

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

Aligned with The Clinical Social Work Federation

Fall 2003

## Thanks for the Memories

I suppose it is natural to think of beginnings at times of endings. This is the ending of my term as President of the National Membership Committee on Psychoanalysis and my final President's Message. It's been an amazing journey filled with challenges and joys.

It was seven years ago that I joined the Board of this organization as Education Chair and attended my first NMCOP Executive Board meeting. David Phillips was President at the time; Bill Meyer was President-Elect. Though it may seem an odd reaction—I loved it! After all, who loves Board meetings? They tend to take long hours, and oscillate between topics full of passion and laborious issues. At the end of the day, you leave a windowless room completely exhausted, spent from the effort and energy to make sense of it all.

NMCOP was really different; it felt like coming home. I found myself with a group of clinical social



### **NMCOP PRESIDENT**

*Barbara Berger, PhD*

workers invested in a common goal, the study and advancement of psychoanalytic theory and practice. With a mutual respect between psychoanalytically informed clinicians and social work psychoanalysts, the subject areas of education and practice are the exclusive focus of this group. Not caught in the mire of administrative issues or politics, the discovery of the NMCOP as a group dedicated to training and practice felt like an oasis. Working with this Board has been intellectually and personally rewarding. It's accomplishments are incredible because of the hard work and commitment of this group. I'd like to take this opportunity to thank the many people who have contributed their time and effort and the general membership for its participation and support.

In March 2002, the NMCOP sponsored an extremely successful national conference in Chicago. Executive co-committee chairs, Marcia Adler and Erika Schmidt, and program chair, Judith Newman led a congenial and enthusiastic group

*See President's Message on page 6...*

**NMCOP —**  
*rooted in the past, focused on the  
present, looking toward the future*

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# FROM THE PRESIDENT-ELECT

Judy Ann Kaplan

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In this last letter as your President-Elect I would like to describe some of the exciting challenges we met over these last two years, and how much we have accomplished, thanks to the hard work of the Board, the Area Chairs, and you, our members. The accomplishments are particularly bittersweet because they come alongside the dark shadow cast by September 11, and the recent loss of our valued colleague and friend, Gail Sisson-Steger.

I reflect ruefully on the fact that, due to Barbara Berger's illness, I had a little more on-the-job training than I had counted on. Fortunately for all of us, Barbara's bypass surgery went very well, and she is "back in the saddle again, back where a friend is a friend."

She is again well, and leading us with her ebullient, perceptive, wonderful, dedicated, conscientious, and sound leadership. I cannot tell you the extent to which Barbara's guidance and levelheaded leadership have enabled me to find my own balance, and I thank her for her full support. I was fortunate in having Barbara at my side, and I only hope I can do as much for Marsha Wineburgh, our incoming President-Elect.

I feel privileged to have been your President-Elect, to have served on the Board, and to have chaired the Area Chair Meetings. The opportunity to chair these meetings has given me the unique experience of meeting with intelligent, dedicated, thoughtful, sensitive leaders from all over the country, each knowledgeable and excited about the activities in his or her area, and eager to spread the message of the NMCOP. The individual and collective wisdom of the Area Chairs has been inspiring. They do serious work, yet also have the capacity to see the humor in things and to laugh. This is a magnificent gift.

## **Thanks to the Area Chairs:**

**Karen Baker** in Michigan, for working in her outreach program for graduate social-work students at the University of Michigan on the integration of social work and psychoanalysis into a meaningful social work practice. Karen also has taken over as NMCOP Secretary, and has already shown talent for this difficult job, which is crucial to a well-functioning Board.

Thank you to our last Secretary, Dale Dingledine, who kept stellar records of our history. I thank her for this, as well as for the pleasure of working with her in that capacity.

**Cathy Krown Buirski** in Colorado, for keeping the NMCOP flag waving high in her area. It is always an ex-

citing experience when Cathy makes a presentation at our Conferences. Her interview of Francine Cournos for our next conference can be found elsewhere in the newsletter.

**Ellanor Toomer Cullens** in Georgia, for working so hard as Member-at-Large of the Board, as Public Relations Chair for NMCOP, and as a paragon of an Area Chair. Ellanor consistently brings creativity and enthusiasm to her exploration of new ways to attract and vitalize members in her area. Ellanor also pulls together the Area Chair reports for the newsletter, and serves as the Administrator to help get the reports to you. Ellanor is now the Small Group Member-at-Large, and brings her energy and ideas and commitment to the Board.

**Margaret Frank** in Massachusetts, for her magnificent efforts as former NMCOP President, for her many creative and inspiring presentations, and for the prestigious presence she provides in Boston's academic community and beyond.

**Ellyn Freedman** in Florida, for developing the marvelous chapter program, "Couples System and Self: Expanding the Structure of Therapeutic Impact." Ellyn is also a vigorous advocate for equivalency in psychoanalytic standards.

**Velia Frost** in Northern California, for her enthusiastic and successful efforts to revitalize her chapter. Velia has a strong commitment to the NMCOP educational process and to creating a safe space for the presentation of ideas.

**Hilde Gasiorowicz** in Minnesota, for taking over as Chair from Laurie Curtis, who had also been our excellent former Membership Chair, and for providing a true spark for our organization in the Upper Mid-West. Hilde presented a two-part series on "Working with Dreams," among other events of note.

**Betsy McConnell** in Washington State, for her outstanding work on the five-evening series "Luminous Psyche: Selected Films of Max Ophuls," which created a shared emotional experience around the films of a great European master, a new audience for thinking analytically about film; and a new model of presenting films by pairing psychoanalytic therapists with local film scholars. This is truly an outstanding contribution to the field.

**Sydney Miller** in Illinois, for agreeing to take on the job of New Professionals Chair soon after she became the Illinois Area Chair. She has been working toward a series of reading study groups based on *Fostering Healing and*

*Continued on facing page...*

*Growth: A Psychoanalytic Social Work Approach.*

**Ellie Mushka** in New Jersey, for being a model as the first Small Group Member-at-Large, exploring the various roles which holders of this office can fill, and initiating the liaison relationship in a way that helped both the Board and the Area Chairs. Ellie has also taken on the invaluable task of Treasurer for the 2000 and 2004 Conferences.

**Ellen Ruderman** in Southern California, for being an extraordinary Area Chair, setting a standard in her area for us all to strive for. "A Morning with Patrick Casement" is only the latest in a long series of excellent meetings developed in Southern California. In addition to her own publications, as first Board Member-at-Large from a larger group Ellen has made major contributions and has served as a leader and advisor to NMCOP in many different areas. Ellen has also interviewed Patrick Casement, a keynote speaker for our next conference (see page 18).

**Marilyn Schiff** in New York, for her work in revitalizing the New York State Area, developing a series of excellent small workshops jointly with the NYSSCSW. She has been working toward increasing the role and significance of each Area Chair. Marilyn is also the Large Group Member-at-Large. Marilyn has, in myriad ways, been an invaluable member of the Board as an Area Chair, and as a contributor to our conferences. Her voice is always respected and she never shirks from taking on any task that needs attention. Her support has made my job manageable, and greatly enriched my role as President-Elect.

**Cathy Siebold** in Maine, for being a steadfast NMCOP presence in the northeasternmost corner of the country, for her many enlightening  
*See President-Elect on page 28...*

## from the Editor...

Donna Tarver,  
Editor



As the Newsletter goes to press we saying are goodbye to Barbara Berger as our NMCOP President and welcoming Judy Ann Kaplan as our new President. Barbara has served us so capably and generously as President and Conference Chair and will remain on the Board as Past President—an important advisory position. We are fortunate to have Marsha Wineburgh joining us as our new President-Elect. We are sadly saying goodbye to Bill Meyer who will be leaving our Board after serving many long years as Treasurer, President, Committee Chair and other positions too numerous to mention. Thanks to Bill for his wisdom, dedication, determination, and grace. His support of this Newsletter has been crucial in its development as a first rate publication and his personal support to me as editor invaluable.

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 all contributors to this issue: Barbara Berger, Cathy Krown Burski, Ellanor Toomer Cullens, Jane Hall, Judy Kaplan, Miriam Pierce, Ellen Ruderman, Marilyn Schiff, and Diana Siskind. Thanks to the Clinical Social Work Federation for permission to reprint the Hall, Pierce and Siskind articles. ■

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### **Please address the newsletter at:**

NMCOP Newsletter • Donna Tarver, Editor  
5924 Royal Lane, Suite 216, Dallas, TX 75230

**Fax:** 214.692.6572 **Phone:** 214.691.2171

**E-mail:** DFTarver@msn.com

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## Learning From Our Mistakes: Beyond Dogma in Psychoanalysis and Psychotherapy

by Patrick Casement

The Guilford Press, New York, London, 2002, ISBN 1-57230-817-6

(Reviewed by Joyce Edward, CSW, BCD)

Readers who are familiar with Patrick Casement's earlier books *On Learning from the Patient* (1985) and *Further Learning from the Patient* (1990), as well as his recent article "Learning from Life" (2002), already know how generously and skillfully this life long student of psychoanalytic theory and technique shares what he learns.

In *Learning from our Mistakes*, Casement considers as his title suggests, how we can learn from our clinical errors. He calls attention to several commonly made mistakes; suggests ways some of these may be avoided and considers through rich case examples how errors may be dealt with when they occur. He also shows how certain mistakes are an essential part of the analytic process itself, a topic to which I shall return. It is impossible not to err. The important thing, according to Casement, is that we think about our errors both before and after we make them, for as he demonstrates there are important things to learn from them.

Some of the other common errors that Casement points out are a too dogmatic or too tentative approach on the part of the analyst or on the other hand a failure to be sure enough or open enough; a failure to recognize a patient's criticism and respond to it; an inappropriate flexibility or excessive rigidity; as well as a need on the part of the analyst to be overly helpful to his or her patient. What makes Casement's consideration of these and other

# Book Film

R E V I E W S



errors so valuable are the detailed clinical examples he offers. He gives us the opportunity to "follow" him as he carefully "follows" his patient. He shares his patient's contributions as well as his own inner cognitive and affective responses to them, allowing us to see how his understanding develops in collaboration with his patient, and then how he shares his thoughts with his patient. One is not left in this book as one sometimes is with other analytic writings, with the question "what did this analyst actually say to the patient?"

Casement reminds us that the most serious therapeutic errors that

*The Newsletter welcomes reviews of books and films relevant to membership concerns, and members who author books and/or chapters are encouraged to contact Diana Siskind, Book Review Editor, upon publication. Diana Siskind, MSW, 321 W. 78 St., Apt. 1E, New York, NY 10024  
Phone/fax 212.787.6669  
Dwsiskind@aol.com*

Diana Siskind

**BOOK REVIEW EDITOR**



analysts make can generally be traced to countertransferences, both personal having to do with our own sensitivities and internal world and what Casement has termed as "diagnostic countertransferences." By the latter he is referring to those feelings, thoughts, or actions which occur despite our conscious intentions and which are inconsistent with our usual analytic attitudes and practice. It is these latter countertransferences, which Casement suggests may have something to do with our unconscious role responsiveness (Sandier, 1976) and/or projective identification (Klein, 1946) that Casement sees as often providing valuable clues to what is occurring between patient and analyst.

In a chapter entitled "Re-enactment and Resolution," we are afforded an example of such a diagnostic countertransference. In the case he describes, Casement unwittingly confronted his patient on several occasions with the fact that he had been prepared for a different analysis at the patient's regularly scheduled hour. Casement was deeply embarrassed and concerned. He noted that he must have been preoccupied with something of his own. While not justifying his actions, he shows how his failure to keep his patient in mind led to an understanding of an important aspect of the patient's past. It had replicated a key childhood experience in which the patient had experienced his mother as "dropping" him when his baby brother was born. While the patient himself associated to this childhood experience shortly after these events occurred, Casement did not offer transference interpretations initially. He was convinced that it was essential that the patient feel and express his feelings directly towards him, and that he experience his analyst as able to stay with him and bear his anger

and discomfort. This was something the patient had felt his mother could not do. Only later did patient and analyst begin to attend to the transference use the patient had made of him.

Another case example that the author offers to illustrate his approach is in a chapter entitled "To hold or not to hold a patient's hand: further reflections." This work was also described in Casement's 1985 and 1991 books. Over time a number of analysts have seriously criticized the way in which he treated his patient (*Psychoanalytic Inquiry*, 2000). Some thought him to be too rigid and insensitive to his patient's needs. Not all discussants have disagreed with his handling of the situation, but clearly one analyst's idea of a sound therapeutic approach may be another's analyst's idea of a gross error.

Casement has taken the opportunity in his new book to revisit this case and to clarify his therapeutic approach to this woman who had demanded that he hold her hand, should her anxiety prove overwhelming. He shows in this chapter how his decision not to do so was not the result of any rigid adherence to a classical analytic stance, but rather was determined by a careful following of the patient's communications. He came to realize (with much thought and some consultation) that if he held her hand, he would avoid the patient's rage and regression, but to her detriment. By not doing so, the patient now had the opportunity in the treatment to express for the first time her neediness, her rage, and her despair, which she was convinced that neither her mother nor her analyst nor anyone else could survive.

Whether Casement's reconsideration of his treatment of this patient alters the views of those who have

been critical of his approach to her in the past or not, Casement will leave most readers of this book with a better understanding of how they may learn from their own errors. Students, experienced analysts and supervising analysts (one chapter is devoted to psychoanalytic supervision and its promotion of autonomy in the candidate) will come away from their reading, having learned much from Casement's way of dealing with his not knowing, from the way he "follows" his patients, from his openness to learning from them and from his careful monitoring of his own efforts. They will be reminded of the importance of considering their ways of working from the patient's point of view, and the value of providing space for the patient as well as avoiding impinging on the patient. Perhaps most important of all, Casement's courage not only in facing his own therapeutic errors but in sharing them with his colleagues should make it easier for analysts to confront their own mistakes and find ways to put them to good use. ■

*Joyce Edward is a Distinguished Practitioner of Social Work, National Academies of Practice; Past Co-Chair, National Study Group of the NMCOP; and Training and Supervising Analyst at*

*the Society for Psychoanalytic Study and Research and at the New York School for Psychoanalytic Psychotherapy. She is the author of many articles, books, and chapters on analytic social work including co-editing two books developed by the National Study Group of the NMCOP.*

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## 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*

through four days of stimulating and provocative papers, panels and workshops. I cannot imagine a more exciting project in which to take part. Nothing could feel better than working closely with friends and colleagues, over time, for a good purpose, to produce a product of quality.

Also in the first year of my term, the Board decided to purchase Jason Aronson's remaining copies of the Jean Sanville and Joyce Edward book, produced by the Study Group, *Fostering Healing and Growth*. Members of the Executive Board and the Areas Chairs on the Advisory Board participated in a plan to be sure that this publication received the attention it so deserved. Copies of the book have been distributed for use in classrooms and study groups across the country.

Working with David Phillips, Crayton Rowe, Bill Meyer, and Judy Kaplan as our representatives to the Consortium has been another amazing experience. The Consortium has finished its work on the creation of standards for the accreditation of training institutes and has spun off another group. The Accreditation Council on Psychoanalytic Education is composed of members from the component organizations and we are well represented by Crayton Rowe, Rosemary Gaeta, and Joyce Edward. I feel honored to continue in the position of liaison between the two Boards.

The NMCOP has also been working with the American Board of Examiners toward the creation of a specialty credential for social work psychoanalysts. An incredible amount of effort has gone into the completion of a position paper that will be used as the foundation for the ABE Board to establish the standards for and make available the credential itself. The NMCOP was represented in the work group as invited committee members along with ABE Board members, some of whom are also NMCOP members. Joyce Edward was the consultant and Cecily Weintraub was chair of a committee including Chad Breckenridge, Cathy Krown Buirski, Jim Engelbrecht and Bill Meyer. The final version included the additional work of Elizabeth Horton, Crayton Rowe, Dennis Shelby, Howard Snooks and myself.

Jerrold Brandell and Carolyn Saari have been the two consecutive chairs of the Study Group during my Presidency. The production of *"Why Am I Here? Engaging the Reluctant Client"* came to production by the hard work of Carol Tosone and Caroline Rosenthal as a co-operative effort with New York University, Ehrenkranz School of Social Work. This extraordinary accomplishment is being used as an educational tool by CSWE as well as at conferences, and is now available for purchase. It is an incredible achievement.

Finally, we have a new means of communication between members nationally. Joel Kantor organized and manages our new email list serve. Maintaining coherence and connection in a national organization is difficult. With this tool our members are offering important information to each other, finding resources and referrals.

This has been a tremendous experience for me and I want very much to thank everyone who has been a part of NMCOP for the opportunity to serve as your President. Since, as I said at the start, it is natural to think of beginnings at times of endings, I wish Judy Kaplan the best in her new role as incoming President. ■



**NMCOP**

# Gift Memberships

Looking for a unique and meaningful gift for colleagues on those special occasions—personal appreciation or professional recognition, graduation, honors, birthdays, holidays?

Then consider extending the gift of membership! *Gift Memberships* are available for \$15.00/one year\* to introduce prospective members to any of the four categories of NMCOP membership. To activate your gift(s): 1) Complete an NMCOP application form in the name of the recipient(s); 2) check the appropriate level of membership and note that this is a *Gift Membership*; 3) add your name and basic contact information; and 4) enclose your check for \$15.00 per *Gift Membership* made out to NMCOP. A card will be sent to the recipient from NMCOP announcing your gift.

The number of colleagues you may honor is unlimited. With members like you, NMCOP is well positioned to continue to grow, and we **definitely** are growing! ■

*\* Gift Memberships can be used only once per new member, who then will be invited to renew her/his membership for subsequent years.*

# Professional Liability Insurance

Many NMCOP members purchase professional liability insurance through the CSWF-sponsored plan, carried for many years by Bertholon-Rowland Corporation. If you are one of them you may be surprised when next receiving renewal information (usually two months prior to the expiration date of the current policy period) as, beginning with September 2003 renewals, the plan will be administered and underwritten by new companies. One of the notable changes facing insureds is an increase in premium cost, but there are additional and even more important issues to consider. To give you a "heads up" and steer you in your timely personal planning the Public Relations committee has done some limited research regarding the most prominent changes, in consultation with both the present and the new companies involved. We hope that the information in this article will be helpful in your decision-making, and encourage you to comparison-shop with other plans if interested in doing so. Before making any changes we urge you to read and familiarize yourself with the policy you currently hold, compare pertinent points with the information available on the prospective new policy(ies), and contact customer service departments for further clarification. This article is intended to provide general information only, not to endorse a policy or advise you as to your decision regarding professional liability protection

The changes we are experiencing are precipitated by larger shifts on the corporate level: Bertholon-Rowland is decreasing their involvement in professional liability coverage and is partnering with the new carrier during the transition period, CPH & Associates, Inc., a leader in insuring the mental and allied health fields. Simultaneously the previous underwriter, Chicago Insurance Company/Interstate Insurance Company, no longer will underwrite malpractice coverage for social workers. The new underwriter is Philadelphia Indemnity Insurance Company, considered a leader in this type of coverage and rated "A+" by A.M. Best for financial strength. All companies involved are working for this

transition to be as smooth as possible.

One, if not the most, important change is the type of policy to which this plan is converting. The old policy was a *claims-made* policy and the new one an *occurrence* policy. The essential difference is when claims are covered by the policy. An *occurrence* policy covers those claims that result from *service that was rendered while the policy was in force*, regardless of when the actual claim is reported. A *claims-made* policy covers *claims that happened AND are reported during a covered period of time*. Any claims that come in from service provided prior to the date the occurrence policy became effective will not be covered. To protect

yourself from claims that may arise from previously rendered services that are reported after your old claims-made policy ends and the occurrence policy begins, you must purchase *extended reporting period* or *tail coverage*. Occurrence policies do not cover 'prior acts' nor do they offer an option to purchase coverage to protect prior acts. There are advantages of occurrence over claims-made policies, chief among them that claims generally do not occur the same year that service is provided, therefore an insured is protected into the future *as long as the policy was in effect on the date the incident or service in question occurred*; the policy does not have to be in effect when you are notified of the claim. Thus, you can change insurance plans, or even retire, without concern about the need for additional, ongoing coverage. With a claims-made policy, a clinician

changing policies or retiring would be wise to purchase extended reporting period or tail coverage if s/he wants to be protected against claims filed after the policy expires for incidents occurring before that expiration. A caution to consider seriously is that claims, especially malpractice, generally are made years after the occurrence, e.g., allegations such as *failure to diagnose* may not be discovered for several years. CPH reports that "trends indicate that for any given year of service, an average of 40% of total claims will be reported in the first year..."

*See Insurance on page 8...*

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*The information in this article is provided as a public service*

*to members of*

*The National Membership Committee on Psychoanalysis in Clinical Social Work.*

*If you have additional or specific questions/concerns, please contact directly the websites or customer service departments of liability insurance carriers and underwriters.*

*The contacts for companies mentioned in this article are:*

*CPH & Associates, Inc. at 1.800.875.1911 or www.cphins.com and for Bertholon-Rowland 1.800.727.7770, extension 8589, or www.brcorp.com.*

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30% in the second year... 15% in the third year... 10% in the fourth year, and the final 5% in the fifth year" (CSWF OA Bulletin 6/03).

These figures provide a segue to re-visit a very important consideration as we change policies, to the new CSWF-endorsed plan or to any other. All clinicians who are or have been in active practice should educate and make well-informed decisions regarding the wisdom of carrying *extended reporting period*, also known as *tail coverage* when converting to a different insurance underwriter. This coverage for prior acts protects you even after your policy ends for incidents occurring while that previous plan was in force, *especially* significant when moving from claims-made coverage—even to another claims-made policy. Bertholon-Rowland is offering an extended reporting period option to anyone with an active account with them at the time of this conversion, whether continuing with the plan administered by CPH or moving to another carrier entirely. There are six options, each based on the length of time you choose to be covered for prior acts. Such things to consider in determining which option is best for your practice are statutes of limitations for claims in your state, remembering exceptions such as practice with children and adolescents, exemptions for certain diagnoses, etc. Following are the options stated in terms of length of time for prior acts being covered, then the cost for coverage given as a percentage of the annual premium on your old Bertholon-Rowland policy: one year (90%), two years (135%), three years (150%), five years (175%), eight years (200%), and unlimited time period (225%). Note that there is a one-time purchase of the extended reporting period coverage, the terms of which cannot be changed or amended by the insured at a later date.

In addition to the purported general advantages of professional liability coverage under an occurrence policy, there are other quantifiable improvements with the new plan. Both policies provide *unlimited defense coverage*, paying for company assigned defense counsel and court fees for claims or allegations covered by the policy. The new policy increases coverage for *regulatory investigation defense* from \$2500.00 to \$25,000.00 per policy period for civil investigations and/or licensing board disciplinary proceedings. *Legal fees reimbursement for deposition testimony*, whereby the insured obtains own counsel and pays fees out of pocket, now is provided under the new policy covering legal fees and legal expenses incurred during appearance at a deposition

related to clinical services performed, *not* to include service provided as an expert witness; this re-imbursalment is a maximum \$5000.00 per occurrence/\$15,000.00 per policy period. *Defendant's reimbursements* for actual loss of earnings incurred from attendance at a trial or hearing resulting from an injury covered by the policy pays up to \$500.00 per day to a \$15,000.00 maximum, up from \$7500.00 in the old policy.

The term "professional liability" often is interpreted by insureds to mean coverage against claims of misconduct and/or malfeasance (including negligent acts, error, or omissions) in performing professional treatment services. In both the previous plan and the new one, however, the policy holder(s) is insured as well for general liability in personal injury, bodily injury, and/or property damage related to the performance of professional services. These distinctions commonly are differentiated as *malpractice versus "slip and fall"* situations.

The limits of liability you choose, e.g., the industry standard of \$1 million each occurrence/\$3 million aggregate, apply to both broad types of incidents. Additionally the new plan offers *medical expense and first aid coverage* for the

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client/patient of \$2500.00 per person/\$25,000.00 aggregate, and \$5000.00 for bodily injury and/or property damage to the insured if assaulted, when *accidental injury arises out of professional service rendered by the insured.*

To come full-circle, we return to the issue of cost. The annual premiums for the new plan do represent an increase, coupled with the expense of the advised one-time purchase of extended reporting period coverage. A membership benefit for CSWF members is a 50 percent reduction of the administrative fee at each renewal date; the plan also is available to mental health counselors, school counselors, students, and clinicians who are post-Master's under supervision. All clinicians, whether or not members of CSWF, are eligible for a 10 percent discount on the premium by providing documentation of completing a minimum four hours professional education in risk-management within the 24-month period preceding renewal. As most states require continuing education in professional ethics as a condition of licensure renewal, this qualifies for a price break. Professionals newly licensed for the first time (not those transferring to a different state for practice)

are eligible for a 50 percent premium discount the first year and 25 percent the second.

We mention but a few of the program highlights in the new CSWF-sponsored plan, many of them similar or identical to those offered by other professional liability underwriters, so we re-iterate that it is important for you to familiarize yourself through information provided by the carriers or administrators of a plan before deciding what is the best choice for you. Assuredly the self-selected NMCOP membership strives for the highest standards of practice and adheres to the CSWF *Code of Ethics*, yet we find ourselves in an environment increasingly both risky and litigious. Purchasing insurance of any type always is a gamble against the need to utilize your coverage; no one wants to be under-insured in the event a catastrophic situation were to emerge, neither do we want to be "insurance-poor," but to find a livable, workable balance. ■

~ Ellanor Cullens, Chair  
*ad hoc* Public Relations Committee



## Vision in Practice

The ICSW is the first and only fully accredited, independent graduate school in the country offering a PhD in Clinical Social Work. Our commuter-friendly classes, meeting every other weekend, are designed for full-time practicing clinicians. In classroom, research and clinical study, you will work with renowned faculty to gain a contemporary psychodynamic perspective applicable to a broad spectrum of clinical settings.

If your professional ambitions include attaining clinical excellence and expanding your career opportunities by achieving a prestigious degree, you will want to consider our programs. The Institute for Clinical Social Work was developed 20 years ago by Arnold Levin and Joseph Palombo along with other leading social work clinicians and scholars to fill the gap in clinical education. For more information about the Institute or an open house in your area please call (312) 726-8480, e-mail [icsw@icsw.edu](mailto:icsw@icsw.edu), or visit us online at [www.icsw.edu](http://www.icsw.edu).



THE INSTITUTE FOR  
Clinical Social Work

"I have been transformed by my experience at ICSW. My patients, my agency and my self have all benefited. I now feel part of both a tradition and a clinical community."

LEAH ZONIS, MSW  
ICSW Student

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(312) 726-8480 • [www.icsw.edu](http://www.icsw.edu)

As many of you know, the Area Representatives group, comprised of the chairs of NMCOP's sixteen chapters, convenes on a quarterly basis *via* a conference call moderated by the current president-elect. For the past few meetings we have functioned increasingly in our capacity as Advisory Committee to the Board of Directors, focusing on such tasks as: 'new professionals' and general membership development; 'public relations,' both internal and external; support of the 2004 Conference through promotion, publicity, participation in presentations, and by providing/clarifying continuing education regulations for both our own and all 'orphan' states in our regions; and contributing questions/thoughts/concerns to the 'think tank' of the Board on such issues as credentialing social work psychoanalysts and psychoanalytic psychotherapists and, increasingly, the mutually-supportive relationship of NMCOP and The Clinical Social Work Federation. Through this advisory role the Board has access to information vital to our viability and effectiveness as a

national membership organization—and to a diligent, dedicated 'in-house' workforce to disseminate plans!

Despite this newsletter issue's deadline coming at the beginning of a new program year for many of our chapters—further complicated by the legendary August *Diaspora* of the analytic community—we *do* have a few chapter reports in, with more certain for the Winter issue! As always, if you will be visiting an area with a chapter and are interested in attending their professional education programs (or presenting as part of *The Ambassadors Program*), please contact that area chair through the information routinely available on the back cover of our newsletter.

### California (Southern)

Ellen G. Ruderman, MSW, PhD, PsyD, Chair  
818.784.7090 or [eruderman@aol.com](mailto:eruderman@aol.com)

#### *Reflections 2003-2004 — Clinical Perspectives*

On March 22, 2003, The Southern California Area COP Board and Membership was pleased to host Mr. Patrick Casement, MA, of the British Psychoanalytic Society in A MORNING WITH PATRICK CASEMENT. Mr. Casement

spoke on "Learning from Our Mistakes: Beyond Dogma in Psychoanalysis and Psychotherapy," also the title of his recently published book. At this ongoing series given for the professional community by the Southern California Area COP, Mr. Casement gave an excellent presentation and was enthusiastically welcomed by the clinical attendees, who found the morning conference to be one of great value for their clinical practices.

A Book Signing on June 13 for the newly published book by International Universities Press, *Therapies With Women In Transition: Toward Relational Perspectives with Today's Women*, edited by Jean Bovard Sanville, PhD, and Ellen Bassin Ruderman, PhD, was held at Dutton's Books in Brentwood. The signing was very well attended. The majority of contributors were there to present excerpts from their Chapters in the book, and the clinical audience reflected their enthusiasm for the innovativeness and psychosocial and cultural nature of this clinical book. If anyone wishes to order a copy, they may contact E. Ruderman (818.784.7090) for an order form, or call directly to Dutton's Bookstore in Brentwood.

On June 14, Laurence Green, LCSW/PsyD, presented a most provocative and interesting paper entitled "The Value of Hate in the Countertransference (One Analyst Searches for 'Thirdness')." Discussing this very informative paper was William J. Coburn, PhD, who has written many papers on the subject of countertransference, and who presented his discussion paper entitled "Contextual Views on Countertransference." Both Drs. Green and Coburn are members of the Institute for Contemporary Psychoanalysis. Their clinical presentation was greatly appreciated by the *Reflections 2003-2004* audience.

For many years, the Southern California Area COP has made it a policy to invite analytic social workers currently in the institutes of the L.A. Area to present their graduation works, or other original papers. In that vein, the Committee is excited to present on October 4, 2003, Dr. Concetta Alfano, Psychoanalyst and Faculty of the Southern California Psychoanalytic Institute of Los Angeles. She will present a paper entitled "Traversing the Causura: Attunement in Buddhism and Psychoanalysis." This will be part of the series entitled PSYCHOANALYSIS AND BEYOND: THE CROSS CURRENTS OF SPIRITUALITY, ART, AND CREATIVITY. Her discussant will be Dr. Marjorie Schuman, Member and

Faculty of the Los Angeles Institute and Society for Clinical Studies, and Program Director of the Center for Psychotherapy and Eastern Thought.

Dr. Ellen Ruderman was asked by the Dean of the California Institute for Clinical Social Work, Gareth Hill, to coordinate a panel for the Institute's October 12, 2003, Convocation. The panel was entitled WOMEN IN TRANSITION: SOCIOCULTURAL AND PSYCHOANALYTIC PERSPECTIVES. Appearing on the Panel were Samoan Barish, PhD; Carol Jenkins, PhD; Amy Iwasaki Mass, PhD; Joan Rankin, LCSW; Jane Rubin, PsyD; and Billie Lee Violette, LCSW. All of the aforementioned are chapter contributors to the book edited by Dr. Jean Sanville and Dr. Ellen Ruderman, *Therapies with Women in Transition: Toward Relational Perspectives with Today's Women*. Lisa Halotek, LCSW, on the Executive Board of the Southern California Area COP and a Doctoral Candidate at LAIPS, was Moderator for the day's presentation.

The Committee looks forward to two more exciting presentations in the series. The first (November 22, 2003) is PSYCHOANALYSIS, PSYCHOTHERAPY, AND ART and will have featured as a discussant Dr. Helen Landgarten, Dean and Professor Emeritus of Loyola Marymount College in Los Angeles. Then, in January 2004, we will present INNOVATIONS IN CHILD AND FAMILY THERAPY, honoring one of the earliest of child and family programs in Los Angeles, the Early Childhood Center, and its founder Helen Reid, LCSW, and Program Director (also head of the program Babies and Briefcases) Phyllis Rothman, LCSW. Other clinical social workers are being asked to present and will be listed in future publications for this exciting program.

It has been an exciting and productive year for the Southern California Area Committee, but also a very sad one. We mourn the loss of our dear and esteemed colleague, Dr. Gail Sisson Steger, who passed away in early July. One of the most outstanding contributors to psychoanalysis in the Los Angeles area and to her Psychoanalytic Institute, Los Angeles Institute for Psychoanalytic Studies where she was Dean of Education, Dr. Steger contributed articles to the *Clinical Social Work Journal* and was also on its Consulting Editorial Board. She was a Member of the National Study Group on Psychoanalysis and Clinical Social Work as well as an active contributor early on to the Southern California Area Committee where she presented one of her first papers for the *Reflections* Committee. She will be greatly missed, and we offer condolences to her family, close friends, and so many who were touched by her during her lifetime.

## New York

Marilyn Schiff, MSW, Chair  
212.255.9358

### *The Report on Joint Workshops*

The first year of workshops co-sponsored by the National Membership Committee on Psychoanalysis and the New York State Society for Clinical Social Work proved the popularity of this type of meeting. No matter what part of New York State, whether in Manhattan, Brooklyn, or Sparkill (Rockland County); whether in rain, sun, or fog and snow, the attendance at each of these workshops approximated our goal of 25. Enthusiasm and participation were all we could have hoped for.

On November 3, 2002, Diana Siskind, in the quiet elegance of Roberta Shechter's apartment in Manhattan, spoke on "Some Observations on the Current Nature of Parental Permissiveness and Its Impact on Child Development, the Parental Ego Ideal, and the Treatment Situation" (see page 26). This excellent workshop explored, among others, behaviors so many of us are faced with in patients who arrive in adult treatment with little or no impulse control or, in some cases, socialization.

In March 2003, the Rockland Chapter led by President Beth Pagano and Chapter COP Chair Susan Sobel, showed us that a warm ambience is not dependent on a beautifully decorated apartment, as the large community room of St. Thomas Aquinas College was the setting for Beverley Goff's generous presentation, "Lesbians in Psychoanalytic Theory and Practice." This intimate workshop dealt equally well with the historic and literary treatment of lesbianism, and with Beverley's and workshop participants' own experiences. We were additionally grateful that this workshop was supported by the Rockland Branch Campus of the Shirley M. Ehrenkranz School of Social Work of New York University.

Our third meeting, in June 2003, was held in the strikingly renovated townhouse of the Brooklyn Chapter President, Ethel Barber. John Bliss spoke on "Psychoanalysis of Addiction," an outstanding presentation which was followed by many searching and informative questions from the workshop participants.

All three of these workshops benefited greatly from the presence of Helen Krackow, New York State Society President. All told, they represented the best efforts of Helen, Judy Ann Kaplan, President-Elect of the NMCOP, Marilyn Schiff, New York State Area Chair for the NMCOP and New York State COP Chair, together with the three sets of hosts and presenters, to develop an educational experience in a casual setting conducive to

*See Area Representatives' Corner on page 13...*

24TH SPRING MEETING OF THE DIVISION OF PSYCHOANALYSIS  
OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

FONTAINEBLEAU HILTON RESORT, MIAMI BEACH, FL  
MARCH 18-21, 2004



KEYNOTE SPEAKERS

OTTO KERNBERG  
ROY SCHAFER

TRANSMISSION OF CULTURE,  
CLASS, AND INSTITUTION

The Conference addresses the unique diversity and overlapping boundaries of both psychoanalysis and American society as exemplified by South Florida. Since its beginnings, psychoanalysis has stood at the crossroads of multiple disciplines and at the divide between science and religion, theory and healing. Its greatest thinkers and practitioners have struggled to find the space where the beauty of theory meets the ordinary needs of people in distress. While psychoanalysis has developed a clear and confident voice, its range has been restricted to those who "speak its language." In this century, American psychoanalysis must learn to "speak the language" of a more diverse and culturally transformed society. We welcome the participation of clinicians and researchers, healers and thinkers, to reflect on psychoanalysis and its contributions to the development of our discipline, to the mental health movement, and to our evolving culture.

INVITED PANELS

- Morris Eagle and Doris Silverman: **Authority in Psychoanalysis**  
Susan Coates, Stephen Seligman, and Arietta Slade: **Attachment and Trauma**  
Muriel Dimen, Jay Greenberg, and Donnell Stern: **Conflict Over Conflict**  
Ricardo Ainslie, Neil Altman, Rosemarie Perez-Foster, and Cleonie White: **Stretching the Envelope: Psychoanalytic Engagements with Social Trauma.**  
Lewis Aron, Jessica Benjamin, Steven Botticelli, Steve Cooper, Adrienne Harris, Karen Maroda, Maureen Murphy, Malcolm Slavin, and Melanie Suchet: **Psychoanalytic Journeys: The Education of a Psychoanalyst**  
Néstor A. Braunstein, William J. Richardson, and C. Edward Robins: **Freud on the Edge: "My Wife Martha Believes in God"**  
James Fosshage and Paul Lippman: **Perspectives on Dream Theory and Interpretation**  
Virginia Goldner, Spyros Orfanos, Barbara Pizer, Stuart Pizer, and Donnell Stern: **Interchanges at the Edge: The Analyst's Use of Culture and Context in Creating Analytic Space**  
Harriette W. Kaley, Bertram P. Karon, Oliver J. B. Kerner, Robert C. Lane, Murray Meisels, Arnold Z. Schneider, and Bryan L. Welch: **The Coming of Age: Twenty-five Years of the Division of Psychoanalysis**  
Nancy Hollander, Lucia Villela Kracke, and Waude Kracke: **Institutions and the State in a Time of Terror**

Meeting Cochairs: Andrea Corn (CornPsyD@bellsouth.net) and Antonio Virsida (ARVirsida@aol.com). Information regarding this meeting, including registration materials, is available at the website of the Division of Psychoanalysis (Division 39), [www.division39.org](http://www.division39.org). For additional information, contact Natalie Shear Associates, 1730 M Street NW, Suite 801, Washington, DC 20036, phone (800)833-1354, e-mail [Division39FL@nataliepshear.com](mailto:Division39FL@nataliepshear.com).

a rich interaction. Building on this year's work, we will present Patsy Turrini in Nassau County on November 2, 2003; a March 2004 meeting in Staten Island; and a final, June 2004 workshop in Syracuse.

### Washington, D.C./Baltimore

Sarah H. Pillsbury, MSW, DSW, Chair  
202.332.9508 or [Psarah@aol.com](mailto:Psarah@aol.com)

Sarah Pillsbury, our newest area representative, has been a member of NMCOP for five years. While she is getting her feet on the ground *vis-à-vis* chairing this chapter, I take this opportunity to introduce her to members, based on a recent telephone interview.

A native of Richmond, Virginia, Sarah's educational and professional life has been centered in the District of Columbia locale. She received both her MSW and DSW degrees from Catholic University. Between these two degree programs, she completed the three year *Advanced Psychotherapy Training Program (APTP)* at The Washington School of Psychiatry. This Fall she continues with her second year in *New Directions*, a program developing professional writing skills while exploring classic, contemporary, and even 'cutting-edge' theory, offered to advanced-level clinicians by The Washington Psychoanalytic Foundation. The program participants meet for three intensive long weekends through the year, with a weeklong retreat focused on one theoretical issue or theoretician (e.g., Melanie Klein in 2003) held each summer in Stowe, Vermont. At the end of this program, she is contemplating very seriously continuing into formal training in psychoanalysis.

Sarah began her career following her master's at the Student Counseling Center of American University. From there she moved on to a private group practice, then eventually out on her own to her current private practice of adult individual, group, and couples' psychotherapy. Along with an affinity for group treatment, she enthusiastically described her professional work with couples around relationship issues as a specialty of her practice: preventative work to improve communications and problem-solving skills, addressing divorce/separation when warranted, as well as helping individuals grow with and from the transitions wrought by divorce.

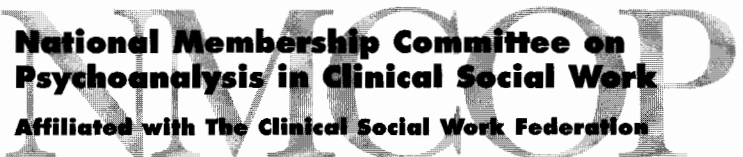
In addition to her practice as a psychoanalytic psychotherapist, Sarah is a prolific teacher. She was a member of the group of clinicians, led by Joe Lichtenberg, which founded what has become The Institute for Contempo-

rary Psychotherapy and Psychoanalysis in Washington. During the past decade she has continued to teach a segment on the work of Heinz Kohut from a developmental perspective, emphasizing the contextual beginnings of self-psychology, at The Washington School of Psychiatry. And during the current academic year she will be teaching for the first time at The Clinical Social Work Institute, offering a research seminar for students beginning the dissertation process. Although well grounded in self-psychology Sarah emphasized that her work is not 'embedded' there, but utilizes different psychoanalytic models, with an accompanying range of techniques, in addressing different issues.

Lest you fear that Sarah is all work and no play, I assure you that she indeed does play, or at least is learning how—the guitar, to be precise. Actualizing a lifelong passion, she recently undertook the serious study of acoustical and electric guitar at the well-known Levine School of Music. Her musical tastes range from classical to the 'blues,' with a particular love of the popular (aka 'rock') music of the '60s. She already is a welcome addition to the Advisory Committee, and we look forward to hearing more from her (in her clinical capacity...) and the Washington/Baltimore chapter in the future.

.....  
All attending the most recent conference call commented quite favorably about the increasingly important tool for communication within NMCOP that the listserve is proving to be. If you have not signed up to participate, consider doing so to [joelssmd@aol.com](mailto:joelssmd@aol.com). Listserv moderator Joel Kanter appears always to be working to provide invaluable professional information to participants, to educate us about group communication, and to improve the listserve's usability when he deems it warranted. Thanks, Joel!

Best wishes from the area representatives,  
*Ellanor Toomer Cullens, MSW*  
*Member-at-Large Representative*



... the national social work organization devoted exclusively to psychoanalytically informed practice

**T**he NMCOP has invited Dr. Francine Cournos to be the keynote luncheon speaker for the upcoming conference in March, 2004. Her talk, "Psychoanalysis and Traumatic Childhood Loss: A Personal and Professional Perspective," will review the psychoanalytic literature on profound childhood loss as a trauma, with a particular focus on parental death. With references from her book, *City of One*, she will illustrate the utility of psychoanalysis in addressing persistent trauma-related symptoms.

Dr. Cournos is Professor of Clinical Psychiatry at Columbia University and an affiliate scholar at the Columbia University Center for Psychoanalytic Training and Research. She is Director of the Washington Heights Community Services at New York State Psychiatric Institute.

In addition to her book, she has published numerous articles on HIV and mental health, foster care, and childhood bereavement.

I was pleased to be asked to interview Dr. Cournos for the NMCOP Newsletter.

**CKB:** I have worked with many children and adults who have experienced early parent loss and I really found your book to reflect so many of the issues that have been expressed by patients. What motivated you to write your memoir?

**FC:** Two things motivated me. One was the fact that I had been in analysis for a long period of time and that had given me words for my experience. I guess you know from the book that I tried analysis when I was younger, when I was in medical school, and I don't think I was really able to be in it. I think I needed a more supportive approach at that time—and to establish myself in the world. When I went into analysis the second time, I stayed for eighteen years. In the course of talking about yourself four times a week for eighteen years you certainly come up with a vocabulary for your experience. When I started the second treatment I was 38 years old, happily married, I had a child, and I had a career that was settled. That treatment was much more of an internal exploration and I came to understand many of the unconscious fantasies that underlay my experience at the time. That was combined with the fact that I was working in the area of the mental health aspects of HIV and I had gotten myself involved in a project that was looking at permanency planning for children whose mothers were dying of AIDS. My own mother hadn't made any plans so I found this really fascinating.

In the beginning I was very hesitant to write my memoir because when you're trained as a mental health professional you are so used to anonymity. Not only is that an ethic we're trained with but I myself am on the

very anonymous side. When I'm in a role of being a therapist, I almost never talk about myself because I consider mentioning information about myself to be a sign that I don't have anything more intelligent to say. You can think of a lot more particular things that are specific to a patient's situation that are relevant to say than to say something about you. It seems like a distraction. The thought of writing something that was very self exposing I initially rejected out of hand. I decided I was going to write something about other people so I actually went about interviewing other people who had lost a parent. I realized that I really wanted to write about the internal experience and the only person whose internal experience I understood was my own. So that's why ultimately I decided to do it and my analyst was encouraging. If she hadn't been, I would never have written it. I relied on her view that it was OK to do it as a sign that even if I didn't trust my judgment, I trusted her. It was really the combination of being in analysis and working in an area where children were losing their parents.

## Francine Cournos, MD

by Cathy Krown Buirski, MSW

**CKB:** How would you say that your treatment and analysis helped you to deal with the early losses?

**FC:** Even though I had treatment and had really worked out the externals of my life so that it appeared to work very well, I still didn't feel good. For a long time, I thought it was just because I didn't accomplish the next thing that I had in mind that I was supposed to accomplish. After a while, I got to see that I'd never accomplish anything that would make the feelings that I was inadequate go away. I entered that second analysis with the feeling that I was damaged in some irreparable way and I could see that there was nothing I was going to do that would compensate for that feeling. That was the reason I decided that it wasn't sufficient that I worked out a life for myself that I really did enjoy: I managed to marry the man I loved, I had a daughter I adored, and I loved my work. There was nothing wrong with my life and I still didn't feel good and that's what made me decide to undertake such an intensive treatment. I had an earlier episode of depression and didn't take medication for it. I didn't take medication because I thought it would be a confirmation of the fact that I was damaged. That was already a very disturbing idea to me and it's amazing to me being a psychiatrist how stigmatized taking medication was at that time and still to a large extent is amongst

psychiatrists even though we prescribe them. I don't think that would have changed anything though. In the course of my analysis, about eight years into it, I did take anti-depressant medication and even though it worked to take care of many of the symptoms that hadn't gone away by talking about them, I stayed in analysis for ten more years. So, I'm convinced that even had I been willing to take an antidepressant medication that wouldn't have resolved for me what it was that was troubling me.

**CKB:** It's always hard to consider this retrospectively, but what do you think would have happened if you had gotten treatment as a child or an adolescent?

**FC:** It's hard for me to say because I feel like I was very harmed by the events of what happened to me. The worst thing that happened to me was my placement into foster care rather than the death of my mother, or my father's death which I really have very few memories of. The death of my mother was the saddest thing. My placement into foster care was very traumatic for me and I think was much more devastating. I was so disturbed by my family's abandonment of me and so angry about it, I don't think of myself as being very receptive. People ask me questions about it in terms of today's foster children and maybe I'm wrong about this but I was pretty resistant.

**CKB:** So, you think even if therapy was available, you wouldn't have been available to the process?

**FC:** It happened that the social worker assigned to me in foster care had been an analyst in Austria. Although she didn't try to analyze me, she was pretty savvy. Even she had a hard time with me, getting me to open up about myself. I loved when she talked. She said amusing and provocative things. I was pretty closed and I don't know what it would have taken for someone to get through to me where I would have been willing to be open about what I was feeling. But it's impossible for me to say. If I had to guess what I would have been receptive to discussing, I would say it was probably the symptoms that were troubling me, initially feeling numb and detached. Later on I developed an anxiety disorder. I felt I couldn't breathe and I couldn't go to sleep at night, and I was taken to medical doctors who said there was nothing wrong. I think I would have been willing to talk about my symptoms as opposed to what had occurred.

**CKB:** Do you think that there were early relationships in your life that provided you with some support to survive the effects of the losses and the foster care experience?

**FC:** I think my relationship with my father, though I remember it very poorly, gave me confidence in my ability to attract men. I think he had a very adoring feeling about me and that feeling persisted. When I came of age, I had a feeling I could attract men. It didn't make me feel appealing as a person, that anyone would want a long term relationship with me but it made me feel I could attract someone. That was a huge help because it gave me some confidence. I'm an OK looking person and I noticed when I was dating that I had more confidence than people much better looking than me. I managed to take out of my father's adoring me something that was so sustaining in that way. The other influence my father had on me came later. When I was 18, I researched his background and learned that he had been a labor union organizer. This contributed to my feeling that I should do something to help disadvantaged populations. I imagined my father's approval of that. The way my mother influenced me was that I learned a lot about handling adversity because she was so stoical. I think I learned her lesson too well. I'm a bit too controlling and too stoical. Under the circumstances that followed, it was really helpful. I never had problems with impulse control. I always did the things I had to do. That's what I grew up with. I admired that in my mother very much and I wanted to emulate that.

**CKB:** Were there any other relationships that you think provided you with some sense of what you had lost from your parents?

**FC:** I had a best friend Sarah and I loved her parents. It was both a comfort for me that they also parented me and it also made me feel envious. I wished I had what she had: two healthy parents, a mother who was home from school who made chocolate milk and gave cookies, and a father who seemed so appealing. I think I really had a crush on him in the way young girls have crushes. But it also did make me envious. The other very sustaining thing to me was teachers. It always struck me as wonderful that there was such a thing as school and you could find a group of well intentioned adults who would tend to you. There was a whole world of some other resource out there.

**CKB:** In your book you reflect on your career choices as being motivated by your early parent losses. Can you comment on that?

**FC:** I definitely went to medical school to both figure out  
*See Cournos on page 21...*

**CONFERENCE HIGHLIGHTS**

**FEATURED SPEAKERS:**

**Patrick Casement**  
USING ANALYTIC SPACE

**Francine Cournos**  
PSYCHOANALYSIS  
AND TRAUMATIC  
CHILDHOOD LOSS

**Judith Wallerstein**  
RAISING CHILDREN  
BEFORE, DURING AND  
AFTER DIVORCE

**PROMINENT PARTICIPANTS**  
(partial listing)

**Barbara Berger, Spence  
Eth, Margaret Frank,  
Rosemarie Gaeta, Eda  
Goldstein, Judy Kaplan,  
Julian Lousada, William  
Meyer, David Phillips,  
Kirkland Vaughans**

**PANELS**

**INFANT RESEARCH -  
The Widening Scope**  
**Anni Bergman, Hillary  
Mayers, Miriam Pierce,  
Debra Schnall**

**LOVE AND INTIMACY**  
**Richard Alperin, Martin  
Bergmann, Louise Crandall**

**CHANGING FAMILIES**  
**Lee Crespi, Joyce Edward,  
Vivian Shapiro, Jan Warner**

**PRE-CONFERENCE SEMINAR**

RELATIONAL ASPECTS  
IN SUPERVISION

**Lewis Aron, Gerald  
Schamess, Roberta Shechter,  
Carol Tosone**

**THURSDAY EVENING PROGRAM**

FILM: "WHY AM I HERE?  
Engaging The Reluctant Client"  
Study Group:  
**Carolyn Saari** Chair,  
**Caroline Rosenthal,  
Carol Tosone;  
Carolyn Jacobs  
Julia Watkins**

**WOMEN IN TRANSITION**

**Ellen Ruderman, Jean  
Sanville, Rosalyn Bloch,  
Joan Rankin, Jane Rubin,  
Billie Violette, Lisa Halotek**

**INTERNATIONAL ADOPTION**  
**Kathleen Hushion, Maribeth  
Rourke, Susan Sherman,  
Diana Siskind**

**PERVERSIONS IN FILM -  
THE PIANO TEACHER**  
**Claire Rosenberg, Jane  
Seidlitz**

**ATTACHMENT TO ABUSE**

**Louise Crandall, Jane Hall,  
Jeffrey Seinfeld**

**FROM TRAUMA TO  
PERVERSION**

**Sharon Farber, Louise Kaplan,  
Hadassah Ramin**

**PTSD - A SELF PSYCHOLOGY /  
INTERSUBJECTIVE VIEW**

**Joan Klein, Crayton Rowe Jr,  
Dorienne Sorter**

**HOMOSEXUALITY AND  
PSYCHOANALYTIC  
TRAINING**

**Gilbert Cole, Lee Crespi,  
Arlene Litwack, Susan  
Vaughan, Elisabeth  
Young Bruehl**

**WAR AND TERRORISM**  
**Martha Bragin, Ety  
Cohen, Charles Strozier**

And more.

March 11-14, 2004

**PSYCHOANALYSIS  
CHANGING  
A CHAIR**

IMPACT ON THEORY AND PRACTICE

Postmarked by 10.1.03 by 12.31.03 At the door

Postmarked by 10.1.03 by 12.31.03 At the door

**CONFERENCE**

THURSDAY EVE 3.11.04 - SUNDAY 3.14.04 (Includes Sat. lunch)

Member of NMCOP	\$ 275	\$ 300	\$ 330
Non-Member	320	340	370
Student* (without lunch/with lunch)	80/130	85/135	90/140

\* (Full-time BSW/MSW with documentation)

**SATURDAY GALA DINNER \$ 75**

**PRE-CONFERENCE SEMINAR**

THURSDAY 3.11.04 (Includes Thursday eve program)

**With Conference Registration**

Member / Non-member	\$ 95	\$ 110	\$ 125
Student	45	55	65

**Pre-conference only**

Member / Non-member	\$ 120	\$ 130	\$ 140
Student	60	70	80

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**W**e are indeed fortunate to have as one of the keynoters for the forthcoming NMCOP 9th Conference, *PSYCHOANALYSIS: CHANGING IN A CHANGING WORLD*, Mr. Patrick Casement, MA, of the British Psychoanalytic Society. Mr. Casement has had numerous publications included in professional journals, and is the author of *Learning From The Patient (1991)* and *Learning From Our Mistakes: Beyond Dogma in Psychoanalysis and Psychotherapy*.

Mr. Casement was one of the most well received of the keynoters at the 1992 NMCOP Conference in Los Angeles, California. By popular request of the professional community, he was invited back to Los Angeles in 1994, and again in March 2003, when he presented to the Southern California Area Committee on Psychoanalysis selections from his above entitled book, *Learning From Our Mistakes*. He was also a keynote speaker at the 2000 NMCOP Conference in New York.

**ER:** Thank you Patrick for your willingness to give us this interview. I am sure it will be of interest to the future attendees of the NMCOP 9th Conference in New York City.

I have just finished reading your excellent article, "Using Analytic Space: A Challenge to Contemporary Psychoanalysis." I found it thoughtful and instructive. As is the case in all of your professional writings, you so stimulate the mind of the clinician to new ideas and concepts—and, I am sure will do the same for the social work clinician/analyst. Your commentary in the paper you will be presenting in your keynote address to the NMCOP Conference, about what the particular analyst brings into the analytic space of patient and analyst, caused me to wonder what your thoughts are about what social workers, by virtue of their particular kind of training and experience bring into that analytic space?

As a parallel question, I wonder if you might comment on your own training and experience as a social worker and how you feel that has influenced your work as an analyst.

**PC:** I worked for ten years as a social worker and, during the latter years, I trained as a psychotherapist. I was therefore working in both settings simultaneously, and I had a lot to learn about the similarity and differences between Social Casework and Psychotherapy. In particular I had to learn about the inappropriate use of interpretation, in the social work setting, and about inappropriate activity in the setting of psychotherapy. Gradually I came to realize that quite a lot of our insight about social work clients may be of more value when used as "insight for management" rather than as interpretation to be given to the client. I was once quite properly criticized for

"adding insight to injury" when I clumsily tried to interpret unconscious guilt to a client after her much hated husband had recently died.

As I moved on from psychotherapy to my training in psychoanalysis I found that it was valuable there too to hold back on many potential interpretations, having learned that not all insight is necessarily therapeutic when simply given as an interpretation. We have much to learn about timing and tact, in all of our work—whether in social work or in psychoanalysis.

I have retained a healthy respect for the environmental dimension in the lives of patients who come for analysis, which I first learned from my time as a social worker. I have, however, also had to continue unlearning the tendency to look for external explanations when the focus needs to be more on the internal world of the patient. It may still be tempting to fall into the opposite extremes of some colleagues who seem to see only the

## Patrick Casement, MA

by Ellen G. Ruderman, PhD

internal world. But there will always be a balance to be found here. I think that there is also much to be learned in trying to move beyond that Achilles heel of many a social worker: that of trying to be the 'better parent' to the damaged client/patient. My having been a social worker before becoming a psychoanalyst has had its disadvantages as well as its advantages.

**ER:** I have noticed that your focus in earlier publications, 1986 "Countertransference and interpretation" and 1991 *Learning From the Patient*, and to the present including the excellent article noted, "Using Analytic Space...." addresses the importance of the inner process of the analyst. Likewise, you illuminated so vividly in your paper "Some Pressures on the Analyst for Physical Contact During the Re-Living of an Early Trauma" in the Psychoanalytic Inquiry Issue "On Touch in the Psychoanalytic Situation" the interior struggle of the analyst to remain attuned to what was best for the patient (in the case of Mrs. B), therein stressing, even urging, that analysts undertake to examine their interior journey as they strive to keep the analytic space open for the patient. Can you comment on this, and perhaps reflect how you became interested in the whole area of countertransference? Did your interest come out of your own analysis?

**PC:** Of course some of my interest in countertransference

did come from my analysis, in that I felt well supported in exploring the possible meanings of what I found myself feeling when working with patients. But I was actually very slow in accepting that there could be such a dynamic as projective identification. Too often it seemed that colleagues were using this notion as if it were some high road to understanding the patient. And sometimes I really felt they were making claims of insight, based upon what they felt, that could not be substantiated. Only gradually did I come to see that there really are times when we cannot understand what we are feeling in a session, or what is being communicated by the patient, unless we allow for the possibility that there may be this other level of communication — from Ucs to Ucs. But I still only draw upon this with caution. Having said that, I find that there is always so much to learn from examining my own interior journey, in particular when I notice signs that I may have been blind to something about the patient or about myself in response to the patient.

**ER:** You demonstrate in all of your works, particularly case illustrations which are an integral part of your writing and thus make them an excellent learning experience for psychotherapists and analysts, a decided empathy for your patients. Many who first heard you speak at the 1992 NMCOP Conference in Los Angeles, California, commented on your “real feeling” for the patient. As is so often the case, empathy and compassion often derive from the analysts’ own painful or difficult life experiences. Would you feel comfortable in citing a few of the experiences in your past which contributed to your evolution as an exquisitely sensitive analyst? (If you are uncomfortable in doing so, forget this question!)

**PC:** What I do find rather uncomfortable about this is your description of me here. I like to think that every analyst develops a sensitivity to the patient and the patient’s experience. How we do this will presumably differ from one person to another. For myself, I think that one of the most important factors has been in my own experience of the profound difference it makes when someone is truly in touch with important experience and, conversely, when they have failed to be. That difference has continued to inform my work as I try to tune into what my patients may be experiencing — including how they may be experiencing me from moment to moment in a session.

**ER:** Many of us who have followed your work and have

heard you speak rank you as an extremely innovative contributor to contemporary psychoanalytic literature. What analytic theoreticians and practitioners, past and present, do you consider as most influential to your own thinking and writing?

**PC:** I find this a very difficult question to answer, especially as I have doubtless been influenced by others far more at a subliminal rather than a conscious level. The person who I know has influenced me most is Winnicott. However, I have always had a great resistance to any direct applying of what I have learned from him or from others. Rather it has been through learning to look where Winnicott looked that I have quite often found what he found. I have therefore always preferred to re-find the clinical relevance of theory in my own work with patients. Clinical discovery then has a fresh sense of validity in practice rather than just in theory.

I have also been deeply affected by my study of both theology and anthropology. With one I learned of dogma and with the other I learned of the value and importance of keeping an open mind: not applying to any unknown situation what we have learned elsewhere. This has been a constant inspiration in my work, so that almost all that I have learned about the practice of psychoanalysis I have truly learned from my patients. I think that is where a freshness can come into our work, when we are trying to remain true to what seems to be true to the individual we are working with, almost regardless of whether it fits in or doesn’t fit in with what we may have been taught to expect. I also believe that preconception is one of the most deadening influences in our clinical work, to be avoided at all costs.

**ER:** When I first saw the title of the paper you will be presenting at the Conference, and read your excellent case example of your Israeli consultee, also your opening statement that “Psychoanalysis can no longer afford to be shut off from the external world.....,” which, by the way, I am in solid agreement with, I could not help but question what your thoughts were on the impact of nine-eleven (9-11) and the ensuing flux and confusion the United States and Great Britain and, indeed, the entire world was thrown into? What can you say about the challenge to the analysts’ countertransference in this regard? Certainly, many analysts and their patients are struggling with the tension this has caused?

**PC:** My first reaction to the disaster of 9-11 was to hope and to pray that the lives of those thousands who died,

*See Casement on page 20...*

and many more thousands who were left bereft on that fatal day, should not be wasted. Surely, I thought, this tragedy will prompt us to re-think: to question ourselves as well as to look for those others we could blame for this. What could we have been getting so wrong that we had to be shaken out of our complacency in such a terrible way as this? What could we do differently in the future that we might never again contribute grounds for any similar act of terrorism? How could the riches of our billions be differently spent so that we do not continue to provoke such attacks of envy as this? And what do we find? We seem to find more of the old thinking, spending even more money on retaliation. Why do we still choose to spend money on weapons rather than in seeking a different balance in the world, between the 'haves' and the 'have nots'? I'm not sure how much is yet being learned from this dreadful disaster.

In parallel to this, we may at least become more willing to consider our own part in what goes wrong in an analysis. Perhaps we can be less ready to be blaming the patient. Perhaps we can be more actively questioning ourselves and looking for what might be our own part in any difficulty in an analysis.

**ER:** When you have stayed at my home in Los Angeles, I had the pleasure of hearing you play the piano, and felt you have approached Chopin with a care and sensitivity which mirrors your work with your patients. Can you tell us how music has influenced your work, and when you first became interested in classical piano?

**PC:** I have always been interested in classical music, being amazed at the power of music to reach levels of experience that often are not reached by words alone. It can also have a similar power in bringing people together. As for playing the piano, I have been inspired by Listz's example with his students where, I gather, he chose not to teach technique. Instead, he aimed to communicate "the spirit of the music" leaving his students to find whatever technique might be necessary to give expression to this. Similarly, I aim to get a sense of the analytic process, the spirit of the music of psychoanalysis, and to feel my way towards ways of working that I hope may remain true to it and not distort it.

**ER:** My final question has to do with a discussion you and I have had by Email. I invited you to participate in a journal compilation (hopefully for Psychoanalytic Inquiry) which I will be co-editing with Dr. Estelle Shane

on "Why Analysts Become Analysts?" Can you tell us a lot or even a little about why you became an analyst.

**PC:** Space is short here so I shall be brief. First, I have always regarded it as a huge bonus that I never once thought of having an analysis in order to be training to be a psychoanalyst. I went into analysis in crisis knowing that I needed it. So there never has been a time when I was in analysis as a way of learning how to become an analyst. Hopefully, then, I have been spared some of the temptation to follow a model or to identify with my own analyst: except in one respect. I sensed that he became the analyst I needed. My patients likewise need me to find ways to become the analyst that each one of them needs. And this may be quite different with each and different from how my analyst was with me. A good mother learns from each baby how to become the mother that each needs, at each stage. And there will be subtle differences from one baby to another. I believe that, if we allow it, we may learn in a similar way with each patient.

Over time we, as analysts, may arrive at a sense of our competence that is based upon a confidence in the process rather than in our own assumed skills. This is something that, in my opinion, lies beyond the confines of dogma. And it can lead us beyond the more familiar horizons of established theory or practice. In this lies the mystery and challenge of psychoanalysis as I have come to understand it.

**ER:** Thank you, Patrick, for your time and for your interesting responses to this interview. I am joined by many of my professional colleagues in expressing our eagerness to hear your forthcoming presentation at the conference. ■

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what happened to my mother and to save her. It's sometimes difficult to talk to a non-analytic person about that because it sounds so crazy. I was driven by the idea that I could have saved her and I was going to learn enough so that I would be able to. It was emotionally so devastating to me when I was treating people with the same illness that she died of and came to realize that I was helpless. I was helpless then and I was helpless now. That was the first time I ever really felt depressed. The other part was that I wanted to be able to make sense of what happened to my mother's body. I was very preoccupied with her body. When I was in analysis I was very preoccupied with my analyst's body. My analyst had various medical problems including asthma. I was always so hyper-vigilant to how she was breathing. My mother died ultimately of metastatic disease to her lungs. I was bugging her. Who needs a patient tending to your every breathing sound? I was so tuned in to her physical state of well being and I was that way with my mother. My mother's breathing problem was the most distressing thing because that was ultimately what killed her but her becoming "male-like" in the course of giving herself hormonal treatment to fight the breast cancer was very strange to me. It was associated with some ideas I had about myself. I was a tomboy which I connected to wanting to hold on to my dad. Then my mother injecting these hormones masculinized her, and I was frightened that you could actually change gender as a result of some disorder. This was a fantasy I had already entertained seriously. I was so confused. One thing that really impresses me is how hard it is for kids to make sense of things because of their cognitive limitations. No matter what anyone were to tell you, you are so hampered by your abilities to make adult sense of things. I was very interested in figuring out what happened to her and I found medical school very satisfying. If that was the only thing I ever got out of it and not a profession I would have been perfectly happy. In retrospect, I put together all of the events that happened to her.

I realized emotionally that I was never going to save anybody like her. I could have lived with that disappointment and figured out something to do within medicine but I was then attracted to the fact that my mother and I could never talk. When I worked on the cancer ward I discovered that what fascinated me was whether families acknowledged to patients that they were dying or patients talked to families about dying. Usually both sides were protecting the other one. I had some really interesting experiences talking to people about cancer and dying. I

found the talking piece of it to be much more interesting to me than the medical part and much more unique. It stuck me that the uniqueness of people was much greater when it came to how they subjectively experienced the world and how they made sense of their situation. It was both being a little disillusioned with medicine and finding the idea of being able to talk about things which my mother and I never did to be a truly fascinating idea. Then I wound up switching to psychiatry.

**CKB:** The theme of our conference is Psychoanalysis: Changing in a Changing World. Do you have any thoughts on this theme in relation to your personal and professional experiences?

**FC:** One of the things I've done more recently is to take classes at Columbia Psychoanalytic. I don't think there is any literature that is as interesting about the human mind as analytic literature is. It has a complexity and an acceptance of uniqueness that's utterly different from anything else. Outside of psychoanalysis there is practically no description of the subjective experience of children.

In summary, the reason I think psychoanalysis is relevant to a changing world is because it's so relevant to understanding the subjective experience of people in situations of disadvantage. Even if you are dealing with people who are never going to go into analysis, if you want to understand their subjective experience and organize your interventions so that they take that into account there's no better place to get an understanding of what those subjective experiences are than from psychoanalysis. I think psychoanalysis will survive in the long run because it offers something that nothing else does which is a chance to reconstruct the actual structure of how you experience your closest relationships in a way that heals internal wounds. I myself think I would never have achieved inner peace were it not for the fact that I reconstructed my internal world using my relationship to my analyst as the central focal point of being able to do that. I never thought that was possible. I believed if I didn't reclaim things from my childhood I would never be complete. The fact that I could find a way in adult life to make up for what I lost in childhood even though I could never have back my childhood was extraordinary. There's nothing that would ever be comparable. ■

# To Tell or Not to Tell

## *Does Answering Personal Questions Cut Short Important Learning Opportunities for the Client?*

by Jane S. Hall, CSW, BCD

In the present climate of relational and inter subjective approaches to psychoanalytic psychotherapy, the classical stance of abstinence, neutrality and anonymity of the therapist is being challenged. The caricature of the silent, balding psychiatrist sitting behind the couch with pad and pen in New Yorker cartoons perpetuates a myth.

Today women are increasingly taking the forefront in the field and neither male nor female psychotherapists seem to need the austere surrounds once de rigueur in the profession. That being said, the question of whether self-disclosure inhibits transference fantasies must be addressed. Does the therapist risk losing an important avenue to the unconscious by answering questions? How does the therapist protect the patient's right to wonder and to see where the wondering leads? The question: "Where are you going?" before vacations is a common one. Some therapists tell; others ask for the fantasy. What goes into that decision?

Separations between patient and therapist are crucial times in terms of deepening psychoanalytically based work. Such times evoke memories of past separations in the patient's life—times that always have a valence of pain. Every patient I have worked with, every case I have supervised or consulted on has impressed me by how deeply separations are felt. If these feelings are not recognized and interpreted, reactions to separations (often unconscious at first) can herald the end of therapy.

For therapists who take time off in August, the Memorial Day weekend is time to start listening for separation themes and references. July 4th is another holiday that sets off feelings about the August break. Questions about the therapist's destination are natural and they are an important opportunity to explain the value of questions. A patient's curiosity provides a good opening for the therapist to explain the idea of fantasy and to support the patient's capacity for self-reflection. Every therapist has heard different versions of the following words: "How can I have thoughts or feelings about you? I know nothing about you. If only I knew if you had children or were married or were ever divorced or used drugs or liked to cook or went to movies—then maybe I could trust that you'd understand me."

Therapists often have difficulty not answering per-

sonal questions because they see this as depriving the patient and possibly damaging the alliance. My experience has taught me that once this therapeutic attitude of not answering questions is explained logically, the patient feels safer and the treatment deepens. There are always exceptions to every guideline because each patient is unique and because different clinical situations require different responses. The stance of benevolent curiosity, however, usually saves the therapist from making uninformed decisions. Helping a patient wonder about her curiosity is usually far more giving than diminishing that curiosity with information.

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*Therapists often have difficulty not answering personal questions because they see this as depriving the patient and possibly damaging the alliance.*

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When a patient asks me a personal question I explain, with utmost tact, that questions are very important to the work of understanding, but that answering personal questions or giving personal opinions would cut short an important learning opportunity. The opportunity is the patient's fantasy about the answer. I say something like: "Your questions are very important to me and in a different setting it would be polite to answer. Here, we want to learn about your thoughts and feelings. Your questions about me are valuable ways to explore them. It would be easy for me to answer but in doing so I would be depriving you of a chance to wonder about and

to picture me any way you want to." Such an explanation is basically reassuring to a patient. It says to her that there are boundaries, that this is not a social situation where politeness is required, and that her therapist is interested in helping her reflect. Said early in treatment it helps educate the patient about how the work is done.

Because patients often need to deny the separateness of the therapist as their caretakers denied their separateness, the therapist's vacation is particularly distressing. The patient is faced with the irrefutable fact that she does not and cannot control the therapist and that the therapist has a separate life.

In the first year of treatment, Sally pictured me on an island with only books for pleasure on my vacation. The next summer she added a dog to the picture. At the end of our work she gave me a family. Water skiing replaced reading as issues of object loss, separation, envy, jealousy and oedipal rivalry entered the treatment and were worked on. Taking away Sally's opportunity for fantasy by giving her facts would have deprived her of the chance to work at her own pace. As inner self and object representations are softened the patient's ability to see the therapist as separate increases.

There are some patients who cannot seem to tolerate a therapist's non-disclosing stance and it is at these times and with these patients that clinical judgment, common sense and experience must guide us. Mrs. Q suffered from severe separation anxiety that seriously disrupted her functioning. She was able to maintain her stability by bringing an atlas to sessions prior to the vacation break. Tracing my travel route was her solution and I respected this autonomous idea.

It may seem like a minor point but if the therapist starts sharing personal information, how, when and where does she draw the line? Telling a patient a little can be tantalizing. As if one says: "Take a peek but only a peek." My preference is to give the patient the space to explore in fantasy where I go. Of course, there are exceptions. With a fragile patient who might be wounded rather than helped by not getting an answer the therapist might say something like: "I will answer your question but can you work with it first? This way we will learn more than if I answer you quickly. Then, if you still feel that my answering will be helpful, I will."

A different kind of challenge appeared in the context of a bicycle accident I had many years ago while on vacation. When I came back to work limping and with a black eye I felt that my patients deserved an explanation so I told them what had happened. One patient said "Likely story! Your husband probably did it." This was said with a laugh but we were able to use her 'joke' to tap into her anger at my absence and at my husband who she imagined as her rival for my attention. Some therapists might have chosen to wait for the patient's reactions. My self-disclosure in this case had roots in my unconscious. My need to explain overshadowed their right to imagine. Anytime the therapist makes a decision to disclose personal information it is most helpful if she analyzes her decision. The point is that there is no absolutely correct way for the therapist to be in the myriad situations that come up when working analytically—except to understand as best she can what motivates her and to preserve the frame whenever possible.

How many of us have never answered a personal Question? Therapists who do psychoanalytic work understand the idea of abstinence but because we learn best by experience most of us have answered a personal question or been tempted to offer advice. What we learn is that rather than help the patient trust, these answers often do the opposite. If the therapist answers one question, why would the patient not expect all questions, or at least most, to be answered? If the therapist offers advice and the patient chooses not to take it, guilt, embarrassment, and shame may result. Answering questions takes away the patient's right to wonder and to explore her own fantasies. I have heard patients ask the questions and then reassure me that they really don't want me to answer.

Despite the current debate on 'self-disclosure' with some therapists advocating the sharing of personal information and others preferring a more traditional approach, it seems that if the therapist understands and respects the patient's right to imagine, she will protect that right as best she can. ■

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# Infant-Parent Psychotherapy

## *The Relevance for Psychoanalytic Practice and Thoughts About the Contributions of Clinical Social Work*

by Miriam Pierce, CSW, BCD

The model of psychoanalytically oriented infant-parent psychotherapy as an intervention was originally proposed in "Ghosts in the Nursery," by Fraiberg, Adelson, and Shapiro (1975). This seminal paper continues to be cited as the inspiration for the clinical work currently being done in infant observation and research.

In recent years, there has been a burgeoning of research in infant development. Attachment theory has been studied by psychoanalysts interested in understanding the potential for its application to clinical practice and research. Infant researchers Beebe, Stern, and Fonagy, to name just a few, have integrated psychoanalytic concepts with the findings of attachment theory. Environmental and socioeconomic concerns, as they impact on the infant's physical and psychological development, have been integrated into the thinking of infant researchers. Neuroscience has illuminated the development of the infant's brain. Shore directs our attention to the early months and the significance of the infant-mother interaction for right-side brain development in the first three months of life. As the brain continues to develop in subsequent months, the dyadic relationship is crucial for the infant's developing mind, a co-constructed endeavor. Ainsworth's "strange situation," based on attachment theory, is currently being applied to many different situations in the research of infant-parent relationships and child development.

Beebe, Lachmann, and Fonagy have applied the teachings of infant observation and research to adult treatment. Fonagy has developed the concept of reflective function and mentalization as deriving from the mother's ability to know her baby's mind as she interacts with, responds to, and makes meaning for her baby. Infant-parent psychotherapy, current theories of development, and the research of infant-parent dyads are now included in the curriculum of analytic institutes. I offer a brief review of the contributions to infant psychology.

Psychoanalytically informed "baby watchers" such as Spitz, Winnicott, Bowlby, Mahler, Bergman, Emde, and Stern credit the psychoanalytic theories of Sigmund Freud, Anna Freud, Klein, and Bion with providing a window into the developing mind of the baby. Brazelton describes the newborn as "amazing." In *The Motherhood*

*Constellation*, Stern offers a dynamic understanding of motherhood and a treatment approach that derives from it. Focus upon development has increased exponentially since the work of Spitz, Mahler and Fraiberg.

Little if any mention is made of the contributions of clinical casework, where Fraiberg and her colleagues began their infant research. Social casework classics, such as Richmond's *Social Diagnosis* (1944), Towle's *Common Human Needs* (1945), Perlman's casework approach in *Family Diagnosis* (1950s), and Fraiberg's *Every Child's Birthright: In Defense of Mothering* (1970s), enlighten us about the family and environmental influences that impact on the developing infant.

Towle writes, "The infant's security depends on being loved and cared for by adults so that the wish to be cared for and to care is a central issue in life." Towle's views are consistent with Fonagy's attention to the way in which the baby becomes known to the mother and the mother gives that knowing back to the baby—the beginning of the process of mentalization—and to Bowlby's theory of attachment as a human need, focusing on family patterns of attachment. Bowlby might have benefited from Richmond's book, *Social Diagnosis*, when he was working with and studying the families of delinquent boys. The clinical applications of attachment theory took hold when Ainsworth's "strange situation" research offered predictability of secure and insecure patterns of attachment. The contribution of Main's adult attachment interview and the correlation to the infant's pattern is impressive, telling us that these patterns are learned. Beebe's face-to-face split screen research with four-month-old infants demonstrates this learning as the infant adapts to its mother's affective state. Towle wrote that love, care, and a chance to learn are the three sources of security that are essential needs for the infant's development. In *Maturational Process and the Facilitating Environment*, Winnicott describes the holding environment as "father, mother and infant all three living together. The term 'holding' is used here to denote not only the actual physical holding of the infant, but also the total environmental provision prior to the concept of living with."

When Stern writes about the significance of the grandmother's mothering of the mother who is mothering



her infant, I connect to Fraiberg's book, *Every Child's Birthright*, in which she writes about a system of caring that is transgenerationally transmitted. The "ghost in the nursery" might be the uninvited guest, the unfriendly intruder who interferes with mother and infant establishment of the mother-infant bond that encourages security and growth-promoting development. Infant-parent psychotherapy, as a method of early intervention, offers treatment and prevention. The therapy might be supportive or educational and can, in addition, focus on unconscious fantasy, conflict, and unresolved trauma. It is a therapy that integrates environmental influences, psychoanalytic understanding, and concepts derived from infant observation and research. I will offer a short clinical vignette to demonstrate the treatment approach.

### ***Clinical Vignette***

Ms. B. telephoned when her infant was one month old. She was referred to me by a friend. Ms. B. was quite distraught. Her son had a reflux condition and was vomiting frequently after feedings, which left her feeling inadequate and overwhelmed. There was no available family to turn to for help. She was born in another country and her husband's family lived out of state. There were medical mishaps in the course of her delivery that required uncomfortable medical procedures.

I decided to offer home visits to the parents that would include the baby, Ms. B., and her husband. The parents felt supported during these visits. I was able to observe this baby and his parents in their home environment, and particularly to observe him as he was being bottle-fed by both mother and father. He was a difficult baby to feed, calm, and comfort. As I joined with the parents in "the bond of not knowing," a concept derived by Hirsch, Pierce, and Smith (2002), we were able to make space and discover the ways in which this baby could communicate his needs; thus, the intensity of his distress diminished. The baby began to respond to the parents' ministrations, and they began to respond to his cues. With the improvement of the reflux condition, mother felt more effective and her survival fears and anxieties abated. By the time the baby was six months old, Ms. B. joined a mothers' group and entered individual therapy with me.

It was a while before I learned that this mother had been abused as a child. She felt safe enough to reveal

the abuse only after her baby "survived" and was developing in a normal, healthy way. She felt she might have damaged him and feared she could do to him what had been done to her. She had been a protective, though anxious mother and now that the baby was developing well, she experienced rage when she encountered hostile rivalry with other members in the mothers' group. This sibling rivalry was the precipitant for the breakthrough of her traumatic history. I believe her murderous rage could only be revealed to me because she had experienced me as a benign, non-judgmental "grandmother" who could be her ally during the initial phase of motherhood. Stem describes this dynamic in *The Motherhood Constellation*.

In this abbreviated vignette I have attempted to demonstrate a treatment approach that includes support, education, and interpretation. Home visiting is a casework approach that has been incorporated into infant-parent psychotherapy. The Anna Freud Centre at the

Hampstead Clinic and The Tavistock Centre in London include home visits as part of the treatment. Winnicott's concept of the holding environment and Bion's concept of

the container function of the analyst are relevant and applicable here. Home visits can facilitate the holding and containment functions. Psychoanalysis is "talking" to other disciplines. Interaction between the disciplines has benefited and expanded our views and understanding. Social casework was an early contributor to work with the individual in the context of the family system. Infant-parent psychotherapy is a systems approach to treatment. ■

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*Miriam Pierce, CSW, BCD, is Program Chair for the NMCOP 2004 conference. She is Vice President of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis and Chair of its Child and Adolescent Program. She is a member of the New York Freudian Society, where she graduated from its Infant Toddler Program and is currently a supervisor. Ms. Pierce is also a member of the Institute for Psychoanalytic Training and Research, and the International Psychoanalytical Association. She is in the private practice of psychoanalysis and psychotherapy with infants, toddlers, and their parents in New York City.*

# Some Concerns about the Current Nature of Parental Permissiveness

by Diana Siskind, MSW, BCD

A trend towards parental permissiveness has reached such extreme proportions that it warrants the attention of our profession. In the many families whose style of parenting is representative of this trend, attitudes toward childcare have changed so much that the very face of family life has been transformed. I would like to comment on the effect of these changes on child development, on parenthood as a developmental phase and on the role of the therapist in regard to this phenomenon.

A brief description of extreme permissiveness might sound familiar. You have probably seen and heard examples of it both in your practices and in your daily lives. The permissive parent places enormous value on denying the existence of the generation gap, consequently children of all ages including very young ones are encouraged to make decisions that more traditionally fall within the domain of parents. Children as young as two and three years are consulted about family menus, modes of transportation, preferences regarding taking a bath and where and when to sleep, toilet training, family vacations, choice of baby sitter, and so forth. It is not unusual to overhear, at the playground for instance, a mother ask her three-year-old whether she wants to have lunch at home or in a restaurant, if a restaurant which one, and shall they walk there, take the bus or a taxi. If we follow this pair to the restaurant we might overhear the child order an extraordinary amount of food, show no interest in eating and then be allowed to play with it, make a huge mess, and all this under the benevolent eye of the parent. We will also note that the parent will do her best to accommodate any demand made by the child and be apologetic if unable to meet a demand no matter how unrealistic; we might marvel at how literal but patient the parent is in her response to these demands and how unaware of the growing sleepiness of the child who after a vigorous morning in the playground is trapped in a restaurant under a mountain of food when she would perhaps be happiest in her own room taking a much needed nap.

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*While some therapists might view parenthood as falling outside of their traditional domain of love, work and issues of identity, I propose we view parenthood as the ultimate blending of love, work and identity.*

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What we have here is a common example of a major shift in the care-giving function of a parent. The more traditional view of parent as an adult taking charge, making decisions, soothing, teaching, protecting but also having certain expectations of her child, are replaced by a parent who strives to be patient and democratic above all else. This parent does not say "no" to her child and with the absence of a parental "no" the child is denied the opportunity of taking a critical developmental leap: identifying with the "no" saying parent and discovering her own ability to say "no." We know from the work of Rene Spitz that the appearance of "no" is an indicator that a new level of psychic organization has been attained, marking the beginning of abstract thinking, self-object differentiation, autonomy, and inner regulation. When these developmental milestones fail to take place we see a dramatic increase in separation anxiety, narcissistic disorders, and various adjustment disorders. Among young children this has resulted in an increase of such

symptoms as sleep disturbances, eating problems, very delayed toilet training, and even elective mutism. The impact of extreme permissiveness on development is multifaceted but if I were to choose one area where the harm is most disturbing it would be the following: Children who are constantly praised, indulged, entertained, and scheduled are denied the

opportunity of developing the capacity to reflect, and to recognize and regulate their own moods. This places them in the vulnerable position of protracted dependency and the concomitant anger and depression that so often accompanies seesawing between helplessness and grandiosity.

But what about these ultra permissive parents, parents who with the best intentions have brought about this state of affairs? Who are they and why have they adopted this mode of child rearing? This is where I become uncertain; how this trend came to be so entrenched is very unclear. The reader might think that this trend must exist among the very affluent for who else would take children to restaurants and let them waste piles of food? It does seem to be prominent among affluent and well-educated parents but it exists in many middle-class families as well. The reader might think that it exists in homes where both parents work and their indulgence is a measure of their guilt at being so much apart from their children. I have found that full time parents are as likely to be overly permissive as working parents. You might think that older parents are more likely to be permissive because they waited so long to have a child, and their

child seems a veritable miracle to them; that might be true but I have found this trend as well among younger parents. While I have been unsuccessful in understanding the force of this trend I can describe something about the state that these parents are in when I see them professionally either as the parents of a child patient, or simply as adults in treatment.

The ultra permissive parent is typically sleep deprived, overworked, overwhelmed, yet unwilling to take charge and institute changes to reduce the disorganized home climate. For instance, if the sleep deprivation is caused by a young child's sleeping in the parental bed and demanding meals, videos and storybooks during the night, the parent behaves as if yielding to these demands is a natural part of being a parent. This view of parenthood as a state of having to totally surrender to the demands of a child with little regard for ones own needs is a curious and puzzling phenomenon and suggests that something radical has shifted in the parental ego ideal. While the child is simultaneously adultified and infantilized, the parent clings to the belief that parental *fairness* consists of not imposing anything on his child or of making any decisions without his permission. Consequently the attitude that the parent takes pride in upholding seems to the therapist an abdication of parental care and protection. What is lacking in the ultra permissive homes is the creation of an environment that has a particular structure, that provides a sense of order and predictability, and that imposes standards of behavior; in other words what Hartmann so aptly called "an average expectable environment." The ultra permissive home is chaotic with family members all laboring hard and feeling great distress. If we were to choose a good indicator that parents had reached the emotional development that parenthood requires, their ability to provide a holding environment would be an excellent measure. The ultra permissive parent is not separate enough from his child to have attained this developmental stage and everyone suffers. What we have instead is a situation wherein unconscious fantasies and unresolved conflict have gained the upper hand with reality lagging behind.

Psychotherapists who work with the parents of their child patient are often able to intervene and help the ultra permissive parents. But what about the therapists of adults who listen to patients talk of their children and family life and reveal that theirs is an exhausting child dominated home climate? While it is true that very often these patients are not consciously asking for help in this area, they are letting us know that they chronically feel uncertain and unsafe in one of life's most important tasks. While some therapists might view parenthood as falling outside of their traditional domain of love, work and issues of identity, I propose we view parenthood as


the ultimate blending of love, work and identity. To help adults struggling with this aspect of development is very much a part of our work so long as we do not lose our psychotherapeutic perspective and fall into a mode of advice giving rather than exploration and interpretation. Our training as psychoanalysts and psychoanalytic psychotherapists gives us the tools we need to address this area of human development. Our careful listening and fine tuning will as in all other matters, guide us in applying these tools and helping this growing population of parents and children in distress. ■

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and important contributions to our conferences, and for serving in the important position of Faculty Relations Chair of our 2004 Conference.

**William Meyer** and **Terrie Baker** in North Carolina, for being the anchors of our national organization—Bill as Immediate Past President, Terrie as Treasurer. Further, they most recently developed a successful workshop, “Reaching Across Boundaries of Culture and Class: Widening the Scope of Psychotherapy.”

**Donna Tarver** in Texas, for not only being a great Area Chair, but also for being the editor of our newsletter, and putting together a fine publication which is an essential and enjoyable read. It is because of Donna’s efforts that we are all kept informed of NMCOP’s news, events, challenges, and progress. Thank you to Donna for her outstanding and unflagging efforts.

**Audrey Thayer Walker** and her successor **Sarah Pillsbury** in the Washington, DC-Baltimore area, for making their chapter alive with outstanding presentations and encouraging known and unknown COP members to contribute.

I also want to thank Deborah Dale, whose hard work and dedication has been invaluable in coordinating Board and Area Chair meetings, getting out announcements, agendas, and meeting minutes, and making it possible for NMCOP to continue running smoothly.

### Special Thanks

And finally I would like to take this opportunity to acknowledge two people who deserve extra thanks for the wholehearted, unwavering support, caring and counsel that they so generously offered me. Thank you, Rosemarie Gaeta and David Phillips.

To all of you whom I did not mention, but who I know have had a considerable share in NMCOP’s good fortune, I thank you as well. We couldn’t have come as far as we have without the good will and support of each and every one of you.

### September 11th

I have spent parts of my past President-Elect messages on the consequences of 9/11, both professionally and personally. At this second anniversary of 9/11, which also marks the end of my term as President-Elect, it has been almost four years since our last New York conference in 2000. Since that conference, 9/11 changed the world. Our 2004 conference title, *Psychoanalysis: Changing in a Changing World*, reflects a cognizance of both our past and our future, allowing for transitions that bind continuity and change. Our 2004 conference will present the best in today’s changing thinking and practice in the field at large, so please join us. We look forward to your active participation in our rich and stimulating conference as we celebrate the achievements of NMCOP.

For me September 11th brought home the fact that

## 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.

NMCOP

we really needed to have a better way to communicate with our entire NMCOP community. Thanks to Joel Kantor, our talented Webmaster, we now have our own listserv where we can communicate among ourselves. We owe much appreciation and thanks to Joel for his important contribution to NMCOP. I have received a good deal of feedback from our membership about how helpful the listserv is for exchanging professional information, and communicating about referrals, conferences, and crises, such as that with the IPA.

### *International Psychoanalytic Association*

I would like to recapitulate briefly the Saga of the IPA and the NMCOP in 2003.


Because the IPA's 2003 Conference in Toronto was pre-empted by the SARS epidemic, they considered two alternative dates. The preferred period conflicted with the conference dates of Division 39 of the American Psychological Association, so out of consideration the IPA moved off that date, in the process landing squarely on our Conference days.

The NMCOP leadership reacted with dismay and determination. We were deeply concerned that our conference was not being accorded the same respect as Division

39's was, and we were firmly resolved to minimize the damage. Many calls, emails, and letters were sent by the NMCOP Board and Conference Committee, our own members (both IPA and non-IPA), and many colleagues from our psychoanalytic community (Institute Presidents, some of the Consortium Presidents, etc.) who educated the international community about who we are, and raised their concerns about the conflict this created for presenters and members who wished to attend both conferences.

We did not succeed in persuading the IPA to change their dates, but we did attain the respect of the psychoanalytic community and of the IPA. Fortunately, after communicating with the IPA, we were also able to minimize the potentially disastrous conflict faced by major speakers committed to both conferences, with the result that nearly all of our speakers will be able to honor their commitment to NMCOP. I will be working with the Consortium to post a calendar so that this unfortunate scheduling problem will never occur again.

I am looking forward to my Presidency, and to working with you all to foster the ongoing development and advancement of NMCOP in this new millennium. Thank you all for your commitment and support. ■



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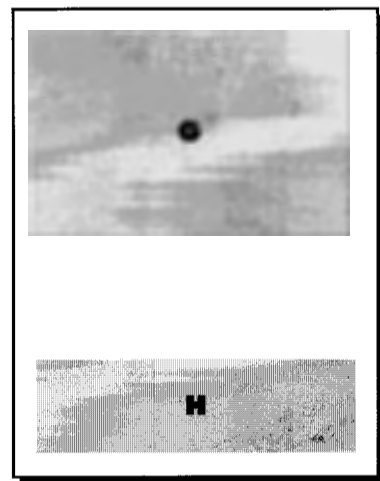
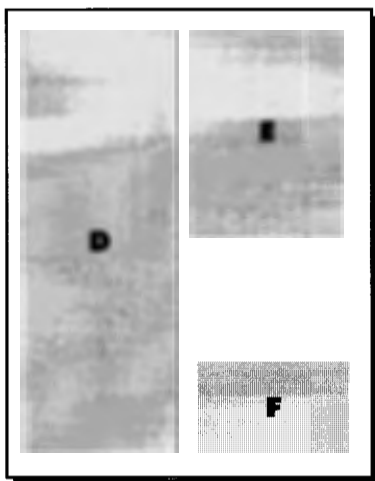
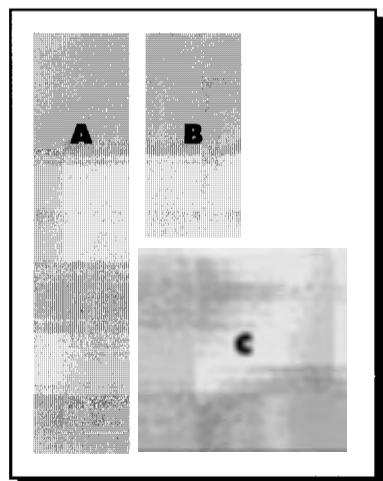
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