotherapists and their different professional organizations with issues of impairment.

Referrals to CAP may come directly from a Society member seeking consultation for themselves or from a concerned spouse, relative, friend, patient, supervisee, student or colleague. The confidentiality of the person initiating the concern or complaint will be protected, if so desired. Any request that a member of the committee be recused for the specific referral

will be honored. Members of CAP may recuse themselves for any reason and, indeed, will be expected to recuse themselves under appropriate circumstances.

There will be no charge for CAP service. One or more sessions may be necessary to fully assess if the concerns of impairment are warranted. The Society member about whom there is concern is welcome to involve family and friends in this assessment if this would aid the colleague to proceed with this process. CAP will not perform clinical evaluations to diagnose impairment, but will help determine if the concern about a Society member's possible impairment is appropriate enough to indicate a thorough evaluation by an independent professional or program. Organizations such as the Colorado Physician Health Program (CPHP) have the experience and training to provide coordinated and confidential evaluations and monitoring. Other examples of helpful, experienced programs are the Psychologists Assistance Liaison (PAL) and the Colorado Nurses Health Program (CNHP).

If CAP did recommend further evaluation and the Society member preferred to receive an evaluation and treatment outside of our community, referrals could be made by CAP to resources such as the Professional Assessments program at the Menninger Clinic in Houston.

CAP is also available for consultation to help our members plan helpful ways of dealing with stressful issues in advance of temporary impairments like upcoming surgery, recuperating from illness, or managing a practice during intense courses of chemotherapy or radiation. CAP also has model "professional wills" to help all of us prepare for death in ways that can be relieving and comforting for us, our families, and our patients.

Because CAP can only function effectively through the support of the Society's members, CAP policies and procedures have been carefully constructed to protect the trust and confidence of the Society's members while providing the help and protection that we all may need. The Society's Executive Committee has determined that it is now a condition of membership in The Denver Psychoanalytic Society that members agree in advance to participate in CAP evaluation if needed, and to abide by CAP procedures. Written descriptions of CAP policies and procedures will be mailed to all members this summer to review and sign to keep their memberships current. Members who do not receive a copy or who have questions, can contact Steve Shulruff or any other member of the committee at any time.

CONTINUING EDUCATION in the 2006-2007 Academic year —

see our website for details (www.denverpsychoanalytic.org)

Fall -

- * ***Contemporary Views of Sex and Gender*** is the theme of our 2006 film series hosted by Steve Shulruff, M.D. and Tom Delapa. Co-sponsored with the Parents and Friends of Lesbians and Gays.
- * ***Developmental Pathways to Health*** taught by Shana Adler, Ph.D.
- * ***Borderline Personality Disorder: Diagnosis and Treatment*** co-taught by Margy Stewart, Psy.D. and Barbara Redinger, Ph.D.
- * ***Buddhism and Psychoanalytic Psychology*** - a continuation of the 2005-2006 classes taught by Bill Edwards, Psy.D.
- * ***Meditation in Action for Mental Health Professionals*** by Shana Adler, Ph.D.

Winter -

- * ***Understanding and Working with Problems of Executive Function*** taught by Deborah Holden, Ph.D.
- * ***Psychotherapy and Aging*** taught by Barbara Unger, Ph.D. & Cynthia Rose, M.D.
- * ***Clinical Topics in the Treatment of Children*** taught by the child analytic community and coordinated by Nancy Bell, RN, LCSW
- * ***Sleep and its Disorders*** taught by Michael Weissberg, M.D. (tentative)

Spring -

- * ***Clinical Topics in the Treatment of Adolescents*** taught by the child analytic community and coordinated by Matty Wilsey, Psy.D..
- * ***The Oedipus in Clinical Practice*** co-taught by Cheryl Straus-Witty, Ph.D. and Jennifer Kennedy, M.D. (tentative)
- * ***Reparation in Relationship: Creating the Dialog*** taught by Joan Heron, LCSW

2006-2007 COMMUNITY LECTURE SERIES -

October 13, 2006 *"How to Know if What you are Doing is Psychoanalysis"* by
Herbert J. Schlesinger, Ph.D. from New York, New York

November 10, 2006 *"Baubo: The Representation of the Female Body"* by
Nancy Kulish, Ph.D. of Birmingham, Michigan

December 8, 2006 *"The Analyst as a Transference Object, New Object, Real Object"* by
Judith F. Chused, M.D., of Washington, D.C.

January 12, 2007 *"Attachment and the Inner World: Bowlby Re-meets Klein"*
Rex H. McGehee, M.D. of Denver, Colorado

February 2007 to be announced

March 9, 2007 *"Gender Now"* by
Ken Corbett, Ph.D. of New York, New York

April 13, 2007 *"How Experience and Biology Together Shape Early Parenting"* by
Linda C. Mayes, M.D. of New Haven, Connecticut

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