

National Membership Committee on Psychoanalysis in Clinical Social Work, Inc.

in cooperation with The Clinical Social Work Federation

Fall 2001

Passing the Baton

Last week, as I was preparing to write this, my final column as NMCOP President, I sat in on a newly constituted treatment team that I was to co-lead in Duke's Department of Psychiatry. A third year psychiatry resident, in responding to a difficult case that was just presented by his colleague, said confidently, "You can't treat borderline patients with psychodynamic psychotherapy." All team members nodded quietly in scholarly agreement.

How I had to catch myself from responding to the resident too quickly, too strongly, too defensively. I immediately thought of my former patient, Katie. I wanted to tell the team members about the years I spent treating her. Katie, my friendless, raging, helpless, hopeless, miracle patient, who only by the grace of God lived through several suicide attempts, one of which was nearly fatal. It was she who took me to hell and back again, who dragged me through the land mines of her transference and introduced me to the unimagined possibilities of my as-yet-to-be-ignited explosive counter-transference. It was she who had me spending so much of myself in supervision, and it was she, to my dismay, who provided me with more than enough material for my own analysis. (If it were only that I needed additional material!) And now, 20 years later, while she enjoys a quality of life that many would envy, I realize I owe her a debt I can never hope to repay, for it was she who was my greatest teacher. From her I learned how to be a psychotherapist.

It would have been untimely, even boorish, to regale the treatment team with the details of my involvement in Katie's treatment. Instead, I used the moment to speak of the distinctions between formal psychoanalytic psychotherapy and psychoanalytically *informed* psychotherapy. It was the first time they had ever heard about this and I was pleased that they seemed eager to learn more. I was also somewhat saddened about the resident's remark that prompted my associations to Katie.

I am hearing more such statements these days, not only from trainees in psychiatry but from trainees in other mental health professions as well. Sadly, I hear such pronouncements from their supervisors as well. Such are the simplistic, misinformed, and therefore erroneous conclusions that are drawn from a field that increasingly prides itself on using and teaching so-called evidence-based practice.



PRESIDENT'S MESSAGE

William S. Meyer, MSW, BCD

In this issue...

From the President-Elect	2
From the Editor	3
Study Group	4, 12
Book & Film Reviews	6
NMCOP Conference 2002	14, 21
Newly Elected Officers	17
Membership Application	23

See President's Message, page 16...

FROM THE PRESIDENT-ELECT



Barbara Berger, PhD

What underlies everything we strive for in NMCOP is effective communication. The Latin verb, *communicare*, from which we derive our English word “communicate,” had a double meaning. It meant both “to impart” and “to participate.” It is so exciting to me, that the driving force of this organization meets the criteria on both sides of this definition. Communication is essential to our continued growth as a group.

A major responsibility of the President-Elect is to chair the Advisory Board, composed of the area chairs from all over the country. This group of 14+ people have the charge of keeping connected with members of NMCOP from the regions in which they live. All of the activities of the individual regions and the national organizations are organized by these people. The area chairs communicate to members and the members participate in programs and program planning.

Again, “to impart” and “to participate.” These dedicated individuals, the area chairs, keep touch with each other by means of quarterly conference calls. Reports of programs and membership efforts are shared with other area chairs looking for suggestions. And, problem-solving occurs as a group process. Recommendations for consideration by the Executive Board are brought to focus within this hard-working group and their liaisons, two Members-at-Large, bring these concerns to the Executive Board. It, then, becomes the Board’s job to hear and respond to what has been communicated. In the Board’s monthly conference calls there is not only the opportunity to hear from the Advisory Board, but also “to impart” issues of national and administrative concern in the NMCOP. The connection between our Board members, who are so geographically diverse, provides the opportunity “to participate” in resolutions and planning. The loop of communication reasserts itself through the mechanism of this newsletter. It is an asset this organization can point to with pride. In an outstanding publication, edited by Donna Tarver, information and news is sent out to all. There are messages from the President and President-Elect, book and film reviews, and articles about conferences, the Consortium, etc. Members of the National Study Group are introduced and our membership can learn about their activities.

Perhaps the quintessential example of the elements of communication in action — “to impart” and “to

participate” are our national conferences. The Psychodynamic Social Work Conference, held last March in Arlington, Virginia, and chaired by Joel Kanter, brought together a group interested in teaching and learning about the application of psychoanalytic theory in community practice. The January 2000 national conference in New York — “Inclusions and Innovations,” chaired by Rosemarie Gaeta — was attended by over 400 people. The opportunities to hear and integrate, to share, debate, and discuss were infinite. And, the upcoming national conference to be held this March in Chicago, “Psychoanalytic Reflections,” will provide another occasion for imparting and participating. Conferences provide an opportunity for an “in-person” exchange. A venue in which we can put faces to the voices we’ve come to know in print and in conference calls.

In summary, the operation of NMCOP becomes evident. Members and area chairs have the opportunity for direct interchange. Area chairs have regular channels for communication with each other and to the Executive Board. The Executive Board not only has a chance to frequently discuss their concerns among themselves, but can use the channels in reverse to speak to the Advisory Board of Area Chairs. The newsletter is a mechanism for getting information to everyone regularly and our conferences provide an excellent opportunity to meet and learn from and with each other.

During my term as President-Elect, I have come to learn a great deal about our organization and its workings. My respect for the efforts and accomplishments of the NMCOP grows daily and they make me proud to be a part of this growing and productive group. I would like to welcome Judy Kaplan into this very rewarding position and to assure our members that she and I will work together to continue these good works and, perhaps create some new ones. In addition, I would like to encourage everyone to communicate your thoughts and join in whatever participatory ways you see fit. Let’s keep the channels open. ■

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*Meet the newly-elected NMCOP officers
on page 17...*

from the Editor...



Donna Tarver,
Editor

Congratulations to our newly elected officers! We have included profiles of each officer to give you an opportunity to get to know them better. Again we are fortunate to have an energetic, talented, and dedicated group to serve in our positions of leadership. Particular thanks to Terrie Baker and Dale Dingleline who are serving additional terms as Treasurer and Secretary. Both of these jobs take a lot of time and attention to detail, and we are indeed fortunate to have these dedicated individuals.

The Newsletter welcomes reader's letters, articles and opinions on topics of the day, clinical issues, book reviews, notices or reports of conferences, and news of interest to our membership. The Newsletter encourages social workers that have an interest in writing to use the Newsletter as a vehicle for converting their interest into the writing process.

Thanks to Jeff Applegate, new Study Group Member, for his article on Freud Redux (Or What Goes Around Comes Around). And to Billie Lee Violette, Study Group Member, who has written a response to Ellen Ruderman's earlier article on the link between early clinical social work theory and contemporary psychoanalytic concepts. Diana Siskind again has brought us three outstanding Book Reviews: Margaret Frank has reviewed Gertrude Blanck's book, **Primer of Psychotherapy: A Developmental Perspective**; Lynn Lawrence has reviewed Stephen Appelbaum's book, **Evocativeness**; and Patsy Turrini has reviewed Christine Anne Lawson's book, **Understanding the Borderline Mother**.

Thanks also to the remaining contributors to this issue: Barbara Berger, Dale Dingleline, Bill Meyer. ■

Our Commitment to Education: NIPER

Oftentimes at NMCOP conferences registrants are asked to write their checks to "NIPER," and there is always confusion as to why they are not paying NMCOP. They ask, "What is NIPER anyway?" Membership only hears about NIPER every couple of years, it seeming to disappear in years we do not have a conference. Also, without frequent comment or mention of NIPER one is likely to forget what it is and what the letters stand for. This article hopes to explain the connection between NMCOP and NIPER.

NMCOP embodies many functions for its membership: advocacy in the profession; liaison with other professions (e.g., Consortium); education of the membership; connection of members through regional chapters and a newsletter; and administration to oversee and guide these functions. As an organization, education is one of the most important offerings to our membership and the one from which most members enjoy direct benefits. Most notable is the NMCOP conference, held every two years, with its opportunities for continuing education from the most respected names in our profession on psychodynamic theory, technique, and research.

Nevertheless, we must not take for granted how such a conference can occur: it takes the concerted effort of many people for two full years, and it takes money. It takes a lot of money. The largest expense is the securing of a hotel for a conference and the provision of its many services for meeting rooms, ballrooms for general membership meetings, vendors and institutes, as well as for food. The hotel for the 2000 conference in New York

See *NIPER* on page 00...

The NMCOP newsletter is published three times yearly in February, May and October. Deadlines for submissions are January 15, April 15, and September 15.

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A Response...

I am pleased to respond to Ellen Ruderman's "The link between early clinical social work theory and contemporary psychoanalytic concepts..." (Newsletter, Winter 2001).

In this article, Ruderman makes me think of several dialectics: 1. being in the world (feminine principle) versus having and owning knowledge (masculine principle); 2. master (psychoanalyst) versus slave (female social worker); and 3. the person in the environment (social work) versus the environment in the person (the unconscious in psychoanalysis).

I will start with the first dialectic. Ruderman points out that social workers have not been given due credit for their contributions to psychoanalysis. I agree with her. They have not been given a place in psychoanalysis until relatively recently with the admission of psychologists and social workers into institutes under "the American" and Division 39. Now, because of this newly won privilege, it is to be expected that we would learn more about the feminine principles in psychoanalysis — the total transference from analyst Betty Joseph, as well as the importance of the intersubjective relationship from analysts such as Stolorow, Bion, Winnicott and Lacan. At the same time the masculine principles still hold. Analysts are still interested in building a knowledge base within a particular psychoanalytic theory, and developing theory, itself. They tend not to (intersubjectively) reference ideas from a psychoanalytic theory other than their own, much less ideas from another persuasion, *especially* if the other persuasion has less intellectual status.

The second dialectic — master versus slave — reveals clearly that social workers need to take their place in psychoanalysis just as much as any other discipline (psychologist, psychiatrist, marriage family counselor). Without their influence, psychoanalysis (the relationship cure) is in danger of developing into an esoteric discipline where one needs a Ph.D. in philosophy to read many of the "post-modern" articles. Psychoanalysis has also developed into a treatment for the more socially and financially advantaged, academics interested in psychoanalysis, and others in training to become psychotherapists and psychoanalysts. This trend is the result of the structure of our society, where the means (read: money, education, and free time) are being destroyed by the current resurgence of capitalism. The individual in the middle and lower classes is being viewed more and

more as "labor" or as "consumer" to benefit those at the top of the economic strata. For many, financial success and power are being accepted as the goals of a good life, rather than money and influence being viewed as a means to leading a conscionable life.

Concerning the third dialectic — the person in the environment versus the environment in the person — it seems to me that the choices of whom we treat and whom we train in psychoanalysis is more influenced by the culture of individualism promoted by capitalism than is the case with social work. The narrow focus on the patient and the analyst (intersubjectivity) to the exclusion of the group and the community (transsubjectivity) is a representation of this. In psychoanalysis, the culture

is deconstructed partially by attending to the unconscious in the life of the individual. However, the focus is not on the fact that this unconscious is not only created from family dynamics, but also through the culture as lived in the family. We devote little discussion to matters such as these, which may be sequestered under the category of "applied psychoanalysis." Applied psychoanalysis — or applying psychoanalytic concepts to other disciplines — is marginalized in most institutes the

same way clinical issues are currently marginalized in social work curricula.

In social work, a generic background schema still remains where the problem-solving method and respect for each individual can be adapted to different levels of systems — individual, family, group, community, and administration. Despite the problems within the social work profession where clinical social workers are seen as elitists who neglect the environmental impact upon the person, social workers more than any other helping discipline have adhered to the ideals of social justice (respect for the individual, belief every individual is entitled to education and opportunity) and knowledge of the culture's impact upon the individual. Psychoanalytic knowledge has been purposefully taken out of social work curricula in the emphasis on training students to be case managers and do advocacy as a way of helping people navigate through large systems. Taking psychoanalytic knowledge out of social work education is to our detriment, as professionals serving our clients. This is whether we are doing clinical work, case management, advocacy, or community organization.



By omitting the psychoanalytic perspective, social work curricula and our social work organizations have capitulated to the influence of the “managed care” of individuals and adhere to the corporate definition of a “professional.” Instead, managed care corporations offer cognitive and behavioral techniques as solutions to problems that are often the result of living in a sick society — a society where the needs of each individual are seen as extraneous to the priorities of those in power whose goals are generating capital.

We need to raise the real ethical issues of our day in both psychoanalysis and social work. Our societal and individual problems require a meaningful relationship among the self, others, and the world. The feminine principles of being, intuition, and empathy actually underpin the original social work theory. Knowledge and theory, as well as information and technology, are not seen as goals in themselves, but rather things to use in helping one to promote a more meaningful and responsible life.

I hear that there is so much to teach in psychoanalytic training that it is not possible to apply psychoanalytic principles to broader systems and cultural concepts. I think that idea needs deconstructing. Psychoanalytic knowledge is not dependent on knowing each minute piece of information. Instead, it means having an informed and receptive attitude to what is going on. Besides that, much of what is being written in psychoanalysis today is a rehash of old ideas with new post-modern words.

I hope we can think together about how to give applied psychoanalysis a respectful place in psychoanalytic institutes. And at the same time and even more important for us as a discipline, I hope we can find ways to get our social work educators to reintroduce and use psychoanalytic principles in their curricula to give substance to the individuals whom we are trying to help in society.

As a social critic of the modern age, Erich Fromm (1941) wrote from both his life experience and his psychoanalytic background. He describes man’s difficulty in coping with freedom, and he describes man’s brainwashing concerning ownership (of property, others, money, and status) versus living a meaningful life. His commentary is even more apt in our “post-modern” age. He says, “Looked at superficially, people appear to function well enough in economic and social life; yet it would be dangerous to overlook the deep-seated unhappiness behind that comforting veneer... The despair of the human automaton is fertile soil for the political purposes of Fascism” (Fromm, pp. 254-255).

In light of Erich Fromm’s critique of our society, we

need to ask some questions: Are only the wealthy worthy of having a childhood? Should the opportunity to have someone respectfully listen to one’s pain be contingent upon money to pay for it? Is it psychoanalytic to value knowledge and theory over being? Is it social work to take an in-depth relationship out of case management? Does “management” even have a place in our professional jargon?

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**Understanding the
Borderline Mother: Helping
her Children Transcend
the Intense, Unpredictable,
and Volatile Relationship**

by Christine Anne Lawson

Jason Aronson, Inc., 2000

Northvale, New Jersey, London

(Reviewed by Patsy Turrini)

Christine Anne Lawson's book, **Understanding the Borderline Mother: Helping her Children Transcend the Intense, Unpredictable, and Volatile Relationship**, is a challenging and interesting compendium of traumatic behavioral personality patterns, and offers observations for clinical study and further research. Lawson provides a valuable service in detailing the patterns of borderline mothers, and seeks to find ways to help the mothers and their children. There is also one chapter about patterns of fathers. The content is well written and clear, and gathers together research papers and excerpts from psychoanalytic authors on borderline personality.

A major strength of the material is her ability, far beyond the other authors she cites, to describe the behaviors of disturbed and disturbing adults. She deepens, breaks into smaller units, and thus exposes, the facets of human behaviors that can damage the psychic life of others. Her main focus explains the impact on children who live with mothers who act in these extreme annihilative ways. However, I consider the strength of this book — her clear examples of adult behavior — to not be limited to mothers or parents. Her dynamic descriptions can be useful also for thinking about children, adolescents, and adults who act along these destructive lines in other settings with damaging effects on everyone around them. Listening to



a patient who is confronted with an attacking employer, teacher, professor, supervisor, spouse, et.al. confirms trauma has taken place for them. Adults generally are not consistently caught in the helpless grip of attacking adults, but then again, *they may be caught*.

Within the last months, several times I heard about some mothers brought to despair by lactation nurses who accused the mothers who were still on the obstetrical floor after delivery of neglecting their babies and causing a failure-to-thrive baby because the baby lost weight. (Babies commonly lose weight after delivery.) I have to assume that these particular nurses had borderline personality. In another example of adults trapped with the borderline, I refer to Paula Ammerman's paper presented at the fourth National Clinical Social Work Conference, April 1999, entitled "Functions at the Countertransference in the Treatment of the Borderline Patient." Her research found universal therapists' reactions to borderline patients: feelings of helplessness, anger, despair, and "beyond despair." Therapists frequently wished they were not alone with the patient, felt guilt at even thinking about terminating, and ultimately sought guidance and solace from supervisors, consultants, psychiatrists, therapists, and colleagues.

Lawson divides the descriptions of the mothers into four categories. I found the patterns of the hostile, attacking group the most compel-

ling. She describes other patterns, and I include a brief excerpt from her four categories to convey the breadth of her descriptive dynamics and her perspective.

In the hostile acting group, the mother "enlists others as allies against the person who is the target of her rage. She may seek out friends, family members (including siblings and children), and co-workers as her victim in whom to confide fabricated stories designed to discredit her enemy. Misinformation is calculated and constructed in order to destroy the victim's reputation" (p. 141) and "she watches for the indications of fear, shame or guilt, and intentionally elicits such feelings in order to control her children" (p. 144). I could identify with Lawson's descriptions in this group, for I have a number of adult patients whose parental irrational rages and depressed actions are difficult to listen to. Two mothers threw clothes out the window onto the street, and screamed vilifying word attacks so all could hear, leaving the children in fear. They felt condemned by, in addition to the mother, now the whole world. If your mother does not love you, and thinks poorly of you, then who else could tolerate you. Lawson so well describes the experience of mortification and humiliation in the one under attack.

In the Chapter "The Treatment of Symbiotic Pathology in Two Middle Year Daughters and Their Senior Mothers," Edward, Ruskin and Turrini describe the strange, and painful, patterns of two senior mothers who had never achieved emotional libidinal object constancy, who could be labeled borderline mothers. Descriptions of the damaging effects on their daughters, as well as the positive outcome in the treat-

See *Borderline Mother* on page 8...

Primer of Psychotherapy: A Developmental Perspective

by Gertrude Blanck, PhD

Jason Aronson, Inc., 2000
Northvale, New Jersey, London

(Reviewed by Margaret G. Frank)

The request that I review this book has involved both a challenge and a profound pleasure. It is as if I had been given a finely cut jewel and asked to comment upon it. Like most precious jewels, it has many facets which comprise the whole and give it its brilliance.

There are several facets which make this volume an unusual contribution for clinicians, teachers, and students of psychoanalysis. Firstly, Dr. Blanck demonstrates her knowledge of psychoanalytic theory as it exists today and makes it richer by her deep respect for and command of the building of theory over time.

Secondly, as a clinician she demonstrates the highest capacity to integrate theory and practice, so that the reader is always warmed by the companionship of clinical vignettes and never subjected to the "cold" of pure theory.

The third outstanding facet found in this volume is that Dr. Blanck uses her many years of teaching to form an organization for this book which reflects the kinds of questions often posed by students. The reader must be warned. This is not a simple book. It is not a primer in the sense of the small books which were used in the past to help children to read or to simply introduce a student to a subject. Dr. Blanck has used her years of experience to present a most complicated fabric so that readers can follow the threads. There is a risk in such "simplicity" that the reader might acquire an illusion that is easy to replicate this

weave of knowledge and practice skill. It is not but Dr. Blanck does point the way.

The first six chapters of the Primer provide an important antidote to the tendencies in our field to separate theories and maintain that each is unique. I believe that this quality emanates from the fact that too many theoreticians often ignore the importance of the history of theory building. In addition, too often one sees a narcissistic investment in being the founder of a school of thought

See *Primer* on page 9...

from The Book Review Editor:

We were hoping that Gertrude Blanck would have the pleasure of reading Margaret Frank's splendid review of her book. Ms. Frank hurried to get the review completed in time for this issue of the Newsletter because she knew that Dr. Blanck was very ill. Unfortunately, Dr. Blanck died on September 28th. But those of us who knew her well can happily imagine the pride and delight she would have felt at reading a review by one of her former students appearing in a newsletter for and by social workers who were psychoanalysts, many of them trained by her and her late husband Rubin.

Diana Siskind

BOOK REVIEW EDITOR



EVOCATIVENESS Moving and Persuasive Interventions in Psychotherapy

by Stephen A. Appelbaum

Jason Aronson, Inc., 2000, 325 pages
Northvale, New Jersey, London

(Reviewed by Lynn Lawrence, CSW, BCD)

EVOCATIVENESS — the title is onomatopoeic along with the cover which lures one into a dark green lake bordered by trees, their reflections upside down in the water. Musings went first to Dvorak's opera, *Rusalka*, the mermaid who rises out of the lake at midnight to sing an exquisite song of love and longing to the moon. The back book flap titles this "Lake in the Mark Branden-burg." What terrain are we in? An Internet search designates an area in Germany, outside Berlin. Why was such a picture chosen to symbolize this book? Was Germany intentional? Is it a reference to lost and buried souls?

Such is evocativeness, "a calling forth," "to call up spirits from the dead." Mostly when I think of evocativeness it is in the realm of art. The Chagall exhibit at the Jewish Museum with its series "The Lovers," are among the most evocative paintings I have ever seen. The intensity of Marc Chagall's feelings for his wife Bella are passionately revealed when he was with her and when they were separated, through the use of color. Appelbaum would have thought Chagall to have excellent evoke potential: "The evocative person is in intimate connection with love — a continuation of loving past experiences, or a powerful longing for them" (p. 69).

We all talk about psychotherapy being an art. There are good sessions and bad ones, ones where there is

See *Evocativeness* on page 11...

ment, is reported. While describing this treatment, observations of psychic structure explained by ego psychology and the integrated work of Margaret Mahler, especially the work of Blanck and Blanck is noticeable. Different generations of therapists trained in various eras by teachers from varying schools of thought truly experience and frame their thinking and treatment work with very different formulas and procedures. I am sorry that the value of the developmental ego psychological understanding appears to be fading out, and thus is not currently applied. It seemed odd to me that the four books of Blanck and Blanck, who contributed to such understanding of and treatment for the borderline condition, were not referred to in this publication.

Of another group of mothers, she says, "she can be inappropriately open, enticing others by too much self-disclosure, and then walking away with an air of indifference (p. 58). She withdraws in isolation. She is prone to depression, and may self-mutilate (p. 59). Another type suffers from mistrust and intense jealousy, is superstitious, and over reacts to pain and illness (pp. 90-93). And in another type, the woman feels starved and deprived and seeks gratification and control (p. 107). She may sulk and become aggressive when not receiving attention (p. 109).

This book is written for a lay and professional audience, referred to as a "crossover" publication. Our psychoanalytic community is called upon to explain our findings and value to the public. I am intrigued by such efforts and wish to commend them. Thus, this book has value, also as a study specimen, by examining its efforts to find a method and language to translate psychoanalytic terminology for the general public.

There are a number of new books that address the problems of the borderline personality for the general public. Lawson includes them in her bibliography.

However, perhaps the effort to appeal to the lay audience has contributed to what I consider a problem in communication, for Lawson labels her four groups with three following terms: The Waif Mother, The Hermit Mother, The Queen Mother, and The Witch Mother. These terms many of the sentences in this book. I wish the material could be redone, deleting the labels. I think the terms she used contribute to reducing understanding, and the stereotyping of women. In addition, the terms can be used to attract and affirm already existing prejudice.

There are unconscious forces in all of us that produce hatred and hostility to mothers and we should always be on guard, so that we don't contribute to setting up mothers as acceptable targets for discharge of hostilities. Three little-read important papers offer us information about women/mothers as targets for hate. Two of the lesser-read, rarely-referred-to papers by Freud, are entitled "A Special Type of Choice of Object Made by Men" and "On the Universal Tendency to Debasement in the Sphere of Love." SE 11, ff 165-190. In the first paper, Freud says, "he (the child) *does not forgive his mother* for having granted the favor of sexual intercourse not to himself but to his father, and he *regards it as an act of unfaithfulness* (p. 171). And in the second paper, he says, "for the man almost always feels his respect for the woman acting as a restriction on his sexual activity, and only develops full potency when he is with a *debased* sexual object" (p. 185). Might we be reminded of Clinton, and Morris, or the popular HBO show starring the character

Tony Soprano. In Arlow's paper on Revenge of the Primal Scene, he demonstrates the child's mortification at the discovery of the parents' betrayal (their sexual life), with a resultant act of revenge including debasing the mother. (I know of a patient who is happy when his cats urinate in his mother's bed.) Arlow has referred to this mother as the Mother of the Primal Scene. She is the original betrayer of her children, and can be punished evermore. Thus, provisions of terms that can call in revenge can be dangerous to the health of mothers et.al. It makes sense to me that the unconscious denigration can contribute to the vast lack of understanding of the degrees of difficulty in the treadmill grind women produce and accomplish while performing mothering work that is unpaid. Mothers in the United States are not protected by social security and appropriate maternity leave, as is so in most other western countries. The United States can claim few child-, mother- and father-friendly employment sites. (Crittenden)

Some might argue that Lawson's use of archetype terms has value in helping people see the problems, but I fear that the terms justify hostility rather than illuminate the human condition. Deri says, "Immediate contact with powerful archetypal imagery can elicit numerous experience in the viewer. This experience has the quality of the sacred, tremendous, terrifying and fascinating.... A matching takes place from the unconscious. The experience then is overwhelming exactly because it involves the 'transpersonal' transcendent realm of the unconscious" (p. 121, **Symbolization and Creativity**). Thus, I believe we have to work to undo archaic pictures of women.

Yet, having said this, Lawson offers us very important material

about damaging behavior. And we need help in recognizing more clearly these sometimes commonplace injurious behaviors. We need to know more about these behaviors, and how to help everyone, when confronted with them.

I have worked with a number of school teachers who were traumatized and in grief over not being able to help sad, young disturbed children who, if not already borderline then on their way to borderline personality, were living in profoundly empty homes with disturbed parents. If it is true, what I once heard, that 4/5 of the world population is diagnosable borderline, we have some job ahead. I will end this review with the last paragraph from Lawson's book that almost wipes away my concern about her use of the aforementioned terms.

She says, "The British philosopher, Edmund Burke (letter to William Smith, 1795), claimed that 'the only thing necessary for the triumph of evil is for good men to do nothing.' Borderline mothers are not evil; evil lies in the darkness of unawareness. They cannot see what they are doing. Those of us who can see must shine the light of our understanding like a beacon guiding a ship to harbor, or share in the responsibility of allowing mothers to drown their own children in a sea of despair" (p. 307). I hope Christine Lawson will continue her work, and offer us more of her creative and useful observations. ■

Patsy Turrini is the originator of THE MOTHERS CENTER MODEL. She is on the faculty of NYSPP and SPRS.

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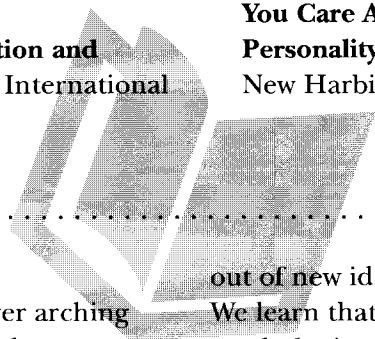
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Primer, continued from page 7

which obliterates the over arching quest to understand the human condition in an ever deepening way.

I have observed training settings which have discarded courses in Freud because they believe that his ideas do not inform their beliefs and practice approaches. If one took the time it would be quite possible to locate the underpinnings of Freud, in both the perspectives which are promoted as well as those which are negated. Likewise, mostly out misunderstanding and ignorance, ego psychology has been cast aside as an area of study. As a result, the student loses knowledge and appreciation of major foundation blocks in the evolution of theory.

In her discussion of Psychoanalytic Developmental Theory, Dr. Blanck provides the reader with a way of organizing theory based upon inclusion not exclusion. She offers, if you will, an "ego" for obtaining and using knowledge. In this sense, ego is being used as an organizing capacity — a way of making sense

out of new ideas and experiences. We learn that it was the early ego psychologists, who utilized Freud's beginning appreciation of development. They led us into appreciating the process of development and with in that the formation of object/self. Many students when first exposed to the field of object relations theory will ask why are we not talking about interpersonal theory? Dr. Blanck in reviewing the early ego psychologist points to the foundations of psychoanalytic developmental object relations theory. It is exciting to learn that "islands of experience" are baby steps towards structure. The baby who stops crying upon hearing foot steps is demonstrating an accumulation of experience which has lead it to expect to receive tending. If such attention dominates over pain and need the islands of experience become more firm and become part of the structure. These experiences lay a foundation for the definitions of self and other or "object." Less known to

See Primer on page 10...

practitioners are the people who expect care, seeing themselves as deserving and who approach the object world, not without protective caution, as willing and able to help and to love. These people rarely become patients. With Dr. Blanck's direction we are able to see that this is not a simple exchange between infant and caregiver. Factors of physical and mental endowment also have an effect upon the formation of views of self and object.

The implications of this complicated developmental picture have altered our perspective of diagnosis. In her seventh chapter, entitled Descriptive Developmental Diagnosis, Dr. Blanck enables us to see diagnosis as a process, in which the therapist needs to assess the patient along a number of developmental lines. These lines involve the importance of assessing the balance between the patient's capacity to be their own separate being and their capacity to recognize and care for another. A needless battle has occurred with in our field between attachment theorists and those who emphasize the life "task" of becoming separate. It would appear that both perspectives could benefit from integration. Most teachers are reluctant to try to define mental health. I believe that such a definition lies in the space between the freedom to be your own person without anxiety and the capacity to "merge" with another with out fear of losing one's self.

The concept of descriptive developmental diagnosis led this reviewer to create, in her mind, a running developmental film which is formed through the patient's behavior as it appears in the interaction with the therapist or is provided through vignettes of childhood experiences. I recall working with a young man who seemed quite often

to be on the brink of freeing himself to use his own creativity. Some how he would always stumble and fall back. Using my "film" I shared a curiosity about his self provided interference. I told him that I had a picture in my head of him as a toddler having to move with a harness. New history emerged which had not even occurred to him as important which involved the necessity of his wearing leg braces in his toddler years. My imaginations filled in some "moth" holes in our understanding of the years which had a profound influence on his experience of himself and the object world.

Holding and viewing a jewel makes one aware that each facet is of great importance in and of itself while at the same time illuminating other facets. The material provided by Dr. Blanck as she shows the process of theory building, takes us into the world of the formation of object relations casts new light upon our comprehension of transference and counter-transference and ultimately introduces new potentials for treatment. Briefly, the concepts of transference and counter transference are expanded to see them as part of a stage or arena in which we can see and experience the patient's views of self and object. This playground affords space for mutual

(therapist and patient) learning and of equal importance the opportunity to provide new object experiences. The original self/object scenarios can be altered partially through interpretive work but more through the new (to the experience of the patient) feelings and experiences which emerge between patient and therapist.

A patient of mine captured the difficulty of these changes when she said to me that I was inviting her to "leave home." That made her sad and scared. She could detect a reluctance within herself to give up her "old" sour outlook on her world in favor of the humor and pleasure she found with me.

Dr. Blanck presents an exciting and rich view of treatment informed by psychoanalytic developmental theory through her many case vignettes. This primer can (and should) be read many times. It contains guidance for study in it's format and contents. An added gift resides in the marvelous annotated bibliography — yet another jewel. ■

Mrs. Frank practices psychotherapy and psychoanalysis in Newton, Massachusetts. She is the Coordinator of the Advanced Training Program in Therapy with Children and Adolescents at Boston University School of Social Work.

Psychoanalytic Sites on the Web...

www.nmcop.org

National Membership Committee on Psychoanalysis in Clinical Social Work

www.psybc.com

PsyBC — Symposia with panel discussions of psychoanalytic papers

www.apsa.org

American Psychoanalytic Association

www.psychoanalysis.com

The Psychoanalytic Connection — Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA & the Analytic Press

www.psychotherapynews.com

A collection of information for psychotherapists

traction, others that are lifeless. But how to do it? Stephen Applebaum has written a book of how to apply the art to the analysis.

To read this book is to be in the company of an artist, an analyst and a very good teacher. It is a book about the senses. You will learn about the first voice and the third ear, you will learn about pitch, tone, rhythm and posture. At times you feel you are attending a Stanislavski method acting class. It is about moving and being moved, it is about how to deepen the work and call forth from our patients and from ourselves the nuances, the coloratura — these variations in emotional and sensory impact are what Applebaum refers to as evocative.

It starts with the voice, as in the definition of evocativeness, “a calling forth,” and that entails a sender and a receiver. Very much based on a two person psychology, Appelbaum sees the patient and therapist shifting roles and impacting one another, each taking turns at being the artist and the audience. Citing David Beres:

“Unwitting as patients may be of their craft, they employ symbolism, condensation, metaphor, displacement and sometimes the grammar of primary process to communicate their message... At another point in the psychotherapeutic exchange, the therapist becomes the artist. He takes the clues, hints, adumbrations scattered here and there by the patient, and begins the process of interpretation. It is the patient now who becomes the audience and up to the therapist to be sufficiently the artist to meet the challenge of evocativeness” (p. 15-16).

The first part of this book is about the theory behind evocativeness. Starting with Freud’s body ego, Appelbaum locates evocativeness between thought and feeling: that when we all start out in life, words

may be less important than intonation. *“The child understands the moods and spirit of his mother long before he understands the words. Evocative intonation brings life to internal and external objects on the psychic stage of our inner world... intonation plays a fundamental role in analysis because it is linked with primitive, nearly osmotic interchange of feelings” (p. 26).*

It is important to understand that as much as Appelbaum draws on the linkages between acting and being an evocative therapist he is not speaking of artifice or manipulation, but rather the ability to make use of a panoply of self-presentations that can mirror the patient’s experience. Similarly, the subtitle of the book “persuasive interventions” sounds formulaic but what Appelbaum means is not actively persuading, but creating a climate where the patient will be moved to reveal. The key is in the widening scope of affects.

Appelbaum’s optimistic contention is that we can all learn to become more evocative therapists and toward that end begins with a fascinating critique on Freud’s capacity for evocativeness. With a gemologist’s eye, Appelbaum revisits the Wolf Man and HD drawing on their own accounts of Freud. HD, herself a poet, writes, “The beautiful tone of his voice had a way of taking a phrase out of its context, you might say of the whole language so that the word took on a new meaning” (p. 93).

Recognized as being quite unevocative, and actually quite the badgerer, it is through Dora that Appelbaum notes Freud’s own beginning awareness of the “power, plasticity and importance of words and their influence on the patient, in this case speaking about sex and bodily organs in “dry” language in order to “evoke” calmness (p. 103).

The second half of the book is case examples that are culled from

many sources, all disguised. It is like being a fly on the wall in a supervisory session — the verbatim accounts on one side of the page, Appelbaum’s thoughts and interventions on the other. My favorite was “The Missing Mother (p. 176). It is a beautiful example of both skilled supervision and an in-vivo experience of evocativeness.

Sadly this is a posthumous publication. On the other hand, we are fortunate to have such a living legacy from a therapist who loved his work and reveled in the power of both words and their impact on a relationship to empower lives. In his hands, “talking cure” has become enlivened.

“Evocativeness” should be part of every curriculum. For those starting out it is a wonderful introduction to the magic of words — our tools of the trade, for others, a stimulating refresher course. ■

Lynn Lawrence is a graduate of the New York School of Psychoanalytic Psychotherapy. She has a private practice in Manhattan and Queens.

This newsletter is going to press in the aftermath of September 11.

Please know that we hope you and everyone you hold near and dear are safe and well.

Please accept our sincerest condolences for the losses you may have sustained.

May we all find a way to heal after this ordeal...

Freud Redux (Or What Goes Around Comes Around)

The vast written opus of Sigmund Freud's work on the mysteries of the mind makes it easy to forget that, long before he invented psychoanalysis, Freud was a neurologist whose primary focus of inquiry was the brain. Indeed, by the time the *Studies in Hysteria* appeared in 1895, he had published more than 100 neuroscientific papers (Schoore, 1997). Initially, he infused his growing interest in psychology with his expertise in neurology, and in the posthumously published *Project for a Scientific Psychology* (1895/1966), he hypothesized that what he was beginning to observe psychoanalytically had correlates in neural structure. As his interest shifted from the brain to the mind, Freud abandoned the Project to concentrate on developing his revolutionary psychology of mental life. But throughout his career, he continued to maintain that "all our provisional ideas in psychology will presumably some day be based on organic substructure" (Freud, 1914/1957, p. 78).

Almost a century would pass before Freud's conviction about a mind-brain connection would once again become a subject for systematic investigation. Not until the 1990s, widely referred to as the decade of the brain (Gabbard, 1992), did scholars from psychoanalysis and the neurosciences begin a serious dialogue. This long delayed rapprochement was made possible by the development of sophisticated technologies in the fields of neuropsychology, electrophysiology and functional neuroimaging. The least invasive of these methods is neuroimaging, and such techniques as Positron Emission Tomography (PET scans) and Magnetic Resonance Imaging (MRT) are being used to develop schematic "pictures" of the mind and brain in dynamic interaction.

The spotlight of this research is increasingly directed at the ways in which modes of regulating intense affects, learned by infants in the earliest caregiving relationship and believed to be a central factor in attachment, become "hard-wired" into neuronal structure. This wiring appears to occur in three ways: (1) In early infancy, neural links begin to form among brain systems. For example, networks of synaptic connections are forged between the frontal cortex, where reason and logic occur; the brainstem, which regulates such automatic functions as heart-beat and blood pressure; and the limbic system, believed to be the locus of attachment and affect regulation. (Schoore, 1994; Zuckerman, 1997); (2) the number and

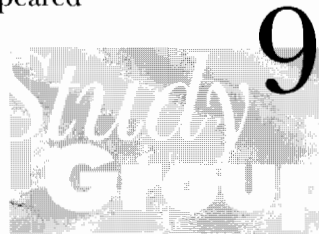
strength of neural connections depends, in part, on the quantity *and quality* of stimulation the child receives; and (3) based on a "use it or lose it" principle, neural connections not activated through interactive experience may be irretrievably lost (Galinsky, 1997).

Optimal neuronal patterning is believed to depend on effectively attuned mirroring interactions between infant and caregiver. In other words, when infants see their emotions reflected and reciprocated in the facial expressions and behaviors of their caregivers, they learn to make meaning of and regulate these emotions. As has been described by object relations theorists, it is in the choreography of this earliest relational "dance" that babies learn to regulate their strongest feelings and form stable self and object representations. Now we have findings suggesting that imagery of the patterns of this dance is encoded and stored in the brain. From this perspective, internalization is, truly, a biopsychosocial phenomenon.

Where in the brain is this information stored? Research suggests that the limbic and cortical circuits in the right orbitofrontal region of the brain are uniquely involved in social and emotional behaviors, their affective correlates and their regulation. Schoore (1997), for example, describes research demonstrating that orbitofrontal neurons in the infant's brain fire in response to the caregiver's facial expressions of emotion. Thus the "mirroring" of emotional states that helps the infant feel recognized as a socioemotional being is both a psychological and a neurological process.

This theory suggests that, if there is good-enough, synchronous affective attunement between infant and caregiver, the infant's neural circuits will be charged with positive affects. When interactions are less attuned, as is inevitable in everyday child care, the neural charge is negative. Predominantly positive affective interactions appear to predict secure attachment and a capacity to self-soothe and modulate various types of arousal. A preponderance of interactional dysregulation, on the other hand, can interfere with the child's capacity to regulate states of arousal and may "charge" the neural networks with primarily negative affect.

A growing literature on the effects of chronic exposure to stress and/or trauma reports that the physiological changes known to accompany these phenomena may alter brain chemistry and neuronal structure in enduring ways (Peny, 1994). Increasingly, researchers believe that these alternations are among the factors that predispose children to insecure attachment and later psychopathol-



by Jeffery S. Applegate,
PhD, BCD

ogy (Bradley, 2000). Moreover, because early experience shapes adult life, it is likely that, when these children grow up and become caregivers, they will pass on their own attachment and affect regulation vulnerabilities to the children in their care, thus explaining such phenomena as the intergenerational transmission of trauma.

Although earliest relational experience is powerful and enduring, the brain retains a degree of plasticity throughout life. This plasticity is believed to make possible some modification of neuronal structure through the medium of reparative interactive experiences such as psychotherapy. Spezzano (1993), for example, suggests that many of the mutative properties of the therapeutic relationship derive from experiences in which patients, via contingently responsive interactions with the therapist, learn to regulate their states of affective arousal more adaptively. From this perspective, empathy and mirroring are aspects of mutually engaged psychophysiological states. In turn, the client's repeated experiences of these states would appear to foster the development of modified neuropsychological structures (Moskowitz, Monk, Kaye, & Ellman, 1997). Schore (1994) posits that this process occurs as the patient-therapist relationship becomes "a growth promoting environment that supports the experience-dependent maturation of the right brain, especially those areas that have connection with the subcortical limbic structures that mediate emotional arousal" (p. 473).

Social work psychoanalysts and psychoanalytic psychotherapists come into contact with children and families whose well being is at risk due to affect dysregulation. Such micro-to-macro variables as parental psychopathology, childhood illness, family violence, societal violence and chronic poverty and oppression may contribute to the kinds of stresses that foster dysregulation of the family's style of regulating arousal. In its extremes, such dysregulation may find expression in child physical and/or sexual abuse, patterns of neglect, or substance abuse secondary to misguided attempts at self-stimulation or self-soothing.

Attending to affect regulation as a key factor in attachment should be a priority for the training of helping professionals across disciplines. Beyond the obvious benefits for primary prevention, this training could help developing clinicians understand how the therapeutic relationship works and how it can be employed for lasting change. This integrative perspective both deepens and demystifies Freud's concepts of transference and countertransference and illuminates the mutative potential of these relational dynamics. Indeed, by restoring the biological to the biopsychosocial perspective to which

social work and other disciplines have long espoused a commitment, this work appears to bring psychoanalytic theory full circle to Freud's first formulations. I have little doubt that he would be pleased. ■

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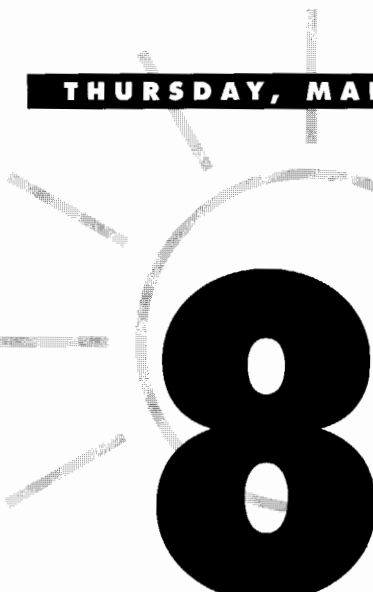
THURSDAY, MARCH 7 - SUNDAY, MARCH 10

REPRESENTATIONS AND RE-PRESENTATIONS

Psychoanalytic Reflections

*The 8th Conference of the National Membership
Committee on Psychoanalysis in Clinical Social Work*

NMCOP is affiliated with the Clinical Social Work Federation



8

All Day Pre-Conference Seminar

Chair: Jerrold R. Brandell

**“Violence in our Lives:
Issues in Supervision”**

Thursday, March 7

A full day of training will include a paper presentation and live supervision with Dr. Jack and Dr. Kerry Kelly Novick. Seth Wollwage, MSW, will present the case. The Novicks will be joined in the afternoon by Diana Siskind, MSW, Gerald Schamess, MSW, and Ilga Svechs, PhD, for further supervisory comments and audience participation.

In the evening, Recognition of Lifetime Achievement Awards will be presented to Joyce Edward, MSSW, and Joseph Palombo, MA, for their contributions to the interface between psychoanalysis and clinical social work. In their honor, a panel will present “Social Work and Psychoanalysis: Toward a New Synthesis” with Jeffrey Applegate, PhD, Ellen Ruderman, PhD, and Carol Tosone, PhD.

HOLIDAY INN CITY CENTRE • CHICAGO, IL

Conference Highlights

Nationally Renowned Plenary Speakers

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Jessica Benjamin, PhD

“The Third’s the Thing: Creating Space in the Psychoanalytic Dialogue”

Dr. Benjamin, noted feminist theorist and psychoanalyst, is a faculty member and supervisor at New York University Post-Doctoral Psychology Program in Psychoanalysis and Psychotherapy. Her books include **The Bonds of Love** (1988), **Like Subjects, Love Objects** (1995), and **The Shadow of the Other** (1998). She’s the associate editor of *Studies in Gender and Sexuality*.

Arnold Goldberg, MD

“Form versus Content”

Dr. Goldberg is the Cynthia Oudejans Harris Professor in the Department of Psychiatry at Rush Medical College in Chicago and a Training and Supervising Analyst at the Chicago Institute of Psychoanalysis. He has been Editor of *Progress in Self Psychology* since 1985, and *Errant Selves*, recently published by the Analytic Press. His numerous articles and books include **Being of Two Minds** (1999). He’s also a five time winner of the Benjamin Rush Award for Excellence in Teaching at Rush Medical College.

Eda Goldstein, DSW; Kenneth Newman, MD; Marian Tolpin, MD

Panel: “All Roads Lead to Rome, or Do They?”

Case Presenter: Adelle Kaufman, I.CSW

Dr. Goldstein, Director of the PhD program in Clinical Social Work at New York University Shirley M. Ehrenkranz School of Social Work, is a consulting Editor to the *Clinical Social Work Journal* and *Psychoanalytic Social Work*. She’s a

National Academies of Practice, Distinguished Scholar. Her most recent book is **Borderline Disorders: Clinical Models and Techniques**.

Dr. Newman is a Faculty Training and Supervising Analyst and Dean at the Institute for Psychoanalysis in Chicago. He is also the co-author, with Howard Bacal, of **Object Relations: A Bridge to Self Psychology**, and he's written numerous articles on the usable object. Dr. Newman maintains a private practice in Chicago.

Dr. Marion Tolpin is a Faculty Training and Supervising Analyst at the Institute for Psychoanalysis in Chicago. She is also Clinical Professor of Psychiatry at Chicago Medical School. She is an author, teacher, and lecturer on psychoanalysis. She maintains a private practice in Chicago.

William S. Meyer, MSW

"Theory at Play in the Therapy"

Immediate Past President of the NMCOP. He's a Distinguished Practitioner of the National Academy of Practice in Social Work, teaches for the Psychoanalytic Psychotherapy Center of North Carolina and is Director of Training, Department of Social Work, Duke University Medical Center.

Jean B. Sanville, PhD

Panel: "The Good-Enough Fit: Psychoanalytic Psychotherapy and Psychoanalysis as Culturally Sensitive Practice"

Judy Ann Kaplan, MSW; Gail Sisson Steger, PhD; Robin Young, MSSW; Marga Speicher, PhD

Dr. Sanville is a clinical social work analyst in private practice in Los Angeles. She was a founder of the California Institute for Clinical Social Work. She has taught at the UCLA School of Social Welfare, Smith College School for Social Work, and Harvard's Cambridge Hospital. For fifteen years she was the Editor of the *Clinical Social Work Journal*. She continues to write and edit the work of others.

R. Keith Myers, MSW

"The Organization's Unconscious: The Application of Psychoanalytic Principles to Organizational Settings and the People In Them"

President of the Clinical Social Work Federation. He is Vice President of Counseling and Consultation Services for Family Service in Seattle. Currently a board member of the Edith Buxbaum Psychoanalytic Foundation for Children and former board member of the Northwest Alliance for Psychoanalytic Study.

Jeffrey Applegate, PhD

"Re-Presenting Winnicott: New Findings from Infancy Research and Neurobiology"

Professor at the Graduate School of Social Work and Social Research, Bryn Mawr College. He maintains a private practice of psychoanalytic psychotherapy and supervision in Bryn Mawr.

Suzi Naiburg, PhD, MSW

An Interactive Workshop on Clinical Writing

This is a hands-on writing workshop for all levels of competence and degrees of anxiety. Participants will be introduced to three different ways of generating ideas for a clinical paper, presentation or class, each one stimulating a different way of thinking. Participants will experiment with the techniques of clustering and mapping to help launch a writing project.

Suzi Naiburg is a research graduate and member of the Massachusetts Institute for Psychoanalysis. She's taught expository writing at Harvard and clinical writing in the New Directions Program of the Washington Psychoanalytic Foundation in Washington, DC. She's taught similar workshops for MIP, the Northeastern Society for Group Psychotherapy, and IPTAR Clinical Center. She is currently a Social Work Fellow in the Program for Psychotherapy at Cambridge Hospital, a freelance editor and writing coach.

Alex Kotlowitz

"Breaking the Silence: Growing Up in Today's Inner City"

Award-winning author of *There Are No Children Here: The Story of Two Boys Growing Up in the Other America* and *The Other Side of the River: A story of Two Towns. A Death and America's Dilemma*.

See Conference on page 20...

SPECIAL EVENTS

The Consortium Roundtable • Candidates Breakfast
An Evening of Essays • Brown Bag Lunch

Presentation:

Special Honor Award for the Best Student Paper

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Join Us Friday Evening for

TAPAS & JAZZ

With internationally-acclaimed Spider Saloff

Five-time winner of the MAC Award special citation from NARAS, presenter of the Grammy Awards. *The New York Times* says she has "a wicked way with a lyric!"

Psychodynamically trained practitioners must not sit idly by as these misguided and limited ideas, masquerading as scientific truths, proliferate through the mental health and social work communities. To hear others tell it there is this body of antiquated knowledge that might have utility if one is treating a high-functioning neurotic on the couch. We who have benefited from a psychoanalytic education must tell our side too and insure that our clinical knowledge is passed to the next generation of clinical trainees. We must see to it that others learn that a psychoanalytic perspective provides guidance for the assessment and treatment of individuals who possess a wide range of psychological functioning. Moreover, especially within social work, we must carry forth the message that there is nothing that better prepares the clinician, regardless of practice setting, than a strong clinical background rooted in psychoanalytic fundamentals.

I am in a somewhat unique position to know about this because I now work primarily in a front-line position while three capable social work graduate students work by my side. In years past I worked exclusively in the outpatient clinic of the Department of Psychiatry here at Duke, but now I spend most of my time in a Duke clinic that serves high-risk pregnant, mostly poor, minority patients. Would I be able to provide help to our patients without benefit of a psychoanalytic background? Of course, I would. But without this background, how much narrower, I feel, would be my attempt to understand and how constricted would be my ability to meaningfully intervene in these women's lives. How limiting it would be if I didn't understand how seemingly aberrant behaviors were attempts at emotional self-repair? What if I had no knowledge of defenses and the purpose they serve? What if I didn't understand how easy it was for patients to cast me into the role of a transference-based parental object? What if I lacked the capacity to examine my own counter-transference? What if I didn't

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grasp the intense level of shame and guilt many of our patients carried with them, and worse, what if I had little inkling of how, as a self-object, I might respond when faced with such delicate situations? Moreover, how shortsighted would be my goals if I didn't have the knowledge that our clinic provides an essential part of the "holding" environment for our patients so that they, in turn, can begin to psychologically "hold" their soon-to-be-born child. My psychoanalytic background serves my interns and me well as we face the daunting challenges of complex psychosocial casework.

A Fond Farewell

It would have been predictable that I would use my last column as NMCOP President to once again speak about the importance of psychoanalysis and the need for us to make our views visible in the social work and mental health community. As is my wont, when I thought about what should be the focus of this, my swansong article, there were way too many topics vying for contention. Just how do I acknowledge the pleasure and pride I feel at seeing the accomplishments of our fledgling and growing organization? How do I express my deep appreciation for the dedicated hard work of our Board, our Area Chairs, our National Study Group, our Conference leaders, our Psychoanalytic Consortium representatives, and so many of our members? How do I share my excitement when writing for this rich newsletter, when participating in our stimulating conferences or when seeing our organization illuminated on our vibrant web-site [www.nmcop.org]?

No column can provide me with enough space to adequately cover what I would like to say as I conclude my official tenure. I would especially like to note, however, that it has been my supreme good fortune to have had the opportunity to work with so many outstanding individuals. I have been unusually blessed to have been flanked by David Phillips as my predecessor and Barbara Berger as the NMCOP President-elect. They and so many of the other bright, creative people in our organization have enriched me and have come to be my cherished friends. And now, as I reach the end of this particular lap, I see Barbara's hand reaching back to me. With the mixed feelings of pride, sadness from loss and admittedly a bit of relief, I pass the baton confidently from my hand to hers.

William (Bill) S. Meyer

William S. Meyer, MSW, BCD
President, NMCOP

NMCOP

Newly Elected Officers...

Barbara Berger: President

I would like to begin by saying that I am excited and enthusiastic as I begin my term as President of the NMCOP. This organization stands for and works toward the advancement of values core to my identity as a clinical social worker, committed to the principles of psychoanalysis and psychoanalytic psychotherapy. As Education Chair, the NMCOP has provided me with an opportunity to work with CSWE and to be Conference Director for our 8th National Conference. It has been especially gratifying to be President-Elect for the past two years, working closely with President Bill Meyer.

I earned my Master's degree from the University of Chicago in 1979, and my Ph.D. from the Chicago Institute for Clinical Social Work in 1992. I, then, became a founder and the first President of the Advanced Student and Alumni Association for the ICSW. At present I have a full time private practice and teach at Loyola University Chicago, Graduate School of Social Work in both the master's and doctoral programs. On the faculty of the Institute for Clinical Social Work, I am the Dean of Admissions, and I teach, supervise and consult on dissertations.

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Aims & Purposes of the NMCOP

- To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.
- To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.
- To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.
- To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.
- To advocate for the highest ethical standards of practice and for quality mental health care for all.

The challenges of speaking and writing have also added an interesting dimension to my professional life. I've written articles that have been published, or are in press, for the *Clinical Social Work Journal* and the *Journal of Analytic Social Work*, as well as a book review for the *Child and Adolescent Social Work Journal*. My volunteer professional activities began with participation on, and eventual chairmanship of, the Education Committee for the Illinois Society of Clinical Social Work. In 1994, I was elected President of the Illinois Society and was re-elected in 1996. On the Board of the Clinical Social Work Federation, as the representative from Illinois, I was on the Finance Committee, the Continuing Education Committee, the New Professional Development Committee, the Membership Committee, and became the Assistant Editor of the *Managed Care News*. In 1996, I was elected Secretary of the Federation and served on the Management Committee. In 1997 I was asked to Chair the Program Committee for the 1999 National Conference in Washington DC. and in 1998, I was appointed Chair of the New Professional Development Committee for the Clinical Social Work Federation. In the spring of 2000, I was invited to participate at the National Institute of Mental Health in the development of a manual on the subject of prevention and psychotherapy. And, most recently I was honored to become a Distinguished Practitioner in the National Academy of Practice in Social Work.

I look forward to getting to know as many of our members as possible and working closely for you and with you all.

Judy Ann Kaplan: President-Elect

Judy Ann Kaplan, MSW, CSW, BCD, the President-Elect, is a Distinguished Practitioner of the National Academy of Practice in Social Work, a former Member of the National Study Group on Social Work and Psychoanalysis where she served as Chair, Co-Chair and participated in many Preconference Days on Supervision, served as Chair of a study on membership and on a committee chaired by David Phillips on standards.

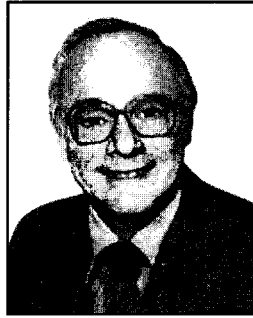
She has participated in all of the Committee Clinical Conferences as a Keynote Speaker, a Presenter, a Moderator and Introductory Remarks, as well as assuming the role of Faculty Relations Chair and Program Chair.

See New Officers on page 22...

Herb Streaan

It causes us great sadness to announce that on June 25th Herb Streaan died at the age of seventy. He had been through a heroic battle with melanoma, diagnosed only about 6 months prior to his death. In many ways, the final stage of Herb's life was a microcosm of his being — he was vital, interested in others, and retained his love for humor. He also was passionate about his work throughout his illness. He went on writing and presenting and even gave a well-received workshop for the Institute for Psychoanalysis and Psychotherapy of New Jersey (IPPNJ) in March on self-disclosure, a topic of great interest to him recently. Few in the audience would know that he was so ill. Toward the end of this period he made a monumental effort to continue as an analyst and supervisor. He mentioned that in the days left to him, the time spent with his patients and supervisees in the treatment room was when he felt most vital and had the one respite from his symptoms.

Herb was an influential figure in the world of both social work and psychoanalysis, in which he was involved for almost fifty years. He was extraordinarily prolific, wrote a multitude of articles and books, was editor of several journals, and presented at an inestimable number of conferences during that time. His career was largely inspired by the underpinnings of social work that ultimately melded with his passion for psychoanalysis. He began in an undergraduate social work program leading a group of children in Harlem as a Big Brother at the Jewish Board of Guardians, became a distinguished professor at Rutgers School of Social Work in which he taught for twenty years, was on the editorial board of the *Clinical Social Work Journal*, and later was director of the New York Center for Psychoanalytic Training (NYCPT) for a number of years thereafter. When he retired from Rutgers to become director of NYCPT he remained loyal to his social work roots. Herb hated pretense — perhaps that is partly why he tried to deal with the elitism that has often been linked to psychoanalysis. In his new position as director of NYCPT he applied for a grant, and attempted to organize analytic candidates to do intensive therapy with minority groups. At the same time, in the realm of social work his ideas often provoked controversy



because he wove many psychoanalytic principles into social work concepts — and he held strong opinions about the need for this merger!

Herb was a prominent figure in the advancement of analytically oriented clinical social work during the decades when this orientation was losing popularity. Upon retirement from Rutgers in 1988, he was interviewed by Dr. Richard Alperin for the *Clinical Social Work Journal* (volume 16, summer 1988) regarding his feelings about social work education. Herb was asked why there seemed to be an anti-psychoanalytic orientation in most graduate schools of social work. He said that analytic theory raised provocative issues that triggered defenses in educators, just as they activated defenses in Freud's time. Herb's more recently expressed feelings about these issues were similar, with the added comment that social work education was becoming even more negative about analytic ideas — managed care's undesirable

influence on the psychotherapy field in general was ultimately most devaluing of psychoanalysis. In light of these issues, he greatly endorsed The Clinical Social Work Federation and the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP). He viewed the NMCOP as a haven for clinical social work psychoanalysts, providing them with a means of defining an identity, motivating them to further their education and training,

raising their level of sophistication as practitioners, and promoting parity with psychologists and psychiatrists who practice psychoanalysis. He also was on the advisory board of The American Mental Health Alliance of New Jersey (AMHA-NJ), an organization that aggressively confronts managed care and has a membership of licensed clinicians with varied backgrounds.

Herb said that his own background led him to easily identify with children, in their plight as underdogs in a world of powerful adults. He had begun his career in a setting with minority youngsters and soon after worked as a camp counselor with disturbed youths. He mentioned that these early experiences helped to form his conviction that he was best suited to social work, a field in which he could be most effective helping youngsters. These feelings about children were revealed in the fact

"In order to appreciate the struggles and vulnerabilities, as well as the wishes, hopes, loves, and hates of our patients that very much influence how they respond to our help... we have to be in tune with 'the child' in them and 'the child' within ourselves."

- Herb Streaan,
Don't Lose Your Patients!

that Freud's "Case of Little Hans" was one of Herb's favorites for teaching about psychoanalytic theory. He went beyond that to write a paper, "A Family Therapist Looks at Little Hans," to tie Freudian ideas to systems theory.

If you knew Herb you knew the kid in him, most obviously through his humor. As a teacher his playfulness was reflected in the way he made learning fun (he said that one of his greatest sources of professional gratification was found in sensitizing social work students to analytic concepts). Students knew to register early for his Rutgers courses — they also knew to laugh at his jokes (including the corny ones) if they wanted to receive "A's"! In Herb's classes, anonymous cases became real people with whom students could identify, and patients' dynamics were woven into vivid stories, making analytic principles come alive. Herb's energetic ways also filtered through his role as supervisor. He could hone down the shape of a case to reach its core with awesome speed. He was skilled at facilitating a supervisee's leap from the depths of the id to the real side of life. He stressed that you must be ready to be at one time a family therapist and at another a behavior modifier, in order to "reach the patient where the patient's at."

Herb's viewing patients on a continuum in some ways also reflected his playful perspective: in the psychotic's word salad he saw elements of all of us, and how we must be able to accept the crazy parts of ourselves in order to love the patient. He strongly believed that it was our capacity to feel this oneness with the patient by blurring the diagnostic lines that made us better clinicians.

One of his favorite pieces of evidence for this idea was found in his research paper that found that first year social work students were the best therapists for inpatient schizophrenics, because they lacked the preconceptions about psychopathology that more seasoned clinicians have.

Humor energized Herb up to the very end of his life. While under hospice care, he told his wife he got his last laugh from a favorite joke that a friend left along with a final good-bye. On a personal note, I was greatly touched when Herb asked me, in his dying days, to speak at his funeral. He had asked others to share comments, each person representing a different side of Herb and reflecting a varied aspect of his life. I was struck with the sense that even as he was dying he had the vitality to create a funeral that embodied whom he was — the funeral was multifaceted, as was Herb, and it had the quality of a celebration of life (Herb always loved a good party)! As teacher, supervisor, analyst, mentor, writer, editor, presenter or leader, Herb was influential, and in the spirited way in which he faced death he was inspirational. We will miss him. ■

- Laura Arens Fuerstein, MSW, LCSW

Fellow, NMCOP; certified psychoanalyst, graduate of NYCPT; faculty member and supervisor, IPPNJ; author of a number of articles and chapters published in professional journals and books. I am presently completing my dissertation for a PhD in clinical social work at New York University, and I have a private practice in Highland Park, New Jersey.

In the Winter issue:

- Study Group Articles
- Book Reviews
- Conference News
- Special Pull-Out Edition
- Message from the New President-Elect

Deadline for submissions is January 15, 2002.

 **ICAPP**
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“Learning Disabilities and the Development of the Sense of Self”

Other Areas of Interest:

Joyce Edward MSSA

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Constance Goldberg, MS

“Remembering Kohut: A Personal and Professional Reminiscence”

David Phillips, DSW

“The Danger of Boundary Violations in the Treatment of Borderline Patients”

Ellen G. Ruderman, PhD

“Women Shaping Their Destinies: Psychoanalytic Perspectives and Contemporary Clinical Portraits of Self-Devaluation and Fear of Success”

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presented NMCOP with a bill of approximately \$45,000. The state of New York would have taxed us 8¼% of that had it not been for the National Institute for Psychoanalytic Education and Research (NIPER). NIPER is that part of our organization which provides tax exempt status for our educational programs.

While membership dues provide seed monies for getting a conference started, the remaining conference bills are covered by members' registration fees. Nevertheless, it is also important to be savvy as to how to make our monies work for us, including what can and cannot be taxed. In essence, NIPER is a tax-exempt structure allowing NMCOP to provide educational opportunities to its membership at a reasonable cost.

Awareness of the need for tax-exempt status for organization events came with the first NMCOP conference in New York, 1988. After that conference, organizers were stunned when they realized that taxes had to be paid on the expenses of the conference. Keeping in mind the goal of NMCOP to educate the membership, organizers sought tax exempt status under our association with Federation. Federation already had a tax-exempt structure (FACET) which NMCOP was permitted to utilize for the next three conferences (New York, 1990; Los Angeles, 1992; New York, 1994). As NMCOP grew and became more autonomous, our own tax-exempt framework was sought. NIPER was first implemented with our conference in Seattle, 1996, and again for the 1998 New York conference. While we have been able to utilize NIPER for these two previous conferences, it is still important to be mindful that NIPER is dependent on the tax laws of the state in which a conference is held. Since laws for tax exemption vary from state to state, it is conceivable that a state may not honor our tax exempt structure.

Though NIPER may seem to be a silent partner with NMCOP, it has been an especially important one for the membership. As past-president David Phillips succinctly stated, “NIPER is a tool of NMCOP. It allows us to offer the membership reasonable fees for conferences and the most efficient use of our money for developing educational programs...” In the future, application of NIPER's tax-exempt status may include more than just conferences as administration re-evaluates NMCOP's various educational endeavors. ■

- Dale W. Dingleline, PhD



8th National Conference

Representations & Re-Representations: Psychoanalytic Reflections

Friday, March 8 to Sunday, March 10, 2002
Holiday Inn City Center • Chicago, Illinois

Keynote Speakers:

Jessica Benjamin, PhD
Arnold Goldberg, MD
Eda Goldstein, DSW
Kenneth Newman, MD
Marian Tolpin, MD
Alex Kotlowitz, *Award Winning*
Author and Luncheon Speaker

The NMCOP is affiliated with the Clinical Social Work Federation
Sponsored by NIPER
Conference Director, Barbara Berger
Program Chair, Judith Newman

Early Bird Registration Form

The 8th National Conference of the NMCOP • Chicago, Illinois • March 8-10, 2002

Please type or print legibly, one form per person. Photocopy extras if needed.

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Address: _____
City: _____ State: _____ Zip: _____
Phone: (W) _____ (H) _____
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Early Bird Conference Registration: Member: \$265 Non-Member: \$305

Early Bird Deadline: October 15, 2001

Include check payable to NIPER and mail form and check to:

Betty Melton & Associates
6912 Main Street, Suite 10
Downers Grove, IL 60516
Phone: 630.241.2363 • email: bmeltonassoc@earthlink.net

She is a Fellow of the NYS Society for Clinical Social Work. She is a Fellow, Past President, and is on the Board of Directors of the Council for Psychoanalytic Psychotherapists (CPP).

She is on Faculty and serves as Supervisor and Member of the Institute for Psychoanalytic Training and Research (IPTAR). She has served as In-service Chair of the Institute's clinical center, served on the Board. She currently is on the Society's Board and serves as Publications Chair. She is a Training Control Analyst, Senior Supervisor, and Member of the National Psychoanalytic Association for Psychoanalysis (NPAP). She also plans and teaches a Supervisory course for Institute graduates. She is a Supervisor at the Institute for Contemporary Psychotherapy (ICP) and is a Diplomate of the American College of Forensic Examiners. She has worked in the areas of foster care and adoption, is a Member of the International Psychoanalytic Association (IPA), and is in private practice in New York City.

.....

Terrie Baker: Treasurer

Terrie Baker is a clinical social worker in private practice in Chapel Hill, NC, with a focus on psychoanalytic psychotherapy. After a career in a scientific field, she decided to return to school and get her MSW, which was awarded in 1996 from University of North Carolina School of Social Work. During her second year there, she also took the Introductory Course for the North Carolina Psychoanalytic Psychotherapy Study Center (NCPSPC). She was awarded the Rubin Blanck Award for rising second year clinical social workers in 1996.

After graduation, she worked at Duke University Medical Center for one and a half years as the social work liaison for three multidisciplinary organ transplant teams. Ms. Baker did assessments of individuals and their families to determine suitability for organ transplant focusing on the financial and emotional burden often associated with organ transplant. She worked with individuals and groups for those waiting or having received an organ transplant. During this time, she also completed the Advanced Program with the NCPSC. She is currently a candidate in the Duke-UNC Psychoanalytic Education Program an Institute affiliated with the American Psychoanalytic Association.

Ms. Baker has been a member of the NMCOP since 1996 and has served as Treasurer for four years. She is also Co-Chair of the North Carolina Chapter of NMCOP, Treasurer for the NC Psychoanalytic Foundation, and has worked on the Program Committee for the North Carolina Psychoanalytic Society.

Dale Dingledine: Secretary

Dale Woods Dingledine received her Ph.D. in Clinical Social Work (2000) from Smith College School for Social Work, and her M.S.W. from the University of South Carolina. She has taught with the Adjunct Faculty at Smith College School for Social Work, and the Post-graduate Center for Clinical Studies, Atlanta.

Dr. Dingledine has lectured extensively for the South Carolina Society for Clinical Social Work, the National Association of Social Workers — South Carolina Chapter, The University of South Carolina, and the South Carolina Department of Mental Health. Her particular areas of interest are comparative psychodynamic theories, the effects of parental pathology on children's growth and development, and in working with patients with personality difficulties.

Currently, Dr. Dingledine maintains a supervision and private practice in Greenville, South Carolina, in addition to acting as Secretary, NMCOP. ■

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Additional Information:

My preferred mailing address is home office.

I am a new member renewing member.

I am a member in good standing with the following state Clinical Society:

Please include me in the membership directory, and list my home office (you may check both) information.

Membership Category:

Membership runs from January 1 through December 31 of each year. Membership in a state Clinical Society is required. or in the Clinical Social Work Federation if there is no local state society in your area.

\$55 General Member

\$45 Retiree

\$40 Student (Please send a copy of full time MSW student ID)

\$45 Friend (Open to those who are otherwise ineligible to join their state Clinical Society or the CSWF)

Please join before March 31, 2001, to be included in the 2001 Membership Directory.

Mail Application & Dues to:

Anne Gearity, MSW - Membership Chair
2904 Humboldt, Avenue S, Minneapolis, MN 55408

Questions? Contact Anne Gearity at 612.825.7200 or gear002@tc.umn.edu

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