

From the Co-Presidents

Daniel Buccino, MSW, LCSW-C, BCD | Teresa Méndez, MSW, LCSW-C

Our Final CO(VID)-Presidents' Column

It is difficult to find the words to say goodbye to a presidential term that in many ways seems as though it never quite began. How to say goodbye to so many people we went nearly two years without seeing, except on screen? A virtual presidency, as it were.

Of this way of interacting, psychoanalyst Gianpiero Petriglieri (2020) writes:

I . . . finally understood why everyone's so exhausted after the video calls. It's the plausible deniability of each other's absence. Our minds tricked into the idea of being together when our bodies feel we're not. Dissonance is exhausting. It's easier being in each other's presence, or in each other's absence, than in the constant presence of each other's absence. Our bodies process so much context, so much information, in encounters, that meeting on video is being a weird kind of blindfolded. We sense too little and can't imagine enough. That double deprivation requires a lot of conscious effort. (641)

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We are going on two years of conscious effort in the face of the constant presence of each other's absence, the double deprivation of sensing too little and being unable to imagine enough about all of you.

But rather than rehash the challenges of the past two years, which we all continue to know all too well (from postponing board meetings and conferences to figuring out how to navigate the intertwined effects of COVID-19, climate grief, racism, and structural inequality in all its forms), we wanted to share some of what we and the board have been able to accomplish in our tenure as your fifteenth presidents.

In our first co-presidents' column, we laid out some of our goals. Continuing the work of our predecessors, we set out to recruit, retain, and sustain new members; find ways to offer more benefits of membership; and engage our members between our biannual conferences.

It turns out the pandemic offered some unique opportunities to forward this work, as well as a chance to rethink some of our priorities.

Staying Connected

Early in the pandemic we did our best to embrace meeting online, developing Zoom workshops that were free and open to all. We saw this as

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editor'sword

Christie Hunnicutt, MSW, LCSW



I am hoping that this *Newsletter* finds you all safe and well.

It is with heavy hearts that we have recently had to bid an untimely farewell to Bill Meyer, a most gracious and colossal member who offered immense wisdom and perspective not only to this membership group but also to the many friends, colleagues, and students who had the opportunity to learn from him. Please visit his tribute page on our website to access the many beautiful sentiments shared by the membership group thus far (see page 3).

I would like to take space to recognize the immense and innovative contributions made by our co-presidents, Teresa Méndez and Dan Buccino, who will soon be passing the torch to president-elect Brian Ngo-Smith. Teresa and Dan have steered this ship during an unprecedented time, and most often from a screen, but they have done so with grace, with openness and curiosity, and always with a calm and steady presence. We thank them for their leadership and dedication to our members and to this organization during their tenure. We look forward to their ongoing contributions and perspectives as we forge ahead, and we extend a hearty, warm welcome to Brian Ngo-Smith in his new role!

It is always important to acknowledge the contributions of and show gratitude to all who play a part in the *Newsletter*, both directly and indirectly. Thank you to all members who submitted content for this issue, including Gregory Bellow, William Buse, Heather Craige, Collette Crines, E. Paola Grandón Zerega, Jane Hall, Dan Hoffman, Brian Ngo-Smith, Andre Pai, Diego Reyes Barría, and Aaron Skinner-Spain. We look forward to highlighting many more members as we move forward with each issue. Special thanks to Kelly Martin, Wendy Winograd, Barbara Matos, Dan Buccino, Teresa Méndez, and Olivier Massot.

We would like to offer a special thank-you to Penny Rosen and the conference committee for their ongoing work on the upcoming national conference (see pages 14–15). Thanks also to the board members, chairs, and interim chairs working their way through the reorganization of the AAPCSW boards. Committees, some of which are new, are now gathered into three categories—Education, Membership, and Communications / Outreach—and areas have been regrouped into nine regions. See page 4 and start thinking about where *you* can get involved.

As always, please send all your wonderful accomplishments, experiences, news, thoughts, and ideas to us so that we may fully represent the content that is most relevant, contemporary, and inclusive of subject matter that members are truly passionate about.

Be well!

Newsletter articles are opinion articles representing the authors' viewpoints and are not statements of any positions of AAPCSW itself. AAPCSW is not responsible for the accuracy or content of information contained in the articles.

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**Please address
the *Newsletter* at:**

AAPCSW Newsletter

Christie Hunnicutt, *Editor*
79 Trumbull Street
New Haven, CT 06511

Phone: 203.676.5206

Email: AAPCSWNewsletter@gmail.com

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Remembering William “Bill” Meyer

On the listserv are many tributes to Bill Meyer, who sadly passed away on August 11. The tributes have been compiled into one document for the web, easy to read. Here is the link: www.aapcsw.org/news/2021/bill_meyer_08-11-2021.html.

Thanks to all the contributors and active readers. In Bill’s honor we will dedicate time to remember him in November at the conference in Philadelphia. We are also exploring ways to collect his writings.

Respectfully,

The Committee Commemorating William Meyer: Penny Rosen, Barbara Berger, Mario Starc, Joel Kanter, Natalie Peacock-Corral, Cathy Siebold, Heather Craig, Chris Erskine, and Harold Kudler



Editor’s note: In a lovely coincidence, this issue already included the following response from a new professional touched by a recent presentation of Bill’s . . .

Love Thy Patient

Andre Pai, AM

Bill Meyer, in his talk “Long-Term Psychotherapy in the Rear-View Mirror,” shared his journey as he worked with patients to nourish long-term relationships with them within and beyond the therapeutic space. Meyer touched on how bittersweet and powerful the therapeutic relationship can be when we are given the time and space to work with our patients to plant, grow, and nourish the seeds of trust and empathy. These seeds are the basis for relational psychotherapy: they provide the roots for clinicians and patients to do the “work” of therapy—to create a space where patients can experience a relationship where it is safe to be vulnerable, to experience conflict, and to repair after conflict. And, as Meyer explained, these relationships do not have to end when therapy is terminated. Meyer reminds us that, in a time when we may be pressured as clinicians and social workers to provide “quick fixes,” it is critical that we provide what he calls “unconditional availability,” and that we can act as a home base for our clients years after therapy has ended.

As I listened to Meyer, what resonated with me the most was that he was as deeply touched by his patients as they were by him. What Meyer seemed to share was not just empathy and care but also a deep love for his patients. As students of social work,

we do not always hear about how deeply we can care about our patients and the deep bonds we can develop with them. Only recently, in my last class as a graduate student, was I exposed to this idea. My professor, AAPCSW’s own Kevin Barrett, shared in class ideas quite similar to Meyer’s, in terms of how the relationships we develop in therapy can deeply move us, change us, and reframe our understanding of what it means to love and be loved. Like Meyer, Barrett was open to sharing about his own work and related how much vulnerability it takes to be in relationship with our patients and to love our patients. He also shared that, as social workers, part of what calls us to this work is our desire to deeply connect with and heal with the patients we work with and to be in relationship with them. Having loving relationships with our patients almost comes naturally to us as we work to connect with our patients in meaningful ways and as we try to understand them for the whole individuals that they are.

As students of social work, we do not always hear about how deeply we can care about our patients and the deep bonds we can develop with them.

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From the Co-Presidents, continued from page 1

a way of sustaining our current members and engaging new ones. In May 2020, we launched “A Disaster of Uncertainty: Living and Working in the Time of Coronavirus,” a three-part series featuring distinguished AAPCSW members George Hagman, Carol Tosone, and Joan Berzoff, who offered evocative reflections on dealing with crisis, trauma, and loss.

We followed up with our four-part Presidential Salon series “‘Nice White Therapists’: Deconstructing Whiteness toward an Antiracist Clinical Practice,” with Natasha Stovall, Beth Kita, Alexandra Woods,

and Derek Hook, which ran March to June 2021 (see page 7 in this issue) and included a final small-group encounter in July, facilitated by Christine Schmidt. More than one hundred people logged in to each event, and two-thirds of those who registered were not members. Two dozen joined AAPCSW as a result.

Also of note, a number of AAPCSW members, including Josh Abrahams, Karen Baker, Samoan Barish, Scott Graybow, Joel Kanter, Penny Rosen, Lynn Rosenfield, and Wendy Winograd, initiated very successful online courses, conferences, and groups. We look forward to more of these offerings from and for our members!

Upcoming Advisory Board Changes

Reorganized Committees & Interim Chairs

Education

Penny Rosen, rosenpmsw@aol.com
Mario Starc, drmariostarc@gmail.com

Child & Adolescent

Conference

Diversity & Social Action

Graduate Education

Online CE & Monograph

*PSW**

Scholarship

*Topical Work Groups**

Membership

Lance Stern, lancestern@ymail.com
Josh Abrahams, jabrahams.lcsw@gmail.com

Hospitality

Membership

New Professionals / Student Outreach

Communications / Outreach

Christie Hunnicutt,
christiemhunnicut@gmail.com

*Consortium**

ListServ

*Mental Health Liaison Group**

Newsletter

PR (including PsiAN)

Social Media & Website (Facebook, Twitter, Zoom, etc.)

* New committees

Reorganized Areas & Chairs

West (California)

Samoan Barish, samoanb7@gmail.com
Lynn Rosenfield, lynnrosenfield@yahoo.com

Central (Colorado, Kansas, Nebraska)

Brian Ngo-Smith, brian@ngosmiththerapy.com

Upper Midwest (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Josh Abrahams, jabrahams.lcsw@gmail.com

New England (Connecticut, Massachusetts)

Joan Berzoff, jberzoff@smith.edu

New York / Northern New Jersey

Penny Rosen, rosenpmsw@aol.com
Scott Graybow, scottgraybow@yahoo.com

Pennsylvania / Southern New Jersey

Jane Abrams, jabramsdsw@gmail.com

Mid-Atlantic (Delaware, District of Columbia, Maryland, Virginia)

Joel Kanter, joel.kanter@gmail.com
Rebecca Mahayag, rebeccamahayag@gmail.com

South Central / North Carolina

Natalie Peacock-Corral,
nataliepeacockcorral@gmail.com
Liz Liepold liz.louise.liepold@gmail.com

South East / Florida

Mark L. Ruffalo, mlruffalo@gmail.com

Our Commitment to Racial Justice

This moment also necessitated finding new ways to conceptualize and foreground AAPCSW's commitment to racial justice. Sara Ahmed warns of the way that putting out antiracism statements can obscure the actual work of antiracism. No matter how much we might wish it to be true, declaring ourselves anti-racist doesn't make it so. Rather than "doing the document" and putting out another statement, our Presidential Salon was an effort at "doing the doing" (Ahmed 2007, 599). Through the salon we set out to understand something about why, despite our earnest commitment, we remain such a stubbornly White organization. Our hope is that in thinking together about the meaning and function of Whiteness, we are better positioned to move toward an executive board and membership that are less White. We look forward to the opportunity our upcoming elections present to elect and install new board members who reflect this vision.

We would be remiss in not also acknowledging the ongoing hard work of our Diversity and Social Action Committee, whose timely position statements on current events can be found on our website and whose columns can be found in this newsletter. The inaugural column, "Shadows of Multiple Realities," appeared in the Fall 2020 newsletter, and "A Crisis of Truth and Trust" in the Winter 2021 issue.

Reorganizing the Committees and Areas

Finally, as you may recall, a reorganization of the full AAPCSW board has been underway. Rather than reworking our entire board's organization, we opted to cluster existing areas and committees. With geography less of a barrier, our hope is to create a scaffolding that makes it easier to get folks talking to one another across areas and committees so that those in need of support can be in regular contact with those who may be able to offer support. For some areas and committees, there may be little change in the way they conduct their work. For others we hope an infusion of energy and interest may come from getting together a bit more with different minds and voices. We would also like to take this moment to invite all AAPCSW members to review the committees and areas on page 4. Where might *you* want to get involved?

Through this reorganization, we also hope to further the conversations about how we "talk" to

one another—particularly about difficult topics—across distance and to those outside our organization via our listserv, our conferences, our newsletter, our website, and other social media formats such as Facebook and Twitter.

Undoubtedly, a silver lining of being the co-presidents in these pandemic "years" has been the opportunity to work closely with our colleague and friend Brian Ngo-Smith, the AAPCSW president-elect. We couldn't have made it through our term without him, and we can't imagine a more capable leader to continue guiding the work of AAPCSW. We wish him the best and offer our ongoing support as he begins his term as president on October 1.

We are so grateful to have had the opportunity to serve AAPCSW. Thank you. We have gotten to know, understand, and love the organization even more deeply and to better appreciate AAPCSW's important role within the larger psychoanalytic community. As we have said from the outset, were it not for social workers, there may not be any psychoanalysis at all. AAPCSW may be comparatively small, but it is full of deeply engaged and experienced social workers with much to offer and who are committed to therapies of depth, insight, relationship, and justice.

In gratitude and community,
Dan and Teresa

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You may have noticed on the front cover or in the running head at the right that this *Newsletter* does not carry the usual "seasonal" name. While the *Newsletter* will publish on roughly the same schedule—March, August, and November—issues will now be numbered 1 through 3. Welcome to issue 2 of the 2021 *Newsletter*!

The Holmes Commission on Racial Equality in American Psychoanalysis

submitted by Golnar Simpson and Penny Rosen

AAPCSW proudly supports the work of the Holmes Commission on Racial Equality in American Psychoanalysis. Its purpose, as stated by the commission, is “to identify and to find remedies for apparent and implicit manifestations of structural racism that may reside within psychoanalysis.” Data will be collected through a survey and through interviews within institutes as well as across different organizations. It is anticipated that the results will be published in the late spring of 2022.

AAPCSW co-president Teresa Méndez has been

appointed as a new member of the Holmes Commission. The commission reported that Teresa’s appointment signifies the commission’s interdisciplinary representation, while at the same time recognizing Teresa’s commitment to racial equity. We are indeed pleased to have a direct AAPCSW voice in the important work of the commission.

Additionally, the Holmes Commission invited two AAPCSW members, Penny Rosen and Golnar Simpson, to be “ambassadors” in its ongoing study process and collaboration with AAPCSW.

Love Thy Patient, continued from page 3

I used to think of therapy as almost a grain of sand in a patient’s journey toward healing and growth. Therapy was a step of the way, something that maybe lasted months or years but, at the end of the day, was only a small part of an individual’s journey. Meyer’s talk and what I have learned in class from Kevin Barrett, have challenged me to re-frame how I think about therapy. Therapy is not necessarily a grain of sand that gets lost in the beautiful (yet vast) desert of a person’s collected experiences. When we nourish deep and loving relationships with our patients, we create lifelong connections and can grow to become a safe haven and secure base for our clients, almost like an oasis in the midst of a desert. (This is not to say that there are not other oases in that desert or that the desert itself cannot be nurturing and support a meaningful life.) Our clients can come back to the relationship we created together and find comfort in the work we did together. Therapy is also a reciprocal relationship: we therapists are as deeply shaped by our clients as they are by us. The oasis we create does not exist solely in the client’s landscape of experiences; rather, it is something we share with them which shapes how we live and interpret our own experiences.

As I start as a clinician after graduation, I am excited to see what kinds of relationships I will have with my patients. Both Meyer and Barrett have

helped spark a desire in me to have these loving relationships with patients and to be more intentional as I navigate short-term work with patients. I am, however, left wondering, How can we best create a strong and loving therapeutic relationship with our clients when we are constrained by time? How can we continue to be there for clients when we may not have established a strong basis for our relationship? How can we translate the love we feel for our clients in ways that can be adopted by and understood in mainstream society? By the layperson?

Andre Pai, AM, is a bilingual mental health counselor at Midwest Asian Health Association. Andre finished his AM in social work, social policy, and social service administration, with a clinical concentration, at the University of Chicago School of Social Service Administration in 2021. As a queer-identifying Taiwanese American, Andre is passionate about serving the LGBTQIA+ community and about making mental health care more accessible to Asian and Asian American communities in Chicago. Andre is interested in learning more about psychoanalytic practice and is hoping to integrate it into his practice as he works toward a socially just social work practice.

“Nice White Therapists”: Deconstructing Whiteness toward an Antiracist Clinical Practice

A four-part Presidential Salon series, March–June 2021

by Daniel Buccino, MSW, LCSW-C, BCD; Teresa Méndez, MSW, LCSW-C; and Brian Ngo-Smith, MSW, LCSW, BCD

For those AAPCSW members who were unable to join us, we have compiled the introductions to our four-part Presidential Salon series, “Nice White Therapists’: Deconstructing Whiteness toward an Antiracist Clinical Practice.” Together the introductions provide an overview of the salon and the thinking behind it. This series, one of our proudest legacies as co-presidents, spanned March to June 2021, attracting hundreds of participants, the majority of whom were not members of AAPCSW. At least two dozen attendees chose to become members of AAPCSW as a result.

Most importantly, it was part of what we have come to think of as our quiet and incremental effort to move AAPCSW toward becoming a more anti-racist and inclusive organization. As you will see, the talks touched on topics ranging from constructions and enactments of Whiteness to anti-Black racism, and they included Lacanian approaches to White anxiety and a consideration of the Whiteness and segregation of our psychoanalytic institutions, organizations, and theories.

We hope you find something of use both for your work and for you personally. These transcribed introductions have been lightly edited for clarity.

Whiteness, Part 1 (March 2021):

Natasha Stovall

Introduced by Teresa Méndez

Hello and welcome! I’m Teresa Méndez, co-president, along with Dan Buccino, of AAPCSW, the American Association for Psychoanalysis in Clinical Social Work. Our president-elect, Brian Ngo-Smith, is also here today. You will get a chance to know both Dan and Brian more as they help moderate today’s session and introduce our future speakers in the months ahead.

I’m going to offer a bit of a general introduction to this series, “Nice White Therapists’: Deconstructing Whiteness toward an Antiracist Clinical Practice,” and then I will introduce you to our speaker for today, Natasha Stovall.

First, I want to note that we had about three hundred people sign up for this series. It may go without saying, but this is a pretty extraordinary response. I believe this outpouring of interest is a testament to the topic, to the speakers we’ve assembled, and, perhaps most importantly, to the willingness of each of you here today to devote your time to taking up and grappling with the meanings and implications of Whiteness. About one-third of you are members, including at least two dozen who joined to guarantee that you could attend this program. Two-thirds of you are not members (yet), though of course we hope you will consider joining AAPCSW!

I think it’s important to begin by acknowledging that this is a difficult topic for anyone living in the United States today. And if it isn’t, it should be. Why Whiteness is so fraught is something I hope and trust Natasha and the others who will be joining us over the next three months (Beth Kita, Alexandra Woods, and Derek Hook) will help us begin to understand.

In the meantime, I wanted to take a moment to situate myself by speaking very briefly about my own relationship to Whiteness, as someone who is White-presenting but does not identify as White. Or at least not as wholly White. I am what afropessimist Frank Wilderson would call a “junior partner,” someone who is White adjacent and therefore at best complicit in White people’s enslavement of Black people. I am both *keenly* and *glancingly* aware that my Whiteness is the part of myself that I have probably spent both the *most* and the *least* amount of time with. There are many ways for me to understand this. Believe me, I have spent a lot of time considering what it means to be mixed-race and Mexican. But I have just as assiduously avoided thinking about what it means to be White. I find myself bored and dismissive as White people unfurl their various European descents—German, Scottish, Irish. *Yawn*. (These are all identities that I

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Chilean Institute of Clinical Social Work: Pioneers in the Development of Latin American Clinical Social Work

E. Paola Grandón Zerega, MSW, and Diego Reyes Barría, MA

In the United States, clinical social workers are the largest group of professionals to provide mental health services and are recognized as essential members of mental health multidisciplinary teams. The same, however, cannot be said about the presence of clinical social work in most Latin American countries, where the prevention, assessment, and treatment of mental health difficulties has been generally dominated by professionals who have obtained a bachelor's degree in psychology and by psychiatrists, thereby excluding social workers from conducting recognized therapeutic interventions (Reyes Barría 2019).

Although the scenario has recently changed as a result of efforts by the Chilean Institute of Clinical Social Work (Instituto Chileno de Trabajo Social Clínico; hereafter IChTSC), it was in the above-mentioned context that in March 2019 the IChTSC was founded as a way to give voice to social workers who were already engaging in therapeutic work throughout Chile and the rest of Latin America but without recognition or validation. In addition, it was an opportunity to finally provide academic and professional training at the postgraduate level with a focus on evidence-based best practices that also incorporated into clinical practice the consequences of the history, culture, and colonial oppression experienced in most countries in Latin America. What began as a country-only initiative that provided seminars, conferences, and courses on the essentials of clinical social work has grown into an institution that since 2020 offers a one-year Certificate Program in Clinical Social Work with guest lecturers from Canada, the United States, Puerto Rico, Spain, and Australia. It should be noted that it is the first and only postgraduate program in clinical social work in Latin America. Currently, the IChTSC provides postgraduate training and group clinical supervision to social workers in Latin America and participates collaboratively with government agencies that focus on mental health and child protection (Servicio de Salud Chiloé 2019; IChTSC 2020;

Ramírez 2021). For the first time in Chilean history, clinical social work is part of the public debate and is in the process of expanding to other Latin American countries, since the directors are currently supporting social workers from Perú, Ecuador, Brazil, Argentina, El Salvador, and Mexico to organize and create local organizations that validate and promote clinical practice.

The current academic curriculum offers postgraduate education for social workers from Latin America who wish to pursue formal training in clinical evidence-based approaches (trauma-informed practice, narrative practice, brief therapy, solution-focused therapy, and play therapy). Programs incorporate aspects of contemporary social work and anti-oppressive and critical perspectives to clinical practice, which consider the impacts of structural oppressions on clients' experiences of trauma, mental health, and overall functioning (Mullaly and West 2018; J. Brown 2019; C. Brown and MacDonald 2020). In addition, for countries that are new to clinical social work, the IChTSC has created specific courses regarding the fundamentals and historical aspects of clinical social work while incorporating cultural aspects of a Latin American identity. An important aspect of all courses, seminars, webinars, and programs at the IChTSC is the strengthening of a professional identity for clinical social workers, given that therapeutic work has been historically denied and silenced in Latin America in professional and academic contexts. Currently, the certificate program is in its second version (2021) and has fifty registered students from different regions of Chile, as well as from Peru, El Salvador, Uruguay, Ecuador, and Costa Rica.

One of the most significant and historical academic contributions made by the IChTSC is the recent publication of the only academic journal in Spanish dedicated to clinical practice and research in Latin America. The first issue of the *Revista Latinoamericana de Trabajo Social Clínico (Latin American Journal of Clinical Social Work)* was published in

March 2021 (ISSN 2735-6493), and a second issue will be published in December. It is imperative to note that the journal has free online access and has made a significant impact by removing the language barrier that generally interferes with access to most English publications, therefore creating an opportunity for colleagues to find academic resources in Spanish (Universidad Central).

Undoubtedly, there are many future challenges that Chilean social workers must face, among the most important are those related to accreditation and regulation of clinical practice; nevertheless, the advances made by the IChTSC specifically in Chile have provided important and historic steps to making clinical practice a reality for social workers of Latin America. As co-directors of the institute, we invite you to contact us (instituto@ichtsc.com). The IChTSC is open to developing collaborative academic and professional relationships with organizations and with clinical social workers who are interested in contributing academically and professionally to the advancement of clinical social work in Latin America.

E. Paola Grandón Zerega earned a bachelor's degree in psychology from the University of Toronto, an honors bachelor of social work from York University, and a master of social work with mental health specialization from the University of Toronto. She is a Chilean Canadian social worker with more than twenty years of experience in the private and public sector. She is a lecturer at Universidad Viña del Mar, Chile, and a co-founder of, co-director of, and academic coordinator at the Chilean Institute of Clinical Social Work.

Diego Reyes Barría earned a bachelor's degree in social work from the University of La Frontera in Chile, and a postgraduate diploma in systemic and family psychotherapy and a master's degree in clinical psychology from the University of Chile. He is currently a clinical

supervisor in Chilean protection programs and is a co-founder of, co-director of, and academic coordinator at the Chilean Institute of Clinical Social Work.

Instituto Chileno de Trabajo Social Clínico

Viña del Mar, Chile

Website: www.ichtsc.com

Journal access: www.ichtsc.com/revista-ichtsc

Email: instituto@ichtsc.com

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aapcsw corevalues

- Recognize the dignity and worth of each human being.
- Acknowledge the intersection of each individual's inner and outer worlds.
- Convey a psychoanalytic sensibility in our work with all populations and in all settings.
- Integrate concerns for social justice with clinical practice.
- Promote inclusivity and affirm the diverse identities of our colleagues and of those with whom we work.
- Cultivate a community of professionals that advocates for open inquiry and respect for difference.

Working with Survivor Siblings in Psychoanalysis: Ability and Disability in Clinical Process

by Johanna Dobrich, LCSW; Relational Book Series; Routledge, 2021; 184 pages

reviewed by Heather Craige, LCSW

Sibling relationships have received scant attention in the psychoanalytic literature. While Johanna Dobrich's *Working with Survivor Siblings in Psychoanalysis* explores new ground in the experience of patients who grew up with a severely disabled sibling, her thinking applies to the treatment of anyone who grew up with chronic illness and other ongoing tragedies in the family.

Dobrich interviews fifteen analysts, all of whom came from families with a severely disabled sibling. She shares her own story of growing up with a brother afflicted with cerebral palsy. Told with striking honesty, these stories bring the reader into direct emotional contact with the book's subject.

Survivor siblings may intuit that parents are unable to bear any additional suffering, and so, rather than turning to their parents for support, they attempt to provide emotional care for their parents. Because they are fully abled, survivor siblings may feel a responsibility to do well, even while they feel guilty about outpacing their disabled sibling. Survivor guilt, compulsive altruism, and concerns about their own physical integrity are often a lifelong legacy. Dobrich does not put forth a universal profile but rather states that "having survived is the common thread, but then how [one has survived] is as variable as we are human" (11).

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Introduction to Understanding Psychopathology: A Psychoanalytic Perspective

by Ivan Sherick, PhD; IPBooks, 2018; 64 pages

reviewed by Collette Crines, LCSW

Ivan Sherick's *Introduction to Understanding Psychopathology* gives a deeper, more complex understanding of psychopathology to students, candidates, and beginning clinicians. By using his orientation in contemporary ego psychology to explain psychopathology, the author provides the reader with a foundation in classical understanding of the mind, while incorporating more contemporary psychoanalytic ideas that include diversity across the lifespan. The book offers a core set of concepts to frame how psychopathology presents itself in everyday life, throughout the life cycle, without overwhelming the reader with theoretical jargon. Beginning clinicians will benefit from review and understanding of

Sherick's basic concepts of psychopathology. Without intimidating readers with overly difficult concepts, Sherick invites them to engage their curiosity about the mind. The tone of his writing bespeaks that of a kind and genuinely interested teacher who involves his students in something they have found to love and deeply appreciate.

In the first chapter, Sherick focuses on defining the main concepts in psychopathology. Relying on a foundation of drive theory, he explains technical terms in accessible ways. He moves between normal development and pathological development in a judgment-free way, allowing the reader to under-

continued on page 12

Suffering and Sacrifice in the Clinical Encounter

by Charles Ashbach, Karen Fraley, Paul Koehler, and James Poulton; Phoenix, 2020; 159 pages

reviewed by Gregory Bellow, MSW, PhD

Fifty years ago, I attended a training seminar called “Impossible Cases.” While our consistent diagnostic conclusion was masochistic personality, the therapeutic options offered were few, inconsistent, and did little to counter Freud’s pessimism about the benefits of psychoanalysis when patients exhibited negative therapeutic reactions. Although the authors of *Suffering and Sacrifice in the Clinical Encounter* offer us a more sanguine clinical formulation, now, as then, the perplexities encountered in treating these patients remain formidable.

In his forward, Dr. Giuseppe Civitarese analogizes the clinical dilemma in which therapists find themselves to Oedipus’s encounter with the Sphinx—a monster who fed on wayfarers unable to

answer her question. When Oedipus does so correctly, the Sphinx is so distraught that she kills herself. While Oedipus is left to his tragic fate, the Sphinx pays for getting ensnared in someone else’s predetermined narrative with her life. Paraphrasing Wilfred Bion, Civitarese underscores the arrogance of asking questions that cannot and, perhaps, ought not be asked.

To understand and critique the explanations and solutions offered by the authors, I will follow, with a few modifications, the conventional format for presenting a clinical case.

The Presenting Problem to be Addressed: The difficulty described is a clinical stalemate during

continued on page 16

Book Reviews

Psychoanalytic social workers are writing more and more books! Following is our new system for handling reviews:

- When you have written a book you wish to have reviewed or have read a recently published book that you feel would be of interest to our members, please send the book title and a sentence about the subject of the book to the Book & Film Review Editor, Wendy Winograd (wendywinograd@gmail.com).
- Copy Barbara Matos, our administrator, on the email (barbara.matos@aapcsw.org) and send the book to her. She will keep records of all books received. Once she receives the book, we will choose a reviewer, and Barbara will send the book to the reviewer.
- If you have a colleague in mind as a reviewer of your book, please let us know. We are always interested in adding reviewers to our list.
- Reviews should be four to six double-spaced pages. The book title and publisher should appear at the top of the page followed by the reviewer’s name. At the end of the review, the reviewer should include a sentence or two about themselves.
- The review should then be sent to Wendy so she can read it. She will then send the review to Newsletter Editor Christie Hunnicutt (AAPCSWNewsletter@gmail.com) for publication in the *Newsletter*. We review only books; we do not review book chapters or articles.
- On some occasions, a film relevant to our field may be reviewed, and if you see such a film, and would like to review it, please write directly to Wendy.



We thank all the authors and reviewers who have made such excellent contributions to the *Newsletter* over these many years.

Wendy Winograd, DSW, LCSW, BCD-P • Book & Film Review Editor •
wendywinograd@gmail.com

Dobrich uses contemporary psychoanalytic perspectives in her discussion of the dynamics and treatment of patients who have experienced ongoing tragedy and overwhelm in childhood. As a teacher of psychoanalytic theory, I appreciate her masterful review of relational, self-states, and trauma theory. She liberally cites the work of Aron, Bowlby, Benjamin, Bromberg, Chefetz, Davies, Fonagy, Grand, Howell, Khan, Kluft, Kuchuck, Lyons-Ruth, Mitchell, Ogden, Orange, Pizer, Putnam, Schore, Stolorow, Siegel, D. B. Stern, Van der Hart, Van der Kolk, and Winnicott.

Dobrich introduces her own concept of “unexperienced-experience” that differs from, for example, Bollas’s “unthought known,” in that sibling survivors may recollect childhood experiences without having integrated their thoughts, feelings, and bodily sensations or having time-stamped them as “past” (10). The unexperienced-experience is carried within the self in unintegrated pieces, along a spectrum of dissociation. These bits of unintegrated experience may be sequestered in dissociated parts of the self and evoked in unexpected ways creating psychic disorganization and bodily dysregulation in the survivor. Dobrich relates, for example, how the cries of her little son in the night evoked the cries of her disabled brother—a re-experiencing that was unanticipated and disturbing. Using her own experiences, she brings the psychoanalytic understanding of trauma and dissociation into high relief.

I found Dobrich’s book to be well written and compelling. Although I did not grow up with a disabled sibling, I lost a sibling in childhood. When I was seven years old, my younger sister died suddenly of a common childhood illness. My parents were devastated and, understandably, consumed with their own suffering. They treated my brother and me as though we were invisible, as though nothing had happened to us. And then, within a month of my sister’s death, one of my classmates was hit by a bus, resulting in a devastating brain injury. I can recall visiting her and feeling a mix of horror and guilt as my life continued to progress and hers did not. These experiences were never repressed, but well into adulthood they remained poorly integrated. For me, reading Dobrich’s book was therapeutic, initiating yet another round of grief and reckoning with my emotions about these losses.

Dobrich is an original thinker who is unafraid to experiment with novel approaches in her clinical work. Her 2020 article “An Elegy for Motherless Daughters: Dissociation, Multiplicity, and Mourning” (*Psychoanalytic Perspectives* 17: 366–84) describes the work of contacting painful, dissociated self-states in a group of women who had the shared experience of losing a mother in childhood. In *Working with Survivor Siblings*, Dobrich presents a nuanced psychoanalytic rendering of the experience and aftermath of chronic relational trauma in childhood that is of critical importance to all practicing therapists.

Heather Craige is a clinical social worker and psychoanalyst practicing in Raleigh, North Carolina. She serves as a training and supervising analyst with the Psychoanalytic Center of the Carolinas and leads its Circle of Security Parenting initiative.

stand how mental pathology can arise from conflict and that no one is free from the bounds of human conflict.

Chapter 2 focuses on normal life events that can affect psychopathology, such as loss, adoption, divorce, and general family dynamics. Sherick describes the different reactions to and potential consequences from each of these life events, framed in a developmental stage. He thoughtfully leaves room for individual variation. The tone is factual and direct, without attributing blame to anyone or anything in particular. He includes different examples of life events, with descriptions ranging from what it might be like for a victim of abuse or racial bigotry to what it might be like to experience the birth of a sibling. These nonelective life events for children will have consequences throughout the lifespan.

In chapters 3 and 4, Sherick identifies basic biological functions such as sleeping, eating, toileting, locomotion, and sex, describing how any of these functions can result in some sort of mental conflict and thus result in pathology. Sherick elaborates on these biological functions while focusing on natural strengths and talents that can potentially lead to mental conflict.

Chapter 5 sheds light on diagnostic categories, specifically neurosis, psychosis, and character disorder.

ders. Sherick provides the foundation of neurosis as a mental conflict between the ego and the external world. He gives particular attention to the Oedipal complex as a major developmental conflict. Again, he satisfactorily grounds the reader in a classical understanding of the theory while introducing more modern themes of the parent's subjective role in the shared experience.

In the latter part of the book, Sherick differentiates between childhood, adolescent, and adult psychopathology. As he discusses psychopathology originating in childhood in chapter 6, he brings to life the many layers associated with pathology, including how the interaction of internal drives and external environment create different outcomes, the importance of the plasticity of the mind, and how childhood experiences and pathology can grow and change into different symptoms in adolescence and adulthood. He elaborates on the meanings behind certain diagnoses and expresses how symptoms and their severity can change over the course of the lifespan. He emphasizes the significance of the childhood period in determining future psychopathology. Sherick also discusses how analysts view their profession as a way of treating the child within their adult patient.

In chapter 7, Sherick focuses on adolescence. He highlights the importance of two critical components of this period: increased independence from parents and puberty. While acknowledging these milestones, Sherick proceeds to explain a range of normal to pathological experiences in adolescence due to a variety of outcomes based on individual differences and environmental responses. He offers examples of how to respond to adolescent difficulties, such as preparing adolescents for puberty and the changes that accompany it.

Chapter 8, the final chapter, focuses on adult psychopathology, using the previous chapters as the groundwork for understanding how one might evolve into an adult suffering from certain characteristics. He explains how a child who exhibits symptoms such as obsessions and compulsions can likely later on develop character defenses consistent with such symptoms and as an adult can develop an obsessional personality. He goes on to briefly explain different types of personalities. Sherick also includes descriptions of psychosocial issues by providing a vignette to bring to life the many dynamics

of a person's experience. Included throughout the book, especially in this last chapter, are some general depictions of social effects on members of different categories of race, gender, and sexuality.

The author's postscript offers a critique of the progression of contemporary psychiatry and behavior modification therapies, which either focus solely on the brain and erase the importance of the mind or cater to the public's ever-increasing desire for a "quick fix." While Sherick accepts that the brain and mind are connected and promotes further study in this area, he reminds his audience of the importance of the contributions from the great thinkers, like Anna Freud, when thinking about development and psychopathology.

Sherick's book serves as a helpful guide for those making the transition from academia to clinical practice. He shows us that mental illness can be understood more deeply than as a set of symptoms without further explanation. He tells us that his wish in writing this book is to show the "dynamic complexities of mental conflict, its effect on people, and the attempts to resolve them." I believe he has done just that. The reader walks away with a more dynamic understanding of psychopathology within the context of the life cycle. Sherick uses both his knowledge and experience of treating people of all ages to share with the reader the many layers of what it means to be human. In my view, Sherick's *Introduction to Understanding Psychopathology* is an important contribution to a new generation of clinicians seeking to really understand mental conflict throughout human development.

Collette Crines, LCSW, is a candidate in her second year at the Center for Psychotherapy and Psychoanalysis of New Jersey (CPPNJ). After graduating from the Rutgers MSW program in 2018, she recently became a licensed clinical social worker and opened a private practice treating older children, adolescents, and adults of all ages.

AAPCSW Committees & Area Chapters
Committees (some new!) are being gathered into three categories—Education, Membership, and Communication / Outreach—and areas are being reorganized into nine regions.

See page 4

We hope you will take interest in the conference and review the program available on our website: www.aapcsw.org/events/conference.

You are bound to find topics that resonate for you. The variety of subjects in the breakout sessions cover trauma, child and family work, race, ethnicity, sexuality and gender, #metoo, sex work culture, intuition, shame, curiosity, ethics of the other, coronavirus, psychodynamic psychotherapy in graduate education, theoretical concepts, treatment modalities, therapeutic action, community mental health, autonomous moral reasoning, and so much more. The plenaries are listed separately on the website; see the brochure PDF.

Also on the website are the following: the registration form, information about hotel reservations, biographies of participants, Writing Workshop details, safety measures, and other information related to the conference.

The special events—Thursday’s constitutional walk and beer garden reception, and Saturday night’s dinner at a popular restaurant—are added features.

Sadly, William Meyer, who was our conference consultant and film committee chair, as well as a North Carolina area chair and a former president of AAPCSW, passed away on August 11. We will dedicate time at the conference to remember him.

We know that these are unprecedented times during the pandemic. While the conference is planned for in-person attendance, we will live-stream the plenaries, and other streaming alternatives may be considered. In case of cancellation because of lockdowns, we will advise of alternative plans. Refunds will be offered to anyone who needs to cancel. Please check the website often for updates.

As we grapple with the known and unknown, we hope to greet you in Philadelphia.

www.aapcsw.org/events/conference

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Caring about the known and the unknown

How do we hold in mind the tension between thinking and acting, at the conscious and unconscious levels? Whether it be the unknown of our inner world, the unknown of the world around us, or the unknown embodied in those from whom we feel different, we grapple with the dilemma of what is and isn't known. We know about the mind in conflict and meaning-making in various ways. We know about injustice. We place high value on introspection while also addressing activism. Now, as in all times of global change, we are also called upon to explore the impact of societal factors in clinical encounters through a fresh lens. Given the complexity of the human condition, this conference will ask us to reflect on such matters from multiple psychoanalytic perspectives.



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Suffering and Sacrifice, continued from page 11

psychoanalytic therapy when patients produce little but stock, repetitive complaints and a narrow range of memories and associations, and make little if any progress in improving their lives. Being stuck in such a desiccated therapeutic field, one where clinicians find therapeutic interventions to appear ineffective and even counterproductive, they soon come to feel guilt, shame, and frustration so great that the authors ask if “the therapeutic baby” (xix) can survive in such a hostile environment.

Shared Developmental Histories: The authors attribute these difficulties to a particular consistent, early reaction of a child, that of turning away from unnurturing, indifferent caretakers repeatedly exemplified by Andre Green’s once responsive mother who has become psychologically dead. This is a willful, understandable self-protective act that goes beyond the “no” of the healthy separation that Rene Spitz maintains must precede the “yes” of connection. When that child acts upon and internalizes their “no,” they create an impenetrable emotional barrier that precludes the essential attachment processes that will allow them to achieve the depressive position. As a result, they are unable to fully symbolize, to mourn, to experience ambivalence, or find pleasure in either their accomplishments or in human ties. The authors further argue that, even though it is the primary caretakers who are damaged, a child who must survive in such a chronically traumatic environment comes to feel responsible for that damage. This is because children universally feel themselves the cause of everything and because they have actively severed the painful yet essential emotional ties that, of course, include those with the potential therapist.

Psychic Functions and the Underlying Psychic Structures that Sustain Them: The patient is in the grip of the paralytic emotional triad: unacceptable anger toward unresponsive caretakers from whom they continue to seek care; extreme unconscious guilt for causing the damage that ensues; and a need to atone for it. To avoid the pain of mourning the loss of a damaged caretaker who cannot, realistically, be turned from a bad into a good object requires a rigid but false idealization, which the authors repeatedly analogize to religious fervor and to mythical forms of atonement designed to curry God’s favor through sacrifice.

The authors assert that these patients are neither neurotic nor psychotic. While accurate, the personality structure they describe involves primitive mental content characteristic of the paranoid/schizoid position that is effectively avoidant. The consequent pervasive defensive splitting separates good from bad objects and similar affects. They also describe a lack of firm self/object boundaries. It is not clear how these two structures might complement or conflict. However, they produce the need for an external scapegoat (read, therapist)—a person to stand in the place of a damaged self and to remain constant while absorbing responsibility for a therapy bound to failure unless the original loss and pain can be recognized, acknowledged, and mourned.

In early chapters, summarized above, the authors offer a coherent clinical pattern well-grounded in contemporary Kleinian thinking. Its major strength is to employ a theory that emphasizes early developmental stages and processes.

Principles of Therapeutic Action—How Is Psychic Change to be Accomplished? The training seminar I describe as long on diagnosis and short on treatment options and Freud’s caution about psychoanalysis impacting the negative therapeutic reaction place a heavy burden on the authors to affirm their alternative approach by providing readily applicable clinical guidance.

Later chapters written by individual authors offer excellent descriptions of the pressures the patient places on the therapist to be unwittingly dragged into a narrative that, unless accurately understood and effectively addressed, will fail and result in potentially tragic circumstances for either or both. They also offer several therapeutic “dos” and, more prominently, “don’ts.” The “dos” stress the need to pay exquisite attention to revealing countertransference elaborations prompted by the patient’s material. Further, they insist on the “do” of remaining neutral within the relationship because the “don’t” of active external direction would undermine the patient’s autonomy and threaten the self-protective defensive control established by having enacted their “no.” This “don’t” is particularly important because frustration over the lack of progress tempts the therapist to cheer up the dejected patient or to encourage either side of a tough life choice.

However, these later chapters vary widely in explaining what is mutative, what is not, and why. Paul

Koehler writes an abstract but comprehensive discussion of development—particularly how the paranoid/schizoid position is to be replaced by the depressive position. However, it offers no direct clinical guidance. James Poulton’s chapter introduces a few new concepts on how to conceive of the protective, defensive structures that keep the resistance to change in place. It, too, fails to offer specific guidance as to how the therapist is to intervene.

Only Karen Fraley’s chapter offers a detailed case description that includes notes and discussions of clinical hours over the course of a lengthy and apparently successful therapy. While she describes several key interventions, she does not explain how her interventions were developed or why she thinks they were effective. The final chapter, jointly written, offers only the briefest of clinical snippets insufficient for the reader to follow the therapist’s thinking or their interventions.

These general “dos and don’ts” appear to limit verbal interventions to clarification and interpretation, placing great faith in insight as mutative even though profound damage occurred long before verbal skills are developed. The therapist’s role, renamed by the authors as “therapon,” is to function as an alter ego who represents reality they liken to how Sancho Panza tampers Don Quixote’s expansive romantic delusions. Neither reliance on the relationship as curative nor offering direct empathic support is addressed. However, it is clear to me that the therapists must convey their understanding of the validity of the reasons that the “no” was instituted in the first place.

The authors’ over-reliance on parallels as explanatory begins with the book’s cover—Caravaggio’s painting of Abraham’s “sacrifice” of his beloved son, Isaac. Therein, the same God who miraculously intervened to produce Isaac now demands that Abraham commit infanticide. However, an angel (read, therapist) restrains Abraham’s knife hand as he points to the lamb who could and does take Isaac’s place. By its sacrifice, the lamb becomes a symbol whose death allows human life to go on largely undisturbed.

The psychological movement, from the literal to the figurative, allows one thing to meaningfully stand in for another and initiates the essential mourning of the lost “paradise” of an unexperienced ideal childhood. Initially this requires the therapist

Updates and Reminders

The upgrade to the membership database is complete (though we continue to work on getting “bugs” fixed)!

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If you need assistance with your username or password, go to the AAPCSW website (www.aapcsw.org) and click on “Get help with Username/Password” at the top of the homepage.

As always, if you have questions or concerns, contact the administrative office: barbara.matos@aapcsw.org.

Barbara Matos, MS
AAPCSW Administrator

to be used as scapegoat who replaces a selfhood experienced as damaging, a dynamic that becomes the vehicle of transformation in a successful therapy conducted along these lines. This transformation requires a new trustworthy connection that can be lost. Therein the capacity for ambivalence (seeing God as both selfish and forgiving) develops as the depressive position is achieved.

The strengths of Suffering and Sacrifice in the Clinical Encounter are to offer a coherent framework by which a difficult clinical population can be understood and to propose a more sanguine approach to the treatment of the negative therapeutic reaction. However, the case for their optimism would be much strengthened by focusing on the long-standing formidable complexities of treatment. That worthy goal would be most effective if supported by multiple, extensive, detailed case-based examples that identify systematic techniques and the rationale behind their application. Such examples would allow practitioners to assess, and perhaps adopt, their theoretical framework by observing it being applied within our shared crucible of the clinical encounter.

Gregory Bellow, MSW, PhD, was trained at the University of Chicago, Mt. Zion Hospital, and the Sanville Institute for Clinical Social Work, where he served as a member of its core faculty.



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membernews

William Buse, PhD, LCSW (Juilliard School, New York City), is pleased to announce that his book *Psychotherapy Under the Influence of Georges Bataille: From Social Theory to Clinical Practice* is now available from Routledge. From the Routledge website: “This fascinating book applies social theorist Georges Bataille’s revolutionary thinking to psychotherapy, offering clinicians a new and valuable context for practicing therapy.” For more information about the book, to read a review, or to place an order, please visit www.routledge.com/Psychotherapy-Under-the-Influence-of-Georges-Bataille-From-Social-Theory/Buse/p/book/9780367347710.

Jane Hall is pleased to announce the publication of her book, *Deepening the Treatment* (Jason Aronson, 1998), in China. As a result, she has been hired by two Chinese institutes where she teaches ongoing courses as a permanent faculty member. She has experienced the students as lovely and eager to learn, and many of them graduated from the China American Psychoanalytic Alliance (CAPA). As she approaches her eighty-sixth birthday, she would like to share that her experience has shown her that social workers have the best background for psychoanalytic work. Being where the patient is—accepting him/her/them for who



they are, without judgment—is the greatest gift. The psychosocial training in social work school is invaluable. Her career continues to be fulfilling, even after semiretirement. Supervising and consulting both individually and in small groups keeps her mind active, and she learns something new every day.

Aaron Skinner-Spain, LCSW-R (New York City), is excited to announce that he has now joined the faculty at the Training Institute for Mental Health as a psychoanalytic training supervisor for candidates in the four-year program. In addition, Aaron, along with Carol Tosone, launched the online New York University certificate program Trauma-Informed Clinical Practice this year, which offers accessible, necessary critical trauma training to mental health professionals. He also continues in his role as the founder and executive director of NYC Affirmative Psychotherapy, which is a sliding-scale, community-focused group practice located in Midtown Manhattan with a special commitment to serving queer communities of color.

What’s your news? We would like to acknowledge your professional accomplishments; feel free to provide a photo. **New to AAPCSW?** We invite you to introduce yourself.

Contact *Newsletter* editor Christie Hunnicutt at AAPCSWNewsletter@gmail.com.

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AAPCSW Membership Benefits: Regional and national conferences and programs, outreach to graduate students and new professionals, reduced rate for PEP Web subscription (see page 24), a distance learning program that offers CEs, listservs, and much more. For more information, see www.aapcsw.org.

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arearepresentatives'corner

New York

Penny Rosen, MSW, LCSW, BCD-P, *Co-Chair*

Scott Graybow, PhD, LCSW, *Co-Chair*

Program Organizer: Penny Rosen

Submitted by Dan Hoffman, LMSW

On Sunday, March 7, 2021, Susan Levine, LCSW, BCD, FABP, a Philadelphia-based psychoanalyst, writer, and faculty member at the Psychoanalytic Center of Philadelphia, presented her short story "Corona Choreography" to an audience of about sixty on Zoom. Levine's story centers on a recurrent character, the analyst Sandra Krasnapol, and her work with her client Elena during the most chaotic period of the COVID-19 pandemic, when with little warning normal life came to a halt and therapists transitioned to remote sessions. Levine's piece evokes all the anxiety and confusion of this period, following

Krasnapol as she navigates new clinical challenges and relational trauma re-awakened by the extraordinary circumstances of the pandemic.

Richard Kluft, MD, PhD, himself a writer of fiction and a fellow faculty member at the Psychoanalytic Center of Philadelphia, served as the discussant. Kluft's expansive commentary situated the short story, both from a literary perspective and psychodynamic one, and drew parallels between Levine's piece and literary works, both contemporary and classical. Given that the topic was a charged one, the discussion was lively and rich.

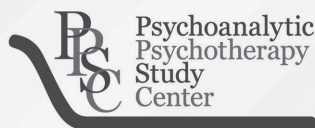
I had the honor of serving as moderator and was particularly interested in both presenters' reflections on the relationship between psychoanalysis and the process of literary creation.

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“Nice White Therapists,” continued from page 7

share, by the way.) And while I know that my grandfather was born in Michoacán, Mexico, and I have traveled to his hometown by bus, and my grandmother was from Durango, a town where my family still keeps her home, I know next to nothing about where my White grandparents came from or how they got here. I’ve never been to Germany, Scotland, or Ireland. And while this not-knowing is a function of many things, I realize one, most certainly, is defensive—a way of distancing myself from Whiteness and all of the banalities and atrocities that go along with it and with being of it. I imagine many—though certainly not all—of us here today have engaged similar contortions as a way of avoiding a confrontation with our own Whiteness.

So I am here, today, with all of you, as a learner. Many of you are further along in this process than I am. Some are just beginning. We trust that the act of being here is a sign of a commitment to knowing and understanding more. And we also recognize it is not enough. But it is a start. So we thank you for that.

It’s also still possible that some of you may be asking yourselves why we, AAPCSW as an organization, are devoting the better part of a year to thinking about Whiteness. After all, isn’t that part of the problem, that everything is already Whiteness? It is the air we breathe, the water we swim in.

In thinking about, Why Whiteness?, I was reminded of Dorothy Holmes’ metaphor of a “white-out,” a condition in which the sky and the ground seem to merge into a seamless haze of white. I had started jotting down these remarks in the midst of a Nor’easter in early February. Looking out my window at the soft, seductive blanketing of snow, everything was quiet, muted. This is one way that Whiteness presents, and perhaps how it has likely presented among many of us gathered here today: quiet, seductive, encompassing, invisible. Of course, there is another side of Whiteness, too, the disorientation and danger that can accompany whiteout conditions, more akin to what we saw on display on January 6 as insurrectionists stormed the Capitol building. But I doubt many of us here today identify with *that* Whiteness.

And I think this is part of the problem that we are hoping to begin thinking about with all of you: this idea that there are good White organizations, good White people, nice White therapists—and the

badness is out *there*, in those *other* White folks storming the Capitol, those racist insurrectionists.

If that were the case, and we are the *good* kind of White people, why do our psychoanalytic organizations and institutes remain so bereft of people of color? It is a question many folks are asking and trying to answer at this moment.

And certainly this puzzlement has been true of our organization as well, as we have wondered why, despite good intentions and earnest efforts, we have so stubbornly remained so White. After all, we are not just an organization of psychoanalysts, we are psychoanalytic *social workers*—proud of our social work identities. Social justice and social equity have been baked into our organization’s values from the start—though perhaps, tellingly, not an explicit commitment to racial justice and racial equity. Yet while we do not have demographics on the precise racial and ethnic makeup of AAPCSW, it’s quite obvious to anyone who has attended our events that we are a predominantly (though not entirely) White and White-presenting organization.

We do not have complete answers to the question of why, but we do recognize the way that Whiteness denies and erases and silences itself and the way it is constructed of disavowed anti-Black racism. We know that we must reckon with the fact that the badness, the racism, isn’t just out there in those other White folks. It is also in us, by virtue of living in and being of this country. James Baldwin asserted that racism is fundamentally a White people’s problem. And we take seriously this idea—the idea that we have work to do within and among ourselves *before* we can hope for Black, Indigenous, and Folks of Color to join us. We are trying not to engage in manic defenses or manic reparation by imagining that one series will fix this problem or that simply declaring ourselves antiracist will make it so.

So we are choosing to be here, with you, for a consideration of Whiteness and what it means for us as an organization, for us as clinicians, and for us as people living in this country at this time.

And that is a bit of the why.

Which brings me to Natasha Stovall, who will start us off and help orient us to some of the things we should be noticing and thinking about as we try to approach Whiteness. Many of you have likely had the chance to read her piece “Whiteness on the Couch,” which went viral and arrived in my

inbox from a number of different sources. And for those of you who haven't had a chance to read it, I would encourage you to do so (longreads.com/2019/08/12/whiteness-on-the-couch).

I first had the pleasure of meeting Natasha in my early twenties at my first job out of college, which was about twenty years ago now. I was an editorial assistant in the Research Department at *Vanity Fair* magazine in New York City, where Natasha was a more experienced, more established, and considerably wiser researcher-reporter. I'm not sure I imagined that either of us would go on from there to end up as psychotherapists. But given what I knew then about Natasha both personally and professionally—and for reasons I know will become immediately apparent to all of you—it does not surprise me in the least that she is making such an impressive and important contribution to a consideration of the psychology of Whiteness.

Natasha Stovall, PhD, is a clinical psychologist in private practice in New York City, working with adults, adolescents, and children. Her essays and cultural criticism have appeared in the *New York Times*, *Rolling Stone*, and *Spin*. And her most recent essay, "Whiteness on the Couch," appeared in *Longreads* in August 2019.

Needless to say, I couldn't be more pleased that our paths have crossed again, in this way.

Whiteness, Part 2 (April 2021): Beth Kita *Introduced by Brian Ngo-Smith*

Greetings, friends and colleagues. I'm Brian Ngo-Smith, president-elect of the American Association for Psychoanalysis in Clinical Social Work. Joining me are our co-presidents, Teresa Méndez and Dan Buccino. . . .

Thank you for joining us for this second installment in our series on "Whiteness," Beth Kita's pre-

sentation entitled "A Most Disagreeable Mirror': Mass Incarceration, Projective Identification, and the Problem of the Projectors."

I've been reflecting on the first time I saw Beth present. She was bringing together these thick, radical ideas about justice with psychoanalytic approaches to social work praxis, and everyone in the room felt a relief that something we all sensed was being so clearly named. I think the notion of Whiteness is often steeped in a performance of apology, guilt, avoidance, and shame, and what gets overlooked is how much bravery is required to think new thoughts and to say them aloud. Beth leads the way in bravery.

One critique I have of how we grapple with Whiteness nowadays is that it often seems to mean repudiating privilege, almost like a tic, as though by lamenting privilege, it's magically surrendered and reabsorbed into the societal atmosphere, becoming usable by a person deemed of greater desperation and need. I see this as one of the legacies of White social work and our fetishizing of poverty, which we conflate with race. We bestow through masochistic sacrifice and are then granted the illusion of generosity. The actual fear of castration (of our inheritance, our endowment, our skill, our privacy, our safety, our power) gets displaced through self-flagellation instead being cast as a fear of doing harm to others. I think this not only thwarts a whole life—in all its ambiguities—but also obscures the ability to truly think about our actual moral complicity in injustice, specifically the failure to enact policies of racial justice and wealth redistribution.

Projection, unthinkability, and the failure of containment, these are only some of the ideas that the psychoanalytic project can bring to the entrenched and calcified elements in our nation's White (which is to say, infantile) fantasy of its origin story. When Wilfred Bion writes about the birth of

child&adolescent

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Karen E. Baker, MSW, Co-Chair • kembaker1@comcast.net

Wendy Winograd, DSW, LCSW, BCD-P, Co-Chair • wendywinograd@gmail.com

emotions, he describes the development from an unformed state to the gradual creation of something that can be thought. For this to occur, these nascent elements must be received by the maternal container and metabolized into existence before they can be thought about by the infant. This is what Whiteness requires, the move from something unthinkable to what Antonino Ferro (2009, 219) calls “the reading, containability, and transformation of emotions that have a name and a status.”

So here we are, trying, as colleagues and friends, to bring something unthinkable and unspeakable into a place of names and status. With that, I introduce the incomparable Elizabeth Kita, PhD, LCSW, a clinical social worker in public and private practice in San Francisco. Her work in a public clinic is primarily serving people who have returned home after serving life sentences in prison. In her private practice, she works with people contending with complex PTSD. Beth teaches in the MSW program at UC Berkeley and is the co-chair of the Coalition for Clinical Social Work at the San Francisco Center for Psychoanalysis. She will present a version of her paper published in a 2019 issue of *Psychoanalytic Social Work* (26, no. 1: 25–49), “‘They Hate Me Now but Where Was Everyone When I Needed Them?’: Mass Incarceration, Projective Identification, and Social Work Praxis.”

In the spirit of this AAPCSW series, Beth will explore what mass incarceration—a phenomenon that disproportionately impacts Black and Brown people—reflects back about Whiteness and its disavowal of violence, dependency, and precarity.

**Whiteness, Part 3 (May 2021):
Alexandra Woods
Introduced by Teresa Méndez**

Welcome back to those of you who have been with us throughout our Whiteness series, and welcome to part 3 for those of you joining us for the first time today. I’m Teresa Méndez, co-president, along with Dan Buccino, of AAPCSW, the American Association for Psychoanalysis in Clinical Social Work. Our president-elect Brian Ngo-Smith is here as well.

I’m going to give a quick review of where we’ve been so far in this series.

In part 1, Natasha Stovall challenged us to consider Whiteness as both internal and external

pathology—a state of dis-ease and suffering to be attended to and understood like any other symptom. She offered that through helping our White patients explore and consider their White racial identity, we can also help them to be less oppressive. In part 2, Beth Kita broadened the lens to consider how Whiteness is enacted through mass incarceration—a system that functions as “a most disagreeable mirror,” as Beth called it, borrowing from James Baldwin, that may actually reflect more about all of us than the people we imprison. Both Natasha and Beth cautioned us to consider how damaging Whiteness is, not only to those non-White folks harmed by it but to White people themselves. Next month in part 4, Derek Hook will speak about *jouissance*, the pleasure in racism and Whiteness.

We come together today to think about what Alexandra Woods, whose work picks up threads from both parts 1 and 2, identifies as the Whiteness of psychoanalysis—that is, the Whiteness of our segregated institutes and organizations, as well as of our theories.

Her work helps us think about the question I posed in our first session: Why, despite good intentions and earnest efforts, has psychoanalysis remained so stubbornly White?

I’m not going to say much more because I’m actually quite eager to hear what Alexandra, who has decades of experience thinking and working in this space, has to share, and what all of you might have to say in response. But I will say that as both a co-president of AAPCSW and an advanced candidate at a psychoanalytic institute, I have been seeing and experiencing, in both spaces, how any effort at examining, let alone disrupting, Whiteness, in its many, many forms, can so deeply unsettle us—how fundamentally unconscious and unexamined it remains.

Alexandra Woods, PhD, is a graduate of the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, where she has been co-chair of its Committee on Ethnicity, Race, Class Culture, and Language (or CERCCL) since 2012. Alexandra is also a member of Black Psychoanalysts Speak. She has been supervising students since 2000 in the Doctoral Program in Clinical Psychology at CUNY, where she has taught courses on diversity and mental health. She has a certificate in the treatment of couples and families from the Family Institute of Westchester. Since 2001, she has worked

in full-time private practice in New York City, with individual adults and couples. She has also been a member of the activist group Rise and Resist since November 2016.

Whiteness, Part 4 (June 2021): Derek Hook Introduced by Dan Buccino

I'm Dan Buccino, co-president of AAPCSW, and I and my co-president, Teresa Méndez, and our president-elect, Brian Ngo-Smith, are pleased to welcome you to the fourth and final didactic session of our Presidential Salon series, "Nice White Therapists': Deconstructing Whiteness toward an Antiracist Clinical Practice." Thank you for joining us in this bracing and illuminating series, which we thought was a prerequisite before we, as a majority White group, could honorably make any antiracism proclamations and commitments as an organization. . . .

In our last session, Alexandra Woods led us to see what a "white citadel" psychoanalysis in the US has always been. Freud himself was concerned about the uptake of psychoanalysis in what he called "Dollar-ia," aware of the settler-colonialism, racial capitalism, and professionalization that permeated the American Psychoanalytic Association, founded 110 years ago, in Baltimore, Maryland, where I am now, and where Jacques Lacan first came to the US, on the unceded ancestral land of the Piscataway people and their community, in the so-called United States.

American psychoanalysis was initially even more elitist than it is today, restricted to medical practitioners with the associated high barriers to entry. Born out of the battles decades ago to open psychoanalysis more fully to social workers at all levels—as trainees, as faculty, as training analysts, as leaders—AAPCSW recognizes that without social work there might not be psychoanalysis.

Social workers were early patients of Freud and others, became early and ongoing proponents of psychoanalytic theory and practice, and have filled analytic couches and conferences and institutes for decades. Indeed, the progressive relational and sociopolitical turns in contemporary psychoanalysis are revisiting ideas that are at the heart of the social work profession itself.

While we are the American Association for Psychoanalysis in Clinical Social Work, we also embrace

our central mission as the American Association for *Clinical Social Work in Psychoanalysis*.

We hope you will join us in continued engagement with, and membership in, AAPCSW as we seek to make psychoanalysis more progressive and return it to the radical commitments of Freud himself. We have other online events planned for members, including a follow-up to this series with our own Christine Schmidt, who has extensive experience facilitating Racial Literacy Groups. And we are all looking forward to our postponed conference in Philadelphia in November ("A Time to Think, a Time to Act: Caring about the Known and the Unknown," November 4–7, 2021; see www.aapcsw.org/events/conference). This conference is truly our hallmark event as an organization and is not to be missed.

While AAPCSW led the fight to open the American psychoanalytic community to more diverse practitioners and patient populations, a great deal of psychoanalytic theory nevertheless reinscribed itself and its patients and practitioners into the specific racial capitalism and establishmentarian neoliberalism of American consumer culture. Indeed, in earlier work of my own (Buccino 1993, 1997), I have demonstrated that object relations theory ultimately results in the commodification of the object, and that self psychology results in the commodification of the subject, all ultimately serving to make patients into better and more adapted consumers.

However, although the late Fred Hampton, murdered Chairman of the Illinois chapter of the Black Panther Party, said racism is just the byproduct of capitalism, UC Irvine Professor Frank Wilderson, author of the stunning 2020 work *Afropessimism*, jolts us past that construction of racial capitalism to something far more radical and destabilizing.

In a recent piece in *The Nation*, Wilderson (2021) argues, "Anti-Black racism is not a by-product of capitalism or patriarchy—or even colonialism. Nor is anti-Black racism in any way analogous to any other paradigm of oppression. Anti-Blackness is its own beast—a conceptual framework that cannot be analogized to capitalism, or any other ism."

Wilderson is forceful in his bracketing of the competing claims of other -isms, relentlessly insisting that any turn to the intersectional allows us to look away from the specificity of anti-Black racism which drives so much anti-Black violence, as well as

capitalism writ large. Capitalism is the by-product of racism, not the other way around.

In study sessions this past year, with Wilderson, and about *Afropessimism*, including other seminars and interventions by Derek Hook and his frequent collaborator, Sheldon George, Wilderson's work led me to consider that Black/notBlack is perhaps a structure above and beyond and beneath the traditional psychoanalytic ones and points to a new post-Freudian, post-Lacanian topology of racial subjectivity.

One is born into the Black/notBlack structure of identity even before one encounters other structures of subjectivity or elements of intersectionality. And the Black/notBlack dichotomy is always insuperable—all processes of subjectivization and language are always collapsing back into the originary Black/notBlack structuration.

Just as Freud taught us about the “trauma” of coming into sexuality (and gender), and the French psychoanalyst Jacques Lacan taught us about the alienation and liberation of coming into language as a sexed, speaking being, Frank Wilderson, while expressly *not* a psychoanalyst, is teaching us in real time about the trauma of taking on race, in stark Black/notBlack terms.

Today, in perhaps our most intensive theoretical intervention in this series, Derek Hook will help us “bear more risk,” as Beth Kita called us to do in her presentation for this series.

Derek will help us raise the stakes beyond the sociopsychological idea of “White fragility” into an expressly psychoanalytic consideration of affectively more intense White anxiety. “Anxiety” may speak more fully than “fragility” to the disorienting and dislocating ontological insecurity that is evoked in our constitutional Black/notBlack structures. And just as jouissance allows us, paradoxically, to “enjoy our symptom,” it also points to the transformative potential of anxiety, if it does not get disavowed and calcified into a sort of psychotic certainty in identification with the imaginary fantasies of “Whiteness.”

Echoing Derek's precirculated article, I should also note that literally as we speak, the New York Psychoanalytic Society and Institute is on lockdown due to some allegedly very serious threats against it and its faculty and staff. The threats seem to have arisen in response to a recent article in the *Journal of the American Psychoanalytic Association* by Don Moss (2021) on “parasitic whiteness.”

In one of his few filmed appearances, Freud said that “resistance was strong and unrelenting” to psychoanalysis, and Lacan has said the analyst holds their place “in horror.” The jazz pianist McCoy Tyner once commented, “Music is not a plaything. It's as serious as your life.” Clearly, so too is psychoanalysis and any expression challenging White supremacy.

Indeed, as we all “bear more risk,” as analysts and citizens, re-engaging battles that date back to the Civil War, today's presentation could not be more urgent.

Derek Hook, PhD, is an associate professor of psychology and clinical supervisor at Duquesne University, and Extraordinary Professor of Psychology at the University of Pretoria in South Africa.

Professor Hook is the author of several books, including *A Critical Psychology of the Postcolonial* and *(Post)Apartheid Conditions*, and he acts, along with Calum Neill, as the series editor of the Palgrave Lacan Series. He is also co-editor, along with Sheldon George, of the forthcoming and eagerly anticipated volume *Lacan and Race*, due just after the 4th of July.

In addition to his prodigious academic output and identity as one of the leading Lacanian clinician-educators, you will soon see that Professor Hook is a legitimate triple threat as a scholar who is at once smart, funny, and really nice, too. His YouTube channel, where today's lecture may end up curated, is an exceedingly clever and essential Lacanian workshop.

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201.919.0108

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blang@chicagoanalysis.org
608.797.4227

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jerry.floersch@gmail.com • 216.346.3469

Social Media

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barbara.matos@aapcsw.org • 301.799.5120

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brian@ngosmiththerapy.com
303.886.8926

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joel.kanter@gmail.com • 301.585.6126

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rebeccamahayag@gmail.com
301.651.8711

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mlruffalo@gmail.com • 727.266.0270

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jabrahams.lcsw@gmail.com • 773.542.3371

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andreabarbourmft@gmail.com
812.764.4931

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Daniel Buccino, MSW, LCSW-C, BCD, Co-Chair
danbuccino@aol.com • 410.881.5425

Teresa Méndez, MSW, LCSW-C, Co-Chair
tmendez@baltimorepsychotherapy.org
202.810.2038

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Joan Berzoff, MSW, BCD, EdD, Chair
jberzoff@smith.edu • 413.575.0239

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kembaker1@comcast.net • 734.996.8185

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bevcaruso@gmail.com • 612.374.2618

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lynnndemott@hotmail.com
402.330.1537x14

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Wendy Winograd, LCSW, BCD-P, DSW,
Co-Chair
wendywinograd@gmail.com
201.919.0108

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dbunim4@gmail.com • 201.569.7575

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rosenpmsw@aol.com • 212.721.7010

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scottgraybow@yahoo.com • 917.715.5489

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jburak3@nyc.rr.com • 212.362.1866

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nataliepeacockcorral@gmail.com
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liz.louise.liepold@gmail.com
808.896.5364

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jabramsdsw@gmail.com • 215.564.5188

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