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From the President

What Is the Psychoanalytic Consortium and the ACPE?

As president, one of my responsibilities is to attend the meetings of the Psychoanalytic Consortium. You may not know much about the history or the activities of this group so I would like to devote much of this column to informing you of the importance of the Psychoanalytic Consortium and the Accreditation Council on Psychoanalytic Education (ACPEinc), which was launched through the Consortium.

The Consortium developed over twenty years ago and is comprised of the four major US psychoanalytic organizations: the American Psychoanalytic Association [APsaA]; the American Academy of Dynamic Psychiatry and Psychotherapy (AAPDP); the American Psychological Association, Division 39; and our organization (AAPCSW). The original purpose in forming this group was to collaborate on our common goals and interests pertaining to the practice of psychoanalysis, including training, teaching, supervision, and research.

In the early years of the Consortium, the first major undertaking was to develop a set of standards to be applied to training programs that were offering advanced education and specialization in psychoanalysis. While there were shared goals among the different organizations, there was a good deal of contention between its members prior to developing a set of standards that was acceptable to the members of the Consortium and their respective organizations. Despite these early struggles, the representatives of the AAPCSW, known then as NMCOP, prevailed in having our voices heard and making contributions to the process that resulted in a set of standards for psychoanalytic practice that allowed for some variability in the requirements.

Since then, significant work has been accomplished and the group has transformed into one that is cohesive and more harmonious. Setting new goals is in process, including considering a public information campaign. This will be the subject of a future column.

Now let's return to the early work of the Consortium. In 2001 the Accreditation Council on Psychoanalytic Education (ACPEinc) was founded to implement the new standards set by the Consortium. The ACPEinc functions separately from the Consortium and serves as the accrediting agency that reviews and approves training programs that meet the Consortium standards. It became apparent that in order for the ACPEinc to be more widely recognized as having merit for training programs it needs to obtain the approval of the US Department of Education (DoE). This is a complicated process and both the Consortium and the ACPEinc are working to obtain this approval.



Karen E. Baker, MSW

Editor's Word

Our 2013 conference, titled "Under One Tent: Psychoanalytic Insights, Identities, and Inclusions," is fast approaching. Please save those dates—March 14–17—and join us in Durham, North Carolina. Penny Rosen, conference chair and president-elect, has given us an update on the conference (see page 3) and we have included the program in this issue of the *Newsletter* (see pages 17–21).

The *Newsletter* welcomes readers' letters, articles, and opinions on topics of the day and clinical issues; book reviews; notices of or reports on conferences; and news of interest to our membership. We encourage social workers with 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: Karen Baker, Hank Blumfarb, Jennie Dickson, Wendy Freund, Robin Halpern, Tim Hamilton, Roger Lee, C. Mark Massullo, William Meyer, Inge Oppenheimer, Marilyn Palasky, Joan Rankin, Karen Redding, Lee Miriam Whitman-Raymond, Penny Rosen, Diana Siskind, Jennifer Tolleson, Ashley Warner, and Sara E. Yates. ■



Donna Tarver, MSSW

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for Psychoanalysis in Clinical Social Work

AAPCSW

under **one** tent
psychoanalytic insights,
identities, and inclusions

March 14–17, 2013

Durham Convention Center / Marriott Durham City Center
Durham, North Carolina

See pages 17–21 . . .

AAPCSW

From the *President-Elect*

Penny Rosen, MSW, LCSW, BCD-P

A Report on the 2013 Conference

The centerfold of this issue contains the program for “Under One Tent: Psychoanalytic Insights, Identities, and Inclusions.”

Since your attention may be drawn to different aspects of the conference, I would like to report on a few features. First, we have expanded our plenary speakers to include Mark Smaller, PhD. The previous issue of the Newsletter described the plenary speakers Jane Flax, Mary Gail Frawley-O’Dea, Jonathan Lear, and Ed Tronick and their presentations. We have now expanded our last plenary session, on Sunday, March 17, and titled it “Trauma the World Over and the Evolving Psychoanalytic Approach,” with Mark Smaller as a panelist, with Mary Gail Frawley-O’Dea. Smaller’s plenary presentation is titled “A ‘Forward Edge’ Approach to Trauma: From the Couch to the Community and Back.” Smaller is president-elect of the American Psychoanalytic Association and founding director of Project Realize at the Morton Alternative School in Chicago and Southwest Michigan. He is the former director of the Neuropsychoanalysis Foundation. His PhD and AM degrees are from the School of Social Service Administration of the University of Chicago. He also holds a certificate in psychoanalysis from the Chicago Institute for Psychoanalysis. He’s on the faculty of the Chicago Institute for Psychoanalysis and the Institute for Clinical Social Work, and in private practice in Chicago.

Other programmatic highlights include:

- Original presentations by Joyce Edward, Crayton E. Rowe, Ellen Ruderman, Diana Siskind, and Patsy Turini.
- Papers on the theme of trauma and loss (by Jerrold Brandell, Sharon Farber, Sheila Felberbaum, Harold Kudler, Faye Mishna, Peter Perault, Shoshana Ringel, David Smith, and others).
- Panels and papers that address diversity, for example, race, gender, sexual orientation, ethnicity, class, age, religion, and the hearing and/or visually disabled (by Kathryn Basham, William Meyer, Arlene Kramer Richards, Lucille Spira, Carolyn Stevenson, and others).
- Presentations on populations on the fringe, for example, incarcerated men, the chronically mentally ill, and the homeless (by Joan Berzoff, Joel Kanter, Stuart Perlman, and others).
- A panel on the influence of capitalist ideology in the clinical setting (by Judith Aronson, Jennifer Tolleson, and others).
- A panel on cross-cultural practice (by Janice Berry-Edwards, Judith Rosenberger, Cathy Siebold, and Elise Snyder).
- Presentations on psychoanalytic practice, for example, integrative approaches, Lacanian, and Relational psychoanalysis (by Diane Barth, Heather Craige, Sally Comer Fine, Karen Redding, Alan Stern, Barbara Tholfsen, and others).
- Personal papers about the analyst’s identity as shaped by class, growing old, and contradictions in the practice and the personal (by Elizabeth Corpt, Renee Goldman, and Theresa Aiello).
- Panels on working with children and adolescents (by Denia Barrett, Jerry Longhofer, Erika Schmidt, Anne Segall, Susan Sherman, Wendy Winograd, and others).
- Panels and papers on research (by Jerry Floersch, Carol Tosone, and others).

The list goes on, and with so many outstanding papers, it will be difficult to select breakout sessions you may want to attend.

Also noteworthy are the two winners of the Student/Candidate Call for Papers submissions. Raine Gifford will be awarded First Prize for her paper “Finding Betsy in Dreams: The Role of Daydreams, Reveries, and Non-verbal Imagery in Fostering Understanding and Growth in the Therapeutic Relationship.” Gifford is a candidate at the Psychoanalytic Psychotherapy Study Center in New York City. Yael Kadish is the Second Prize winner for her paper “The Role of Culture in Eating Disorders: A Particular Psychoanalytic Perspective.” Kadish is a PhD candidate at the University of the Witwatersrand and a candidate at the South African Psychoanalytic Initiative in Johannesburg, South Africa. Both winners will present their papers at the conference. The awards will be presented by Susan Sherman and Diana Siskind during Saturday’s Luncheon.

Another international presenter is Lynn Frogett, coeditor of the Journal of Social Work Practice, who will

Continued on page 25

The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership.

The Committee on Social Responsibility and Social Justice is hoping that the column can ultimately be dialogic and conversational, that is, that it will encourage a reflective back and forth within the organization. Toward that end, we invite and encourage submissions of articles relevant to the committee's mission (below), as well as responses to articles that have been printed. Please contact Jennifer Tolleson, chair, if you are interested in joining us, or with any submissions or ideas (jentolleson@comcast.net).

Next issue: Allan Scholom, PhD, "Managed Care's Assault on Our Hearts and Minds"

The Business of Helping

C. Mark Massullo, MSW

All that I meant was this. I recognize the fact that the patient's perception of things that are not consciously communicated by the analyst may be very important.

—Leo Stone, MD, *The Therapeutic Environment and Its Settings: A Clinical Dialogue*

Early in 2011 I received a message on my office voicemail. The caller said something like, *You come highly recommended as a therapist and I'm wondering if you're accepting new patients at this time.* When I phoned back, the person who'd called identified herself as an employee of *Psychology Today* and explained she'd contacted me to ask if I'd be interested in advertising in their online therapist referral database. Reservations over her marketing strategy notwithstanding, I listened to what she had to say. She described at length the benefits for therapists having a presence on the Internet and concluded by offering free service for a limited time, after which there would be a nominal monthly fee. Setting aside for a moment my unexpressed doubts, I agreed to the terms. That phone call, like a tap on the shoulder, got my attention and led me to consider possible clinical implications associated with the commodification of psychotherapy.

We're not taught how to market ourselves, how to self-promote, how and what to charge for what we do. It's been my experience private practitioners frequently turn to obfuscating when asked by others in the field about their practices; even close colleagues exert their rights to be vague and obtuse regarding all sorts of things, including referral sources, fees charged, the number of patient hours worked per week, and so on. We seem forthcoming, by contrast, when discussing skill, how well we do what we do and our uncertainties over the same. It's a complex vocation, being a psychoanalytic practitioner. Sometimes we compete with one another in consultation groups to demonstrate who's the most astute. At times we might show off for our patients, rushing to provide more mean-

The AAPCSW Committee on Social Responsibility and Social Justice, formed in 2007, is a national committee of social workers, psychoanalysts, and allied professionals who are concerned with integrating a human rights and global justice discourse with clinical practice. Toward this end, we work to promote critical social-political awareness among clinicians, to conceptualize psychoanalytic clinical practice within a broader social-political context, and to expand the usefulness and availability of psychoanalytic clinical services for all people.

ingly accurate interpretations for their experience than we imagine they may be capable of. We may sit back and watch and/or seek to be heard at conferences, in classrooms, on listservs. We anticipate affirming and opposing responses when we write essays. The manners in which we choose to market ourselves add dimensions both to our observable and less obvious idiosyncrasies and complexities.

After agreeing to advertise, I was so at odds with my decision that I did nothing, except to analyze. For example, I struggled with reconciling my willingness to participate in an endeavor that began with a voicemail message intended to give the impression I was being contacted by a possible prospective patient, not a telemarketer. The integrity of the process felt compromised from the start. And, having only had experience with word of mouth referrals, I struggled with making peace over seeking to acquire patients vis-à-vis the content of a remote advertisement. Weekly, for months, while I grappled to sort things out in my mind, I received e-mails from the website advising me I hadn't provided any information about myself and that a fully developed profile would be one of interest to prospective patients. I continued my grappling while my profile remained a skeletal image consisting of nothing more than identifying information filled in by *Psychology Today*.

Offering unsolicited assistance, the persistent, albeit encouraging, e-mails suggested I peruse other profiles on the site for ideas. I did that and I linked to websites of individual therapists and became increasingly conflicted and confused. I was, in two words, stunned and perplexed over some of the content provided and sanctioned by clinicians avowing roots in psychoanalytic orientations. Contemplating the concept of vying publically in the open market against other practitioners for business ignited in me an unwelcome sense I'd entered a competitive arena with undefined, unclear rules. That lack of clarity did not, however, hinder my own competitive rumblings from mounting to advocate that I see the challenge through to the end. I questioned, though. Where and what are the guidelines for how one participates in this blanket marketing and who determines them? The analytic tradition advises me to be judicious with regard to what I say, how much I say, and when I say it. I've been instructed that less is better, a concept I generally believe in. Yet, our current trends in marketing seem to be swaying us in the other direction as we provide an abundance of information, much of which appears superfluous and clinically injudi-

cious in relationship to analytic practice. I'll elaborate this last point in a moment.

Based on what I saw, my only option was to conclude the online market economy for mental health services persists as an unstructured free-for-all, itself lacking a frame and self-regulation. If I advertise about my style as a clinician, about my philosophy of practice, about my training, about how psychotherapy is supposed to work, about my fees, about policies and procedures of my practice, post pictures of myself and of my office, and so on, what am I seeking to accomplish and what am I promising? Might we agree the process of self-promotion is not wholly rational? I imagine we'd be willing to take that leap by agreeing concurrently there's a bulky unconscious piece of it awaiting recognition. Regardless of how well thought out the messages we'd like to convey, what gets communicated isn't necessarily perceived as intended. I promise, that's not lost on me as I compose this essay.

When we're feeling pulled to construct comprehensive professional narratives complete with links, and pages of explanations, maybe a video, perhaps a few forms or contracts to be read, filled out, and signed before the first session, might a brief pause be useful for the purpose of gaining greater awareness of the source(s) of the pull? To deconstruct a little or a lot the engine driving the motives? Would it not behoove us to acknowledge that defenses are busy trying to help us win when we compete? Defenses functioning as intended are not inherently problematic; they're just doing their jobs. Dilemmas arise, for instance, when our defenses obscure what we value as practitioners who understand our work and ourselves by way of psychoanalytic constructs and principles.

We seem more interested at times in developing clever ways of marketing ourselves than we do in the work itself. We're hiring information technologists and marketing professionals to create sleek, elaborate websites and other luring advertising materials. We're consulting with the *computer guy*, urging him to do his magic so our names appear at the top of online search results for, say, *therapists in your city who treat depression*. That seems to me an approximation of someone shouting, *Choose! Me! Please!* Those attuned to the subtextual might hear that cheer as a cue to flee rather than as a welcoming invitation. Herein lies a question. How do we operate practices in our free enterprise system while remaining true to our professional selves, while conveying professional gravitas, while honoring the guiding principle of doing no harm? We

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begin by challenging our own defenses, keeping in mind that those seeking therapy are vulnerable and suggestible; we make deliberate efforts not to hone in on the vulnerabilities of those in distress.

When individuals search for psychotherapists, what are they looking for, really? I have more questions in response to that question. This is meant to be a Socratic exercise. Have we succeeded in convincing ourselves that those earnestly seeking a meaningful therapy will be drawn toward our exaggerated defensive displays online or elsewhere? Possibly. Otherwise, would we not summon our observing egos to act as mediating liaisons between our unchecked defensive motives and those consciously derived? Many social workers in clinical practice identify as being psychoanalytically or psychodynamically oriented. With theorist-specific alliance no longer demanded, it's not unreasonable or unacceptable at this time for a practitioner to conceptualize the work inclusive of elements from more than one psychoanalytic theory. A prodigious chasm exists, though, separating pluralism and eclecticism. Claiming an analytic orientation while offering other methods of *therapy* seems both disingenuous and downright confusing. In our marketing we note our advanced analytic training, then we don't make use of it to inform our work. We market as though we're prepared to *do* something, take an action of sorts. Either we have faith in the talking cure or we don't. Either we are deferential to the unconscious or we are not. It's duplicitous to uphold the psychoanalytic premise that individuals for better or worse adapt to their circumstances while simultaneously asserting that an individual's behavior and thoughts are maladaptive and in need of directive correction. How do we represent as engaging steadfastly in analytically informed work while promising a patient we'll *custom tailor* the therapy to dovetail with his concerns? We don't. Upon making that promise in our marketing or in our offices we've rejected the analytic and have embraced a hybridized clinical position.

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been distorted into an amorphous catchall. And in this catchall, the therapeutic encounter takes on the quality of a dubious concoction. We become clinical alchemists, combining elements of guided, directive therapies along with the weight of homework and book titles, with our *goals* set on producing *desired outcomes*. Are our prevailing doubts over the efficacy of a psychoanalytic therapy impelling us to employ tasks in our work? In the analytic clinical situation the solitary task for the patient is to say whatever's on his mind. He's required to do nothing else. What about our tasks as therapists? Do we help an individual with his orientation to becoming an analytic patient by, for example, linking for him the paradoxical relationship between his *feeling worse* and our *helpfulness*? Or do we send conflicting coded messages buried

in attempts to rescue the patient and ourselves from the discomfiting abstract anxieties pervaded by the psychoanalytic psychotherapeutic process, circumventing the authoritative demands of the latent by assigning homework and reading lists and introducing DBT, for example? Seemingly to dismiss the principal role of trauma in the development of all psychoanalytic theory, we're now recommending EMDR for trauma resolution. Then, we provide it to increase practice incomes. It's not

feasible for a practitioner to cycle credibly or proficiently in and out of diametrically discrepant clinical tracks. What happened to being grounded in paradigm instead of in whim and caprice, instead of in competing therapeutic applications? The commodification of psychotherapy happened. We'll do whatever is going to make us the most money, whatever is going to *keep* patients coming back. We'll do whatever is necessary, including misrepresenting ourselves and misleading our patients, to fill our hours. The business of helping happened.

Business is the process by which we become willing to bypass the careful, thoughtful construction of the therapeutic frame by elaborating voluminously on it in our marketing. Some of what I read online appeared to be modeled after the infomercial, complete with blatant attempts at seduction. For instance, we tell people on our websites *why* they're coming to see us—they're feeling *stuck* or *unsatisfied* or *unfulfilled* or some vague something

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Paul Robinson's *The Freudian Left*

Roger Lee, LICSW

I came across *The Freudian Left*, by Paul Robinson, in a secondhand bookstore several years ago and was drawn to it. I had grown up in the 1950s and 1960s and had read a few books by Marcuse and a smattering of Reich.

I also encountered Reich again in one of the first psychotherapy books I read—*Gestalt Therapy* (Goodman, Hefferline, and Perls, 1951)—which built on Reich and Freud. *Gestalt Therapy* also had a somewhat Marxian analysis of the social world in which humans are arguably embedded, and thus placed psychotherapy in historical and social contexts.

Robinson, by the way, was a professor of history at Stanford University who wrote the first edition of this book in 1969 as the New Left was splintering into Trotskyist, Stalinist, and urban guerilla warfare sects.

The overarching question implicitly raised by this book is, Marx or Freud?

According to most of the Freudian radicals written about by Robinson, the answer is Marx and Freud!

The Freudian radicals discussed in the book are Wilhelm Reich, Geza Roheim, and Herbert Marcuse. Robinson calls them “radicals” for several reasons. They advocated basic changes in economic, political and/or sexual structures. In doing so they arguably were continuing a dynamic started by Freud who shocked the early modern world with his theories of infantile sexuality and the unconscious roots of daily life.

Robinson believes the basic project for the Freudian Left was and is to integrate Marx and Freud, a project that should concern every psychoanalyst concerned about understanding the world of which we are a part.

One reads on the listserv the lament of private practitioners as they find themselves being thwarted by the larger economic powers that be, such as insurance companies and the Medicare/Medicaid bureaucracies. Agency workers who encounter increasing workloads, dangerous working conditions, and stagnant wages may be thinking about organizing a

union. These phenomena might be seen as specific examples of Marx's prediction that the learned professions and other small business owners would tend to be devoured by big capital and its governmental representatives and tend to fall into the working class (Marx 1988).

This is the Marx who perceived basic tendencies in capitalism toward bigger and bigger businesses, since bigger businesses are able to capture markets with the purchase of advanced technologies and economies of scale and governmental favors. This is the Marx who saw crisis and instability as the long-term effects of this concentration and centralization of capital (Marx 1952). This concentration and centralization increases the machines and automation used in production, which leads to layoffs and to overproduction of goods relative to what markets can effectively demand, leading to more layoffs that periodically cause bankruptcies and more layoffs spiraling into recessions and depressions. Especially relevant to our own times are the means employed by capital to reduce costs and increase profits, such as imperial projects to control resources including labor resources and increasing low-wage populations of immigrants and the unemployed and, for those who still have a job, increasing hours and output requirements or investing in low-wage countries where union organizers “disappear” and the pay is extra low and the hours are extra long.

Robinson's Marx also can be viewed as an organizer who labored with others to create a movement to change the world—to transform a hierarchical privately owned economy (in which the majority do not own their own businesses and must work for those who do) into a socially owned, democratically managed economy (Marx 2010).

This socialist society would be an egalitarian, democratic society, with people able to vote not just once every two or four years but every day in the workplace with elected recallable managers. The work process as well

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as the surplus product could be managed democratically for the social wealth created by the economy in which we all labor (Ness and Azzelloni 2011).

Freud, in this book, represents taking a deep critical look at social (including family) repression (especially of sexuality and aggression) and the effects of repression on the person-in-environment.

Unfortunately Freud also, as Robinson discusses, reached conservative political conclusions as a result of a profound pessimism about human nature. He believed that repression was necessary to contain the Id forces of Eros and of Thanatos within the psyche seeking unlimited expression. If unchecked, these forces would unleash violence and sexual acting out on a scale that would preclude any civilized social life, including economic development or art or protection of the vulnerable or those in need.

There is a tension in Robinson's Freud between this conservative pessimism and the psychoanalytic drive to open up repression and the unconscious to critical inquiry and it is this critical activity that is picked up on by the radical Freudians, not the political conclusions born of pessimism. There is also a perhaps not-well-known history of Freud's personal involvement in social-democratic programs such as the free clinic movement, but that is discussed more in other books, such as *Freud's Free Clinics* by Elizabeth Danto.

In addition, there are some clues in Freud's own writings of a more radical political bent, such as this quote from *The Future of an Illusion* (1961, 15):

If however a culture has not got beyond a point at which the satisfaction of one portion of its participants depends upon the suppression of another, and perhaps larger portion—and this is the case in all present-day cultures—it is understandable that the suppressed people should develop an intense hostility towards a culture whose existence they make possible by their work, but in whose wealth they have too small a share . . .

It goes without saying that a civilization which leaves so large a number of its participants unsatisfied and drives them into revolt neither has nor deserves the prospect of a lasting existence.

There is more than a hint of Marx in these words by Freud that amount to a call for social revolution—to redress the grievances of the 99 percent who produce the social wealth that is taken by the 1 percent.

Reich is portrayed as initially being a very active “Freudo-Marxist,” organizing free clinics and making

theoretical breakthrough into “character analysis” and others. Reich was an early force for integrating Freud and Marx theoretically. Nonetheless, according to Robinson these efforts eventually inspired Freud to oppose Reich's revolutionary optimism with Freud's writing of *Civilization and Its Discontents* and to engineer or order Reich's expulsion from the German and International Psychoanalytic Associations.

Robinson also looks at Reich's expulsion from the German Communist Party probably because of opposition to the conservative, repressive measures adopted in the USSR especially under Stalin. Reich's book *The Mass Psychology of Fascism* was denounced as “counter-revolutionary.”

Robinson thus identifies the social isolation that seems to have inspired Reich's retreat from politics and psychology into what he considered to be biology (but others saw as psychosis) and claimed to have discovered a cosmic “orgone energy” and developed a box to contain this energy to heal all ailments—both physical and mental.

Marcuse was one of the most popular of New Left heroes. I remember taking a philosophy class in 1969 or so that, to appeal to students then, assigned Marcuse's *Eros and Civilization* and Freud's *Civilization and Its Discontents*. Marcuse is depicted by Robinson as beginning his career as a Marxist philosopher affiliated with the Institute for Social Research. He was then an advocate for Hegel's critical and revolutionary method. He began to study Freud in approximately 1937, when the Spanish Civil War and the Moscow Trials convinced him that greater depth in understanding human behavior was needed to advance beyond the repression consolidated by Stalin.

His study of Freud culminated with his writing of *Eros and Civilization*, an attempted reconciliation of Freud and Marx. In this attempt, he developed the concept of “surplus repression”—repression required to maintain a society divided into an owning employing class and a working class, not the more modest repression needed to maintain a cooperative nonviolent society.

Marcuse's “performance principle” gives a Freudian slant to the Marxian concepts of “alienation” and “reification.” Workers are said to be alienated from the potentially creative labor process because of subordination to bosses and regimentation to the rules autocratically imposed by the rule of capital. Workers are also alienated from the environment because of unsustainable attempts to conquer Nature and exploit it mercilessly, and alienated from other humans due to competition and narcissistic hyperindividualism. “Reification” in this context refers

to making humans into things in the labor market and the assembly line and others. Clients may in part reflect these social phenomena when they express feelings of being dead or of extreme detachment or of being used like a thing.

Marcuse also built on some of Reich's ideas on the political-economic function of sexual repression whereby pleasure would endanger the discipline and regimentation necessary to the subordination of labor in the industrial stage of capitalist political economy. Later he was to write in more detail about what might be called the anti-thesis to this pleasure repression that he called "repressive de sublimation" in the book *One Dimensional Man*.

Repressive de-sublimation is needed to stave off dangerous levels of discontent and/or to increase consumer demand in an economy that has a high degree of production capacity not being used due to lack of effective demand, which some economists, especially Marxist economists, see as characteristic of a stagnant, technologically advanced capitalism.

Marcuse is especially relevant to the contemporary clinician in his weaving together of the economic basis for all social life with the individual's subjectivity—not only how social structures generate and shape intrapsychic dynamics but building on Reich as to how intrapsychic dynamics maintain or inspire transformations in social structures.

My feeling is that Robinson instead of drawing out from the Freudian Left a synthesis of Freud and Marx has mostly emphasized Freud over Marx—sexual repression more than economic exploitation, cultural revolution more than working class self-emancipation through class struggle.

Freud himself seems to have been ambivalent about Marx. In Lecture 31 of the *Complete Introductory Lectures on Psychoanalysis* (1966) he states,

It seems likely that what are known as materialistic views of history sin in underestimating this factor (of the superego). They brush it aside with the remark that human ideologies are nothing other than the product and superstructure of their contemporary economic conditions.

That is true, but very probably not the whole truth . . .

Thus Freud states that historical materialism is true but sees it as only part of the total picture.

Also, while there is some social history in *The Freudian Left*, there is not much—it is basically three intellectual biographies with descriptions and analyses and reactions to the three sets of changing ideas and to the overlap and interactions among them. It is hardly consis-

tent with the insights of either Freud or Marx to all-but-ignore the "latent unconscious content," so to speak, which, on the collective scale, could be seen as the historical and social roots of the ideas.

For example, the connection between Freud's pessimism about human nature and his conservative political conclusions may have been heightened by Freud's material situation as a Jewish person living during (arguably) the most anti-Semitic period in human history. Also, Freud's upper-middle-class income and social power and status as a physician might have given him a stake in the status quo.

The Freudian Left is relevant to the psychoanalyst today not only as a worker or citizen but as a clinician. When, for example, one interacts with a client perhaps traumatized by abuse or neglect and considers how the abusing or neglectful parent was probably abused and neglected as well, one's thoughts turn to prevention and the role of social resources and the type of work stresses and social supports the parent experienced. One might usefully think about not only the introjected parent in the child but the introjected society in the parent. ■

Roger Lee, LISW, is a social worker in Ohio.

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Experiencing Jerrold Brandell's "A Suicide in the Therapist's Family: Life Changing Lessons for Practicing and Teaching Psychotherapy"

Sara E. Yates, MSW Candidate 2013



On September 29, 2012, the AAPCW held a compelling reading and discussion titled "A Suicide in the Therapist's Family: Life Changing Lessons for Practicing and Teaching Psychotherapy." Dr. Jerrold R. Brandell, a distinguished professor at Wayne State University School of Social Work, an accomplished lecturer, and a practicing child, adolescent, and adult psychotherapist, shared two deeply moving accounts, one clinical and one personal, of so-called therapeutic failures.

Brandell opened with the case of "Ben Daniels," a twelve-year-old male whose mother referred him to psychotherapy following his father's suicide. Since his father's death, Ben had seen two male therapists and had terminated therapy prematurely in both cases. It was notable that Ben's father had suffered from depression for many years and had rebuffed therapeutic intervention multiple times before he died. Brandell described the development of Ben's case, emphasizing the recurring themes of betrayal and the fears about "stealing treasure" that dominated Ben's interactions. Brandell spoke of the seemingly sudden shift in the therapeutic dynamic that occurred after several sessions of gradually building rapport and gaining Ben's trust. Ben became increasingly defensive and distrustful towards Brandell, fearing that his therapist would "betray him" or "get into his head." Ultimately, Ben discontinued the therapy, an action that Brandell speculated may have served to preserve his identification with his father who had previously rejected the same kind of therapeutic help.

Brandell's account of his short work with Ben included meticulous attention to detail, insightful analysis about Ben's traumatically interrupted relationship with his father, and curiosity about possible transference and countertransference themes. Despite his skilled work with this young boy, Brandell categorized Ben's case as a therapeutic failure, giving rise to questions of whether or not Ben's therapy was doomed to fail from the start. Was Ben bound to be wary of abandonment and betrayal by any adult male at this juncture in his life? Would he have

been more receptive to a female therapist? More startling, Brandell raised the question of if, therapist characteristics and analytic technique aside, it is possible that some patients are "beyond help."

From Ben's case Brandell moved into the second half of his paper, a far more personal account, the case of his cousin, who struggled with depression and ultimately died by suicide. Brandell described periods of time in which he felt hopeful, even times when he saw glimmers of his cousin shining through the malignant depression, but he also described his unsettling understanding of his cousin's ongoing battle. Brandell discussed his desire to facilitate a successful treatment experience, paired with his fear of interfering in his cousin's therapeutic process with a clinician Brandell respected but with whom he at times disagreed.

As Brandell read his paper, the emotionally charged topic clearly struck personal chords with many members of the audience. Brandell then turned his attention to the impact his personal tragedy has had on his professional practice. Brandell shared that after his cousin's death he reviewed again and again the final conversation they had had, disconcerted by the fact that it contained none of the "textbook" characteristics of a final goodbye. He spoke of the desire to make sense of the past by analyzing it, fashioning a story about it, and somehow mastering it through understanding. Brandell went on to recognize that psychoanalysis, for all its strengths and its richness, is a "post-dictive science." It is far easier to create a story about the past than it is to predict what will happen in the future.

Brandell talked about his disillusionment with clinical practice following his cousin's death. Brandell was struck with the understanding that some patients don't get better, and a person's psychological world is often unknowable and unpredictable. Brandell added, lightheartedly, that this disenchantment with therapy operated as a sort of corrective measure against the idealism of his early years in practice. Brandell closed his talk with a humble recognition of the limitations of both the craft and of human knowledge.

Discussant Dr. Margaret Arnd-Caddigan, associate professor of social work at East Carolina University, associate faculty member at Psychoanalytic Education of the Carolinas, and private practitioner, responded to Brandell's paper by exploring the concept of uncertainty in psychoanalytic practice. Perhaps most memorable, Arnd-Caddigan described an interview with a student in which she was asked to discuss the causes of depression. Arnd-Caddigan responded to the student's question, stating, "Anvils fall from the sky." Arnd-Caddigan's response at first elicited a laugh from the audience, but the pregnant silence that followed revealed that the unsettling truth of her statement resonated with those in attendance. Arnd-Caddigan spoke of the dangers of scientism, which she defined as "a strategy to live in a world that makes sense, that is safe," observing that frequently when a clinician thinks that he or she "knows," the clinician closes him or herself off to alternative possibilities. Arnd-Caddigan remarked about the particular dangers scientism poses when it is employed to make policy decisions, and repeatedly reminded the audience of her conviction that "knowledge is provisional." Arnd-Caddigan closed by talking about the psychotherapist's challenge in a world in which "anvils fall from the sky" and urged the audience to consider that the clinical impulse toward quick, decisive action may in fact be a "phobia of uncertainty."

The second discussant, Emery Gross, LCSW, BCD, is a faculty, training, and supervising analyst at the NY Institute for Psychoanalytic Self Psychology and the Harlem Family Institute, a founding member of the American Board of Examiners in Clinical Social Work, and coordinator of the Committee of the Association for Psychoanalytic Self Psychology, while also maintaining a private practice and offering consultation to other psychoanalysts. Gross took a topographical approach to the topic at hand, describing the depth of consciousness within the nature of theory. Gross distinguished between what he called the "profes-

sional approach," which he described as disciplined, structured, and at times confined by theory, and "lived experience," which he noted can be unpredictable and self-exposing and often leads to unformulated theories. Gross presented the challenge of the therapist in meeting his or her own need for a sense of agency, explaining that psychotherapists must reconcile the cognitive dissonance between acknowledging the failures produced by strict reliance on theory and the desperate need for the comfort and structure provided by maintaining faith in theory.

As a second-year MSW student at UNC-Chapel Hill, I found this reading and discussion to be one of the most gripping, thought- (and emotion-) provoking, and courageous introductions to the world of psychotherapy that I have encountered. I was moved by Brandell's vulnerability and honesty. The image, both humorous and tragic, of "anvils falling from the sky" has dominated my thoughts since I left the lecture Saturday morning. I am a very newly minted clinician with a remarkably loose understanding of my role, my efficacy, and my skill-set, and I was moved to hear seasoned clinicians describing the terror they feel when confronting their own idealism and their own panic surrounding the uncertainty of treatment, recovery, and the questions that arise about what constitutes a therapeutic "success." One member of the audience very honestly offered that he is no longer sure what, in a therapeutic sense, it means "to get better." He wondered aloud if in some ways suicide can be both tragic and triumphant, as the person has found a way to "get away from the anvils." The audience paused to consider this question, and after a few moments Bill Meyer, MSW, BCD, offered the audience a suggestion that is hopeful while also being realistic.

Meyer proposed that to "get better" is to experience some alleviation of suffering provided by the fact that two people can bear pain better than can one person alone. ■

**More startling,
Brandell raised the question of if,
therapist characteristics
and analytic technique aside,
it is possible that some patients
are "beyond help."**

The online version of this article is edited from the original.

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See pages 17–21 for conference details.

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Record Keeping in Psychotherapy and Counseling— Protecting Confidentiality and the Professional Relationship (2nd ed.)

by Ellen T. Luepker; Routledge—Taylor & Francis Group, 2012; 306 pages; \$39.95

Reviewed by Inge Oppenheimer, LCSW, BCD

There was a time when psychotherapy consisted of sessions in the consulting room, followed by brief handwritten notes documenting progress and any new issues. In those “good old days” the entire treatment process, including accumulated information about the treatment, involved solely the therapist and client, and, where indicated, collateral contacts such as family or professional consultants. There was no concern about the need to share patient information with anybody else. There were no legal concerns other than appropriate credentialing of the therapist, and not even that in some states.

But things have changed.

Now we have to address “managed care,” entailing sharing of information about the patient with insurance companies, said information often being reviewed by nonclinical personnel. And we have a plethora of legal requirements to ensure protection of the patient’s privacy and the confidentiality of the patient’s information. The potential conflict of interest between these two requirements alone is obvious.

There is also the increasing tendency these days to turn to the courts to address conflicts with commercial establishments or providers, including conflicts with treatment providers.

Thus record-keeping has taken on a new and important legal dimension, in addition to being an aid in tracking the progress of treatment.

Ellen T. Luepker’s *Record Keeping in Psychotherapy and Counseling—Protecting Confidentiality and the Professional Relationship*, second edition, provides guidelines for the many concerns raised in this new climate in which psychotherapy operates. This book deserves a place next to the DSM on every therapist’s reference shelf—the shelves of therapists of other treatment professions as well as those of social work clinicians.

It goes without saying that a book of this nature is not a page-turner, and I would not recommend it for relaxed downtime reading, except perhaps for an initial perusal. There are interesting case examples, and much of the text is written in easy-to-read conversational language. However this book is basically a 306-page, tightly packaged reference tome. The information is detailed and covers every area for which appropriate and adequate record-keeping is essential. In addition, it contains treatment protocols that to many old-timers will appear revolutionary; for example, having records actually read

by patients and integrated openly into the treatment process.

In addition to being a comprehensive reference for all aspects of record-keeping, Dr. Luepker’s book is an invaluable aid in structuring treatment itself. The concepts of patient autonomy and clinician openness about the structure and process of treatment as essential to good therapy permeate the book’s chapters. For example, the various areas noted to require documentation of informed consent stress the ongoing sharing with the patient of changes in diagnosis and clinical reasons for same, including clients having access to their written records. The importance of wording content with sensitivity and forethought to its use in direct therapeutic interaction cannot be overstated.

Always with record-keeping as context, this work offers a richness of guidance and information in every area of treatment, as indicated in this sampling of chapter headings: “Documenting Informed Consent”; “Confidentiality in an Electronic Age”; “Exceptions to Confidentiality”; “Developing Policies and Procedures for Protecting Confidentiality and Managing its Exceptions in an Electronic Era”; “Boundary Challenges—

See Record Keeping on page 16

Book & Film REVIEWS

I welcome suggestions for books to be reviewed, and if you have a chapter in an edited book, please send me the book and we will review it.

If you are interested in reviewing books or films, please send me your name and e-mail address.

You can reach me at dwsiskind@aol.com.



Diana Siskind, MSW

Impact of Electronic Communication on the Therapeutic Relationship; Using Patient Records as Therapeutic Tools; and Therapists and Records in the Legal System.

Included with the book itself is a DVD containing sample forms for the various record-keeping and other documents discussed throughout the book. These also appear in the appendices at the end of the book.

Themes that permeate the book's chapters include the following (in addition to the kinds of information required for records prepared for different purposes, as well as information which should not be included):

- Active engagement of clients in the record-keeping process as a whole, including obtaining written informed consent for every feature of treatment with careful and detailed documentation of same.
- Open discussion with clients about their diagnoses and treatment options on a continuing basis.
- The importance of familiarity with privacy and confidentiality regulations in one's state, as well as with professional ethics.
- The all-important being "where the patient is" when discussing the patient's condition and treatment with the patient.

There is a plethora of legal information—again presented in the context of appropriate record-keeping. This information is of direct importance not only to the treatment itself, but also to the client's well-being outside the consulting room. An example: If a client discloses details about a conversation with his or her lawyer, the recording of these details in the client's treatment records risks violation of attorney-client privileged communication, effectively eliminating the client's privilege should those records ever be required in a legal proceeding. Such discussion should only be recorded in a general way—to the effect that the client reported contact with his or her attorney—without including details. This piece of information was a big eye-opener for me!

A particularly relevant section for this day and age is found in chapter 7, "Boundary Changes—Impact of Electronic Communication on the Therapeutic Relationship." The risk of entrapment by the Internet is almost inescapable. Google-type search engines contain references one would never expect to be available to the public. There are myriad ways in which therapists' private lives can be laid open, social networking sites such as Facebook being only one example.

Fierce Joy: A Memoir

by Ellen Schecter; Greenpoint Press, 2012; 256 pages; \$20.

*Reviewed by Hank Blumfarb, LCSW,
and Robin Halpern, LCSW, DCSW*

If as a clinician you are looking for a book that attempts to model the actions of mentalization and mindfulness as well as the splitting of consciousness/ the witnessing-mind, while under chronic duress, this is a book to consider. Reflecting on what it's like to experience a serious chronic and debilitating medical condition, Schecter describes both her intrapsychic and interpersonal process throughout her journey.

The style is an imaginative one, with telltale signs of a children's book writer, and thus the style in which it is written will probably not threaten the reader's defenses. The tools for coping must be inferred.

This memoir is a useful introduction written for someone who is struggling with serious chronic medical conditions or for those who know someone with a chronic illness.

*Hank Blumfarb, LCSW, and Robin Halpern, LCSW, DCSW,
are both in private practice in New York, NY.*

I suggest that readers Google their own names to see what emerges. I have found my product evaluations at Amazon.com and Consumeraffairs.com and my letters printed in the New York Times listed. One does not even have to have done anything online oneself to be listed; for example, one's name as a reference in a published work by another author will do the trick.

While such revelations can be used productively in sessions, it is essential that therapists be alert to their possible appearance, and the chapter provides a rich discussion about different kinds of electronics in use currently, their risks and challenges for the treatment relationship, and ways practitioners can respond to these risks, based on important principals underlying treatment. A big risk with reference to e-mail communication between therapist and patient, by the way, is the fact that such e-mails constitute "a record, visible into perpetuity to unknown others" (120).

Interestingly, Dr. Luepker was herself trapped by the availability online of her first edition of this book, and a

See Record Keeping on page 27

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March 14–17, 2013

Durham Convention Center / Marriott Durham City Center
Durham, North Carolina

Psychoanalysis has had a sometimes painful history of splintering into disparate, exclusive groups. Some voices have been muted, while others have been privileged. Contemporary psychoanalytic theories and techniques pull from many sources and encourage multiple orientations. What is gained and what is lost by our efforts at integration or separateness? Is there still space for debate and dissent? In addition, how do issues of identity, race, gender, sexual orientation, and social class inform and challenge theory and practice? In an effort to deepen our understanding and enrich our practice, this conference seeks to facilitate dialogue among clinicians and scholars from a broad spectrum of the psychoanalytic community.

See the following pages for program schedule, events, and registration form. Visit **www.aapcsw.org** for a complete listing of the session descriptions, participant bios, hotel information, and online registration.

We look forward to seeing you in Durham in March!

Thursday, March 14

5:00–8:00 pm • Tour

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8:00–10:00 pm • Opening Reception (and conclusion of the tour)

Tyler's Restaurant and Tap Room, 324 Blackwell Street, in the American Tobacco Historic District. (For *all* conference participants, including anyone not on the tour. Cash bar.)

Friday, March 15

7:30–9:00 am • Registration/Breakfast

9:00–10:30 am

1. PLENARY

Welcoming Remarks: Penny Rosen, MSW
Opening Remarks: Karen Baker, MSW

The Ethics of the Psychoanalytic Situation

Jonathan Lear, PhD
Cathy Siebold, DSW, MSW, Moderator

10:45 am–12:15 pm

2. Under One Tent—Really? Mindfulness, EMDR, CBT, and Psychoanalytic Treatments

Sally Davis Comer, PhD, MSW, Chair
Heather Craigie, MSW
Alan Stern, PhD
Steven D. Bennett, PhD, Moderator

3. Can You Hear Me? Can You See Me? Can You Understand Me? Psychodynamically-Oriented Social Care in Clinical Work with Clients with Disabilities

Joan Berzoff, EdD, MSW, Chair
Carol B. Cohen, PhD, MSW
Joel Kanter, MSW
Cathy Orzolek-Kronner, PhD, MSW

4. Including Parents as Partners in Psychoanalytically-Informed Work on Behalf of Young Children

Denia Barrett, MSW, Chair
Diana Siskind, MSW
Erika Schmidt, MSW

5. The Psychoanalyst and 'the Homosexual': A Long Dark Journey into Light

William S. Meyer, MSW
Barbara Berger, PhD, MSW, Moderator

The (K)not of Self-disclosure: One Therapist's Experience

Jill Newberger, PhD, MSW
Barbara Berger, PhD, MSW, Moderator

6. A Psychoanalytic Conceptualization of Psychological Trauma

Harold Kudler, MD
John Chiaramonte, MSW, Moderator

The Work of Mourning Early Parental Loss

Naomi J. Schlesinger, MSW
John Chiaramonte, MSW, Moderator

7. Successful Writing for Professional Publication: Conversations with Journal Editors

Kathryn Basham, PhD, MSW
Jerry Brandell, PhD, MSSW
Lynn Froggett, MA, Dip ASW
Carol Tosone, PhD, MS, Chair

12:15–1:30 pm • Lunch

On your own or
General Membership Meeting of AAPCSW

1:30–3:00 pm

8. PLENARY Meaning Making as an Integrative Concept

Ed Tronick, PhD
Susan Bokor Nadas, MSW, Moderator

3:30–5:30 pm

9. Sophie's Dilemma: Relational Trauma and Adolescent Suicide

Anne Segall, MSW
Sally Fine, MSW, Moderator

10. Venice Beach Regulars:

The Courage of the Homeless
Stuart D. Perlman, PhD
Samoan Barish, PhD, DSW, MSW, Moderator

The Intersubjective Action of Case Advocacy and Engagement in a Working Alliance

Lorraine R. Tempel, PhD, MSW
Samoan Barish, PhD, DSW, MSW, Moderator

11. The Role of Culture in Eating Disorders: A Particular Psychoanalytic Perspective

Yael Kadish, PhD
Anne Marie Dooley, MSW, Discussant
Ashley Warner, MSW, Moderator

Putting It Together: An Integrative Approach to Treating Eating Disorders

F. Diane Barth, MSW
Ashley Warner, MSW, Moderator

12. The Dynamics of Bullying—And How Psychoanalytic Understanding Changed a School

David Smith, MD
Renee Prillaman, PhD
John Heffernan, MA
Harold Kudler, MD, Discussant
Peter Perault, MD, Moderator

13. Money and Mayhem: The Clinical Hour and The Commodification of Helping

AAPCSW Committee on Social Justice:
Judith Aronson, PhD
C. Mark Massullo, MSW
Brenda Solomon, PhD, MSW
Jennifer Tolleson, PhD, LCSW, Chair

14. "Yes, and . . ." Not "Yes, but . . .": A Multi-Orientation Psychoanalytic Training Model

Judy Levitz, PhD, Chair
Leslie Cardell, MSW
Paul Hays, MSW
Michael Jenkins, MSW
Renee Obstfeld, LCAT

15. Can We Talk? Relational and Lacanian Psychoanalysis on the Brink of a Conversation

Barbara Tholfsen, MS, Chair
Daniel Buccino, MSW
Teresa Méndez, MSW
Avgi Saketopoulou, PsyD
Jamieson Webster, PhD

Saturday, March 16

7:45–9:00 am • Breakfast

9:00–10:30 am

16. PLENARY The Political Unconscious: What Psychoanalysis Can Contribute to our Understanding of American Politics

Jane Flax, PhD
Samoan Barish, PhD, DSW, MSW, Moderator

10:45 am–12:15 pm

17. **Theory, Autobiography, and Paradigm Shifts**

Theresa Aiello, PhD, MSW
Judith Rosenberger, PhD, MSW, Moderator

Under One Tent: Collecting Essentials and Avoiding Vital Throw-Outs

Patsy Turrini, MSW
Judith Rosenberger, PhD, MSW, Moderator

18. **Shadows of Multiple Realities within Clinical Encounters: Intersections of Race, Gender, Sexual Orientation, Ethnicity, Class, Age, Religion, and Ability**

AAPCSW Committee on Diversity and Otherness:
Kathryn Basham, PhD, MSW, Chair
Cathleen Morey, MSW
Mari-Anna Yuko Bergeron, MSW
Janice Berry Edwards, PhD, MSW, Moderator

19. **Peasant in the Analyst's Chair: Reflections, Personal and Otherwise, on Class and the Forming of an Analytic Identity**

Elizabeth Corpt, MSW
Edward Kaufman, MD, MFA, Moderator

Psychoanalysis Later in Life: A Clinician's Perspective as Analyst and Patient

Renee Goldman, MSW
Edward Kaufman, MD, MFA, Moderator

20. **The Widening World of Trauma in Psychodynamic Practice: Contemporary Theoretical and Clinical Issues**

Faye Mishna, PhD, MSW
Shoshana Ringel, PhD, MSW
Jerry Brandell, PhD, MSSW, Chair

21. **Proust's Novel: A Clinical Case and the Psychological and Social Determinants of Snobbery, Prejudice, and Love**

Arlene Kramer Richards, EdD
Lucille Spira, PhD, MSW
Adriana Passini, MSW, Moderator

22. **Adolescence: Developmental Issues in Gender and Sexuality**

Jeffrey L. Longhofer, PhD, MSW
Wendy Winograd, MSW
Susan Sherman, DSW, MSW, Chair

12:15–2:00 pm • Luncheon

Music with violinist Sonia Hsieh and friends, performing works by J. S. Bach and Tchaikovsky.

Lifetime Achievement Awards to

Barbara Berger, PhD,
presented by William S. Meyer, MSW.
Jay C. Williams, PhD,
presented by Anne Segall, MSW.

Student/Candidate Paper Awards to

Raine Gifford, MSW, and Yael Kadish, MA,
presented by Susan Sherman, DSW,
and Diana Siskind, MSW.

2:15–3:45 pm

23. **Some Psychoanalytic Reflections on Friendship**

Joyce Edward, MSSA
Richard Karpe, MSW, Moderator

The Role of a Visible/Visual Disability in the Clinical Dyad

Fanny Chalfin, MSW
Richard Karpe, MSW, Moderator

24. **Falling Through the Cracks: Psychodynamically-Oriented Social Care with Homeless Women and Their Children, Pregnant and Parenting Teens, and Men in Prison**

Joan Berzoff, EdD, MSW, Chair
William S. Meyer, MSW
Elizabeth Kita, MSW
Cara Segal, MSW

25. **Mourning and Creativity: Finding the Write Words**

Sheila Felberbaum, MSW
Jay C. Williams, PhD, MSW, Moderator

Integrating Practices of Psychoanalysis and Mindfulness: Becoming Mindful of What?

Karen Redding, PhD, MSW
Jay C. Williams, PhD, MSW, Moderator

26. **Understanding the Undifferentiated Selfobject: A Redefinition of Symptoms and Disorders**

Crayton E. Rowe Jr., MSW
Janet Burak, LCSW, Moderator

27. **On Father-Son Love, Transference, and Repair**

Peter Z. Perault, MD
Sylvia Teitelbaum, MSW, Moderator

Skin of Hate, Skin of Love

Peter Wood, MSW
Sylvia Teitelbaum, MSW, Moderator

28. **The Problem with Pleasure**

Janet Migdow, PhD, MA
Michele Rivette, MSW, Moderator

Living in Terror, Working with Trauma: New Orleans and Israeli Clinicians' Perspectives on Shared Trauma

Carol Tosone, PhD, MS
Michele Rivette, MSW, Moderator

29. **Critical Illness in Older Adults: Selfobject Survival in Later Life**

Liz B. Johnston, MSW
Deborah Bunim, PhD, MSW

Traversing the Middle-Distance: Perspectives on the Integration of Loss

Kerry Malawista, PhD, MSW
Deborah Bunim, PhD, MSW

4:00–5:30 pm

30. **Words Matter: Getting It or Not**

Deborah Field Washburn, MPH
Molly Kiefer, MSW, Moderator

Waiting for Godot in the 21st Century—The 'Lemming' Effect: Freeing Apathy and Impassivity in Analytic Treatment

Ellen Ruderman, PhD, PsyD, MSW
Molly Kiefer, MSW, Moderator

31. **Getting Connected: The Virtual Holding Environment**

Sally Davis Comer, PhD, MSW, Chair
Andy Dunlap, PhD, MSW
Kari Fletcher, PhD, MSW
Margaret Arnd-Caddigan, PhD, LCSW, Moderator

32. **Psychoanalysis and Symptoms: A Conundrum?**

Robert E. Hooberman, PhD
David Stanislaw, MSW, Moderator

Rebuilding the Nest: Reworking Adolescent Development in Adult Addiction Recovery

Robert G. Whitman-Raymond, MSW
David Stanislaw, MSW, Moderator

33. **Case Studies and Research: Opening a Conversation**

Jerry Floersch, PhD, MSW, Chair
Jeffrey Longhofer, PhD, MSW
Jacob Suskewicz, MFA
Miriam Jaffe-Foger, PhD

34. **Keeping a Partially Closed Mind: Unanalyzed Countertransference in Working with Couples and Families**

Carl Bagnini, MSW
Velia Frost, MSW, Moderator

Recognizing Guilt: Therapeutic Ruptures with Parents of Children in Psychotherapy

Elissa Baldwin, MSW
Velila Frost, MSW, Moderator

Full session descriptions, objectives, and participant bios online at www.aapcsw.org

35. **Finding Betsy in Dreams: The Role of Daydreams, Reveries, and Non-verbal Imagery in Fostering Understanding and Growth in the Therapeutic Relationship**

Raine Gifford, MSW
Susan Sherman, DSW, Discussant
Helen Steinberg, MSW, Moderator

7:30–11:00 pm • Blue Jean Ball
(Wine bar opens 6:15 pm)

Durham Arts Council, 120 Morris Street
(1 block from the Marriott)

Dress in your favorite denim for a relaxed evening of camaraderie, BBQ buffet (vegetarian options), the jazz quartet of AAPCSW members John Chiramonte and Jerry Brandell, and bluegrass music by the Kudzu Ramblers including Sid Comer of PECC on guitar.

Separate registration required. Guests welcome.

●
Sunday, March 17

7:45–9:00 am • Breakfast

9:00–10:45 am

36. **PLENARY
Trauma the World Over and the Evolving Psychoanalytic Approach**

Judy Ann Kaplan, MSW, Moderator

Perversion of Power when Mourning Never Comes

Mary Gail Frawley-O'Dea, PhD

A 'Forward Edge' Approach to Trauma: From the Couch to the Community and Back

Mark D. Smaller, PhD

11:00 am–12:30 pm

37. **On Unrequited Love: Mastery, Submission, and Transcendence**

Shoshana Ringel, PhD, MSW
Judy Byck, MSW, Moderator

Hungry for Ecstasy: Trauma, the Brain, and the Influence of the Sixties

Sharon K. Farber, PhD, MSW
Judy Byck, MSW, Moderator

38. **Community-based Intervention for Vulnerable First-time Parents**

Janis Williams, MSW
Karen O'Donnell, PhD
Carole Dubber, MSW, Moderator

39. **Just Enough Distance: Using Skype in the Treatment of a Borderline Patient**

Rebecca Sahm Mahayag, MSW
Patricia Macnair, MSW, Moderator

Web-Based Supervisor Training: Real Relationships in Cyberspace

Lynn Rosenfield, MSW
Patricia Macnair, MSW, Moderator

40. **"I Am Not Who I Thought I Was": Use of Grief Work to Address Disrupted Identity among Hispanic Adolescent Immigrants**

Laura D. Miller, MSW
Michael De Simone, PhD, MSW, Moderator

Will You Leave Me Too?: The Impact of Father Absence on the Treatment of a Ten Year-Old Girl

David Strauss, MSW
Michael De Simone, PhD, MSW, Moderator

41. **LGBTQ Considerations in Psychotherapy**

Carolyn Stevenson, MSW, MDiv, Chair
Morgan McClaren, PhD
Louis Pansulla, MSW

42. **Innovations in Practice: The China American Psychoanalytic Alliance (CAPA) Experience**

Janice Berry-Edwards, PhD, MSW
Judith Rosenberger, PhD, MSW
Cathy Siebold, DSW, MSW, Chair
Elise Snyder, MD

●
Participants Include:

Joyce Edward, MSSA Formerly, Smith, Hunter, and Adelphi schools of social work, and NY School of Psychoanalytic Psychotherapy and Psychoanalysis. Co-author, *Separation-Individuation Theory and Application*. Co-editor, *Fostering Healing and Growth* and *Social Work Psychoanalyst's Casebook*. Author, *The Sibling Relationship: A Force for Growth and Conflict*. Retired from practice, So. Setauket, NY.

Jane Flax, PhD Faculty, Philosophy and Religion Department, American Univ. Previously, Howard Univ., Stanford, and UMass, Amherst. Author, *Thinking Fragments*, *Disputed Subjects*, *The American Dream in Black and White* and *Resonances of Slavery in Contemporary Race/Gender Relation*. Private practice, Washington, DC.

Mary Gail Frawley-O'Dea, PhD Co-director, Presbyterian Samaritan Center, Charlotte, NC. Formerly, Adelphi Univ., Manhattan Institute for Psychoanalysis, and NIP. Co-author, *Treating the Adult Survivor of Childhood Sexual Abuse* and *The Supervisory Relationship: A Contemporary Relational Perspective*. Author, *Perversion of Power: Sexual Abuse in the Catholic Church*.

Jonathan Lear, PhD John U. Nef Distinguished Service Professor, Committee on Social Thought and the Department of Philosophy, Univ. of Chicago. Chicago Psychoanalytic Institute. Recipient, the Andrew W. Mellon Foundation Distinguished Achievement Award. Author, *Freud, Radical Hope: Ethics in the Face of Cultural Devastation* and *A Case for Irony*. Private Practice, Chicago, IL.

Crayton E. Rowe, Jr., MSW, BCD-P Founder, AAPCSW. NY Institute for Psychoanalytic Self Psychology. Author, *Treating the Basic Self*. Co-author, *Empathic Attunement, The "Technique" of Psychoanalytic Self Psychology*. Contributor, *Progress in Self Psychology*. Private practice, New York, NY.

Ellen G. Ruderman, PhD, PsyD, LCSW Institute for Contemporary Psychoanalysis. Former Area Chair, So. CA, AAPCSW. Co-Editor/Autor, *Therapies with Women in Transition, Contemporary Clinical Practice: The Holding Environment Under Assault* and papers on the impact of the outside world on treatment. Private practice, Encino, CA.

Diana Siskind, MSW, LCSW Author, *The Child Patient and the Therapeutic Process: A Psychoanalytic Developmental Object Relations Approach*, *Working with Parents: Establishing the Essential Alliance in Child Psychotherapy and Consultation* and *A Primer for Child Psychotherapies*. Private practice, New York, NY.

Mark D. Smaller, PhD President-elect, American Psychoanalytic Association. Founding Director, Project Realize at Morton Alternative School in Chicago and Southwest Michigan. Former Director, Neuropsychology Foundation. Author, papers on psychoanalytic concepts to solve problems in public education. Private practice, Chicago, IL.

Ed Tronick, PhD Distinguished Professor of Psychology, UMass, Boston. Professor, Harvard Medical School, School of Public Health and Human Development, and School of Education. Boston Psychoanalytic Society and Institute. Author and co-author, 300 papers and videos on neurobehavioral and social-emotional development of infants and young children, parenting in the US and other cultures, and infant-parent mental health.

Patsy Turrini, MSW, LCSW NY School for Psychoanalytic Psychotherapy and Psychoanalysis. Derner Institute, Adelphi Univ. Distinguished Practitioner, Nat'l Academies of Practice; Initiator, The Mothers Center Model, Motherscenter.org. Co-author, *Separation/Individuation: Theory and Application*. Co-editor, *Inner World of the Mother*. Private practice, Merrick, NY.

Conference Planners:

Penny Rosen, Conference Chair
 Cathy Siebold, Program Co-Chair
 William Meyer, Consultant

Committee:

Karen Baker (AAPCSW President),
 Terrie Baker, Samoan Barish,
 Lisa Barnhardt (Exhibits), Barbara Berger,
 Sally Comer (Student Volunteers),
 Michael Jokich (CEUs), Judy Ann Kaplan,
 Molly Kiefer (Hospitality), Beth Lansing,
 Patty Macnair (Treasurer),
 Susan Bokor Nadas (Faculty),
 Nancy Perault (Hospitality),
 Kim Sarasohn (Call for Papers),
 Susan Sherman (Student Call for Papers),
 Diana Siskind (Student Call for Papers),
 Carolyn Stevenson (Editor), Christy Tronnier.

See page 14 for a list of our Readers.

Conference Location

The *Durham Convention Center* is connected to the *Marriott Durham City Center*, which is located in historic downtown Durham.

Hotel Reservations

Marriott Durham City Center,
 201 Foster Street, Durham, NC.

Reserve by *February 13, 2013*, for a discounted rate of \$119/night. Call Marriott reservations 800.909.8375 and mention AAPCSW/NIPER. For online reservations: www.marriott.com/rducv, enter group code APIAPIA.

CEUs

15.75 Continuing Education Units.

Important disclosure information: None of the planners and presenters of this CE program have any relevant financial relationships to disclose.

More Information

For session descriptions and biographies of all participants visit www.aapcsw.org.

Registration

Complete and return the form at right or register online at www.aapcsw.org. Check website for any updates.

Registration Form

Name
 Address
 City / State / Zip
 Phone: Daytime Evening Cell
 Fax Email

Paper, Panel, and Workshop Selection

List 1st, 2nd, and 3rd choices for each time slot by writing the number as it appears in the schedule.

Friday, 10:45 am	(nos. 2–7)	..... 1st	..... 2nd	..... 3rd
Friday, 3:30 pm	(nos. 9–15)	..... 1st	..... 2nd	..... 3rd
Saturday, 10:45 am	(nos. 17–22)	..... 1st	..... 2nd	..... 3rd
Saturday, 2:15 pm	(nos. 23–29)	..... 1st	..... 2nd	..... 3rd
Saturday, 4:00 pm	(nos. 30–35)	..... 1st	..... 2nd	..... 3rd
Sunday, 11:00 am	(nos. 37–42)	..... 1st	..... 2nd	..... 3rd

Check if attending:

- Thursday, 4:45 pm, *Taste Carolina* walking tour (Separate fee, \$55)*
- Saturday Evening *Blue Jean Ball* at Durham Arts Council (Reserve tickets, \$35 each)*

Conference Registration Category

	Early by 1.10.13	Standard by 3.2.13	On Site after 3.2.13
Postmarked			
AAPCSW Member	..... \$340	..... \$390	..... \$440
Non-Member	..... \$390	..... \$440	..... \$490
Student (Full-time student with verification)	..... \$120	..... \$130	..... \$140

Conference registration fee includes continental breakfasts and Saturday luncheon.*

* List dietary restrictions/food allergies

Payment Summary

Conference Registration Fee (see above)	\$
Thursday Taste Carolina Gourmet Food tour (\$55)	\$
Saturday Evening Blue Jean Ball (\$35 per person)	
Number of tickets x \$35	\$
CEU Fee (\$15)	\$
Total	\$

Payment Type (check one)

- Check—Please make payable to NIPER
 (National Institute for Psychoanalytic Education and Research, Inc., educational arm of AAPCSW)
 - Visa Mastercard American Express
- Card Number Exp. Date Security Code
- Billing Address
- Signature (as on card)

Mail enclosed check with this form to:

NIPER c/o Schwartz Partners, 25-79 31st Street, Astoria, NY 11102-1748

Credit card payments can be mailed to above address or faxed to 718.728.7416

Questions? Call 718.728.7416 or e-mail support@aapcsw.org

Cancellation Policy: Refunds (less \$50 administrative fee) will be granted only upon written requests postmarked on or before 3.2.13.

Online registration at www.aapcsw.org

Area Representatives' Corner

Southern California, Orange County & Los Angeles

Submitted by Karen K Redding, LCSW, PhD, Orange County Chair, and Joan Rankin, PsyD, LCSW, Los Angeles Chair

Given this year's presidential election and the emergence of political discussions in our psychotherapy offices, the Orange County Chapter of AAPCSW sponsored a one-day lecture and workshop with Andrew Samuels on October 6, 2012. Dr. Samuels is an internationally renowned professor of analytical psychology at Essex, London, and cofounder of the UK's Psychotherapists and Counselors for Social Responsibility. He has authored several books, including *Politics on the Couch: Citizenship and the Internal Life*.

The workshop explored the following topics:

(1) What is the role of psychoanalysis and psychotherapy in relation to political problems and processes? (2) How might Western societies move from financial sadism to relational economics? (3) Are there spiritual and political dimensions to psychological experience? What happens to people deprived of these aspects of experience? and (4) Is there a role for politics in the clinical space?

The event was cosponsored by the Los Angeles Institute and Society for Psychoanalytic Studies Trauma Center; the Orange County and Los Angeles chapters of the AAPCSW; the Up-Rooted Mind Committee; and the C. G. Jung Institute of Los Angeles.

As chapters of the AAPCSW, it is our hope to continue to widen the lens of both the micro and macro focus and work collaboratively with our multidisciplinary psychoanalytic colleagues. ■

Nevada

Submitted by Marilyn H. Palasky, PhD, LCSW, Area Chair, and Tim Hamilton, LCSW, area member

On June 30, Symposium on Mental Health Best Practices, the first of a number of Mental Health Practice Trainings held in the Las Vegas area (see www.mentalhealthlv.com), was a success. Attendees in the morning sessions were treated to overviews of up to date practical approaches to service provision being used currently in physiological areas such as mental health medications and psychological/dialogical areas such as Gestalt therapy and dialectical

behavioral therapy, each with a focus to maximize the beneficial outcome to clients. Afternoon attendees were brought up to date on developments in the fields of chiropractic and hypnotherapy as applied to helping clients dealing with mental health concerns. To finish the day attendees were provided a glimpse into the practical specifics of contemporary case management and working with managed care insurance systems to obtain the best services fit to client needs.

Our planning committee all are professional psychotherapists who meet to decide what patients, friends, and students want to learn, and we keep it interactive with questions at the end portion of each forty-five-minute presentation. The August 25 Symposium on Parenting in Las Vegas started with "What Parents Should Know about Meds," "Parenting Theory: Attachment, Holding, Listening," and "Foster Care and Single Parenting." The afternoon included "What the School Counselor Wants," "Home Schooling," and the panel discussion "The Ethics of Parenting."

Our November 3 Symposium on Modern Psychoanalysis and Ethics hosted a senior clinician and founding member from the Manhattan psychoanalytic training institutes the Center for Group Studies and the Center for Modern Psychoanalytic Studies. Gerald M. Fishbein, PhD, was interviewed with questions we collected from our community regarding their interest in transference, countertransference, resistance, and joining during the morning session. The afternoon was also interactive, with the ethics of those psychoanalytic principles discussed in terms of their efficacy in the treatment dyad: Is there an ethical code to transference? What laws are active in countertransference? Surely resistance is subject to some natural rules and regulations in session. What should the boundaries be when using the join?

Watch www.mentalhealthlv.com for upcoming events. ■

Rhode Island

Submitted by Lee Miriam Whitman-Raymond, PhD, MFA, Area Chair

Rhode Island area held its first event in April of 2012, at the Rochambeau library. It was a well attended, with Cathy Siebold, DSW, speaking on issues of class in



psychoanalytic psychotherapy. We are in the middle of planning our second event, a brunch and informal chat with Louis Rothchild for late fall. We are delighted to have George Hagman available to speak to us at our second annual spring event in April 2013. We also have an ongoing study group that started in May 2011 and meets monthly to discuss articles and cases. ■

Western Massachusetts Washington State Washington DC / Baltimore

Submitted by Penny Rosen, MSW, BCD-P, President-elect

Berkshires, Massachusetts

When I was receiving announcements of programs in the Berkshires sponsored by the Western Massachusetts and Albany Association for Psychoanalytic Psychology (WMAAPP), I realized that AAPCSW did not have a presence in that area. I approached Claire Rosenberg, an AAPCSW member in Stockbridge, MA, who put me in touch with Joan Burkhard of WMAAPP. This led to us working on cosponsoring a program on Saturday, October 13, at the Red Lion Inn on Main Street in Stockbridge.

Crayton E. Rowe Jr., MSW, BCD-P, was the invited speaker who presented a paper titled “Understanding the Undifferentiated Selfobject: A Redefinition of Symptoms and Disorders—A Case Example.” Rowe has extended Kohut’s selfobject concept to enable therapists to work successfully with populations that are most difficult to treat and that create enormous anxiety and countertransferential reactions, including patients who are suicidal, addictive, obsessive, and anorexic. His presentation was an opportunity for the participants to expand their clinical skills with in depth understanding and appreciation of the symptoms and disorders of these patients. Rowe’s extension of Kohut’s concept of selfobject has redefined symptoms and disorders and has called into question the validity of diagnostic manuals.

Rowe is the author of *Treating the Basic Self* and coauthor, with David MacIsaac, PhD, of *Empathic Attunement: The “Technique” of Psychoanalytic Self Psychology*. Rowe is a contributor to *Progress in Self Psychology* and an author of a number of other psychoanalytic publications. He is founder of the American Association for Psychoanalysis in Clinical Social Work and founding and faculty member of the New York Institute for Psychoanalytic Self

See Area Representatives’ Corner on page 24

“Sophie’s Dilemma: Relational Trauma and Adolescent Suicide”—A Report from North Carolina

Jennie Dickson, Graduate Student,
UNC School of Social Work

Submitted by
William S. Meyer, MSW, BCD, Area Chair

*Presentation of Anne Segall, LMSW,
and discussant Beverly Simmons,
LCSW, at the UNC School of Social Work, May 19, 2012.*



As a clinician, the sight of a lanky, fourteen-year-old client doing a backflip off the couch in your office may elicit a variety of feelings, awe and horror likely among them. Paul, the psychologist portrayed in HBO’s popular drama “In Treatment,” witnessed this spectacle when his client, Sophie, an Olympic-level gymnastics competitor, tumbled backward and alighted gracefully on his carpet. His relief upon her safe landing was fleeting, as only a few minutes later Sophie downed a bottle of pills from his bathroom and collapsed on the floor.

Adolescent suicide, according to speaker Anne Segall, LMSW, and discussant Beverly Simmons, LCSW, must be understood within the context of three lenses: (1) the developmental frame, (2) relational trauma, and (3) developmental regression and the suicide sequence. In her talk, Ms. Segall described the complex evolution of the adolescent mind and body, touching on identity, familial interactions, and the development of the self. She explained how the interruption of this process through relational trauma such as loss or abuse can disrupt attachment, ability to regulate emotions, self soothing, and unleash destructive defensive patterns.

Using Sophie’s story as a backdrop for a discussion of adolescent suicide, Segall displayed how the relational trauma Sophie experienced when she was sexually abused by her gymnastics coach resulted in her suicide attempts and self-destructive behaviors.

Sophie had experienced an early loss of her father through divorce, leaving her emotionally vulnerable to her gym coach who had taken on a paternal role. While her coach’s wife was away from home for an extended period of time, Sophie cared for his daughter and even slept at his home. After her coach molested her, he

See Sophie’s Dilemma on page 24

Psychology. He is a member of the National Psychological Association for Psychoanalysis, the New York Freudian Society, and the International Psychoanalytical Association.

Washington State

Keith Myers, LICSW, diligently helped us in our search for a new area chair for Washington State. Amy Ferlazzo was recruited and appointed to the position. We welcome her as she assesses the needs of the area and finds ways to respond to those needs. We look forward to hearing more from her.

Greater Washington DC / Baltimore

Joel Kanter, MSW, LCSW-C, Listserv Moderator, was appointed to lead the chapter in this area. Susan Marks continues to be Membership Liaison. They are planning programs, which they will publicize. ■

Sophie's Dilemma, continued from page 23

abandoned her emotionally, leaving her traumatized, vulnerable, guilty, and alone.

Sophie's story unfolds over the course of treatment, and we learn in detail the relationship she had with her coach. In the final scene of Segall's presentation, Sophie arrives in Paul's office after a night partying with classmates. She describes dissociating during a sexual encounter, and soon describes her suicide attempt and reveals her intentions to Paul. He sits next to her and touches her shoulder. She leaves to use the bathroom, finds a bottle of pills, and swallows them all before she rushes toward the door and falls to the floor.

Beverly Simmons offered insightful commentary after Segall's talk, furthering an analysis of Sophie's character as it represents the adolescent suicide sequence. Beverly's insights opened the conversation, allowing the audience at UNC-Chapel Hill to discuss Paul's therapeutic approach and the many missed opportunities he had to intervene prior to her second suicide attempt. Finally, the audience discussed the challenges involved in maintaining a therapeutic trust and alliance when considering committing a patient with suicidal ideation. Participants noted the risk of further alienating and retraumatizing adolescent patients by hospitalizing them against their will.

The discussion and case study underscored the complexities of adolescent suicidality and the audience was encouraged to further explore the interface of trauma, loss, alienation, and intimacy that often accompany the troubled adolescent. ■

By now you may be asking, Why is this important to me as a clinical social worker psychoanalyst or a psychoanalytically informed social worker? Within the halls of social work education we have seen an erosion of psychoanalytic thought embedded in the curriculum. As clinical social workers we hear the disparaging comments about psychoanalysis. We are bombarded with "the quick fixes" attributed to CBT, DBT, and medication. There is a good deal of work and education that we need to do to combat the negative perspectives and perceptions of psychoanalysis. If the ACPEinc is successful in their pursuit to be recognized by the DoE and if utilized by psychoanalytic programs, this would be a major step toward, what some refer to as the "institutionalization" of psychoanalysis.

These are some big "ifs" on the table. So why would we want to pursue the "institutionalization" of psychoanalysis? This is certainly a controversial issue. I imagine if I were to poll our members, I would find some who would agree with this, others who would oppose it, and still others who may see it as irrelevant. Nonetheless, members of the Consortium are supporting ACPE's pursuit for accrediting institutes and pursuing approval from the DoE. If ACPE is successful, psychoanalysis would be recognized as a specialty treatment for those suffering from emotional problems and mental disturbances.

Accrediting institutes is one issue pertaining to "institutionalizing" psychoanalysis. A second issue is credentialing. The ACPEinc has set a standard for faculty, supervisors, and graduates of accredited institutes to be certified by an independent organization.

In 2004, with knowledge of this credentialing standard, the American Board of Examiners in Clinical Social Work (ABE) published a position statement on the advanced practice of psychoanalysis by clinical social workers. The position statement is comprehensive in its description of the characteristics of clinical social work practice of psychoanalysis and the various approaches used by clinical social workers in this specialty area.

Several of our esteemed colleagues were readers of this document, including Jerrold Brandell, Laurie Curtis, Rosemarie Gaeta, Judy Ann Kaplan, Joseph Palombo, David Phillips, Crayton E. Rowe, and Cathy Siebold, to name but a few. This three-year project resulted in establishing the Board Certified Diplomate in Clinical Social Work-Psychoanalysis (BCD-P).

The idea of obtaining another credential or accrediting institutes may seem immaterial and have little or no

benefit to your professional life. However, accreditation and certification is but one strategy that promotes psychoanalysis as an effective method of treatment and has the potential to benefit clinical social workers practicing psychoanalysis. If psychoanalysis is recognized by the DoE, this will secure the practice of psychoanalysis as an advanced specialization within all the mental health disciplines including clinical social work.

I hope this offers you some understanding of the Psychoanalytic Consortium as well as the importance of the ACPEinc and the BCD-P as efforts toward the advancement of the practice of psychoanalysis. You can learn more about ACPEinc by going to www.acpeinc.org or about the BCD-P by going to www.abe.org.

Farewell and Welcome

Change is happening within the AAPCSW. After eighteen years of stellar work, Deborah Dale has decided to resign from the AAPCSW to pursue personal and professional opportunities. We now have a new administrator, Barbara Matos.

There is no doubt that Deborah has been an integral part of our organization. Throughout the years, she conversed with many of you over the phone or by e-mail to assist you with your committee chairs. It is not an easy task to be the administrator for an organization without walls, conducting the majority of its business via phone and e-mails! Nonetheless, Deborah kept business running efficiently. Since assuming my presidency last October, I have gotten to know and appreciate Deborah all the more, as we had the opportunity to work closely together on several projects. She has always been conscientious, patient, kind, respectful, and a bit of a perfectionist, taking her work seriously and always striving for the best.

As we bid farewell to Deborah, it is my pleasure to welcome and introduce you to Barbara Matos. Barbara comes to us as an experienced administrator. She is the administrator and executive director with the Accreditation Council for Psychoanalytic Education, Inc. (ACPE). For many years before that, she held positions that include director of grants and administration, administrative director, and program coordinator of resource development at the American Psychiatric Foundation of the American Psychiatric Association in Virginia. Deborah has been training Barbara throughout the summer. Some of you may have already been in e-mail contact with her regarding membership questions. As Deborah passes the baton to Barbara, I anticipate a smooth transition with

as little disruption as possible to our membership. I am confident that Barbara will continue in Deborah's competent footsteps! I know that all of you wish Deborah the best, as we welcome Barbara into our organization.

Another Important Milestone for Clinical Social Work and Psychoanalysis

In my winter News from the President column (December 2011), I brought to your attention the historic achievement that the journal *Psychoanalytic Social Work* is now available on the PEP. Another significant milestone happened shortly thereafter, when Mark D. Smaller, PhD, was elected by the American Psychoanalytic Association's membership as president-elect. Dr. Smaller assumed this position in June 2012 and will serve as the president-elect until June 2014, at which time he will take on his role as president until 2016. Dr. Smaller is the first clinical social worker to be elected president in APsaA's one-hundred-year history. In case you missed it, the Winter 2012 AAPCSW newsletter had a brief article about his being elected as president-elect and his contributions to psychoanalysis. Dr. Smaller is interested in the AAPCSW and APsaA working together on a future project. I will keep you informed when a joint project unfolds. ■

From the President-Elect, continued from page 3

be a panelist on writing for professional publications.

In the *LA Times* front-page story "Compassion Colors Santa Monica Therapist's Portraits of the Homeless," Stuart Perlman relates to us all being "one thin line from being traumatized and homeless." He brings to our conference his project of oil portraits of the homeless and a documentary on the subject.

Finally, for some fun activities we have a "Taste Carolina" walking tour of downtown Durham, including the city's history and architecture, and an evening Reception on Thursday, March 14. Saturday's Luncheon will be accompanied by live music of Bach and Tchaikovsky. On Saturday evening we will hear jazz and bluegrass bands at the Blue Jean Ball, with musicians including John Chiamonte, Jerry Brandell, and Sid Comer, who are psychoanalysts.

With so much in store for you, we know you would want to be part of this "Under One Tent" experience with its unique Southern flare. Join us in Durham for an exhilarating time! ■

Board Certification for the Clinical Social Worker Psychoanalyst

The specialty credential Board Certified Diplomate in Clinical Social Work-Psychoanalysis (BCD-P) enables expert clinical social workers to be recognized for proficiency in psychoanalysis. It is based on practice competencies identified through research and consultation and embodied in the position statement, *The Practice of Psychoanalysis: A Specialty of Clinical Social Work*. The Accreditation Council on Psychoanalytic Education (APCE) recognizes the BCD-P credential preferentially for those wishing to serve as training analysts at accredited institutes.

Applicants must hold the BCD or fulfill the requirements for the BCD and must meet the criteria either as a graduate of a psychoanalytic institute or a nongraduate.

Graduated from an Institute:

Training: Graduate of a psychoanalytic institute training program

Personal Analysis by a training analyst or equivalent (who had at least 5 years of post-graduate experience as a psychoanalyst), in-person, for a minimum of 40 weeks/300 hours during a year (at a frequency of 3–5 sessions per week, on separate days)

Supervision:

- 1) Received supervision in practice for at least 150 hours by a training analyst or equivalent
- 2) Under supervision, conducted two in-person adult psychoanalysis cases—at least one supervised to completion—lasting at least 2 years in one instance, and at least 1 year in the other

Specialty Practice Experience:

- 1) Within the past year, amassed a minimum of 300 hours of clinical social work practice informed by psychoanalytic theory and formal psychoanalysis with at least two analysands
- 2) Within three years or more, amassed 4,500 hours of post-master's clinical social work practice informed by psychoanalytic theory

Continuing Education: Within the past three years, amassed 40 clock hours of clinical continuing

education, of which 50% can be identified as psychoanalytically oriented

Evaluation of Practice: Two successful evaluations by colleagues/supervisors/ consultants who are psychoanalysts who are clinical social workers, psychologists, or psychiatrists

Did Not Graduate from an Institute:

Training: Achieved equivalency of knowledge in history of psychoanalysis, psychoanalytic theory, psychoanalytic technique, normal and abnormal growth and development within the context of psychoanalytic models, and sociocultural factors and gender issues

Personal Analysis by a training analyst or equivalent (who had at least 5 years of post-graduate experience as a psychoanalyst), in-person, for a minimum of 450 hours, meeting at least twice a week

Supervision:

- 1) Received supervision in practice for at least 150 hours by an analyst(s) equivalent to a training analyst and who, at the time of supervision, had 5 years' post-graduate experience as a psychoanalyst
- 2) Under supervision, conducted two in-person adult psychoanalysis cases—at least one was supervised to completion—lasting at least 2 years in one instance, and at least 1 year in the other

Clinical Consultation: In the past 2 years, was a consultee or consultant for at least 20 hours (in formal or informal setting) in the practice of psychoanalysis

Continuing Education: Within the past 3 years, amassed 40 clock hours of clinical continuing education, of which 50% can be identified as psychoanalytically oriented

Specialty Practice Experience:

- 1) Within the past year, practiced at least 300 hours (post-grad) informed by psychoanalytic theory and formal psychoanalysis with at least two analysands
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continued on page 27 . . .

Evaluation of Practice:

- 1) Successfully evaluated by colleagues/supervisors/consultants who are psychoanalyst clinical social workers, psychologists, or psychiatrists, and
- 2) Subject of favorable letter of assessment from at least one of two colleagues who consulted/supervised you, while you were obtaining your practice knowledge.

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Record Keeping, continued from page 16


patient's ordering and reading it. The segment following revelation of this fact reveals how the author's own discomfort can be generated by a patient having access to his or her private information. Dr. Luepker's in-depth, no-holds-barred—and unsparing-of-self—discussion of such issues helps to make this book such a fascinating and credible resource for currently practicing psychotherapists.

There is truly so much more to know in the service of effective treatment these days than we old-timers had any awareness of. What was absolutely revolutionary to me was the part about sharing session records with

patients. No longer can one allow oneself free-association writing, including frustration with slow movement of the treatment or feelings about the client's not seeming able to grasp what one is trying to convey. Records now have to reflect the therapist's own reflections about any negative reactions to a session such that the recording of these reactions contributes to the principle of therapist/client partnership in the treatment process. Perhaps this should always have been the way of doing things but it is Dr. Luepker's book that brought this principal home to me. In a way, one can view the principal of sharing records with patients as a way of effecting ongoing growth for the therapist as well as the patient.

Using the typical online protocol for scoring the value of an item—one to five stars—I give this book a resounding ***** assessment. ■

Inge Oppenheimer, LCSW, BCD, recently retired from a full-time position as assistant director of Bronx Family Court Mental Health Services (a court diagnostic agency), and from part-time private practice in individual and couple treatment. Over the past thirty years she has had a number of letters-to-the-editor concerning mental health issues published in the New York Times.



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Member News

Besides moving her practice from Manhattan's UWS to the village in March, **Penelope "Penny" Andrew**, LCSW-R, continues to publish film reviews and think-pieces on film subjects for the *Huffington Post*, *Bright Lights Film Journal*, and other online and print publications. In August, she published "A Myth Is Replaced by a Miracle in New Doc Searching for Sugar Man Resurrecting the Work of Elusive Musician Sixto Rodriguez" (www.huffingtonpost.com/penelope-andrew/a-myth-is-replaced-by-a-m_b_1770854.html). She is also researching a book on the life and career of the late actress Deborah Kerr, in collaboration with Josephine Botting, fiction curator at the British Film Institute. The book is an expansion of Andrews's profile of Kerr, "An Actress in Search of an Author" (www.brightlightsfilm.com/72/72kerr_andrew.php). Penny maintains her active membership in the Women Film Critics Circle.

Falling through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Clients (Columbia University Press), a new book edited by **Joan Berzoff**, MSW, EdD, was nominated for the Gradiva Award and the Goethe Award (Canadian), both psychoanalytic awards usually reserved for psychologists and psychiatrists. She will find out who wins at the IAPP meeting in New York in November. Joan will also be teaching at the University of Hong Kong for two weeks and will give three lectures: on palliative care, on relational teaching, and on content from her new book. She is also doing an all-day presentation on *Falling through the Cracks* with many of the authors from the book on the weekend of CSWE in Washington DC, sponsored by the Clinical Society of DC and led by Joel Kanter; she will also be presenting on relational pedagogies in end-of-life care at CSWE. She will be the keynote speaker for the Hospices of New Hampshire in November, presenting "The Transformative Nature of Grief and Bereavement."

What's Your News?

Write, or e-mail: Ashley Warner, MSW, BCD
Assistant Newsletter Editor
85 Fifth Avenue, Suite 934, New York, NY 10003
awarnerlcsw@gmail.com

■ **Roman Crudele**, LCSW-R, successfully finished psychoanalytic training at the National Psychological Association for Psychoanalysis (NPAP) in January 2012, with graduation held on September 28, 2012, in New York City. Roman is currently in private practice in New York City.

■ **Sharon Farber**, PhD, has published her second book, *Hungry for Ecstasy: Trauma, the Brain, and the Influence of the Sixties* (www.amazon.com/Hungry-Ecstasy-Trauma-Influence-Sixties/dp/0765708582). In March 2012 she presented "Eating Disorders, Self-Mutilation, and Trauma" at Hadassah Hospital in Ein Kerem, Jerusalem, and finally met one of her coauthors on the 2007 paper "Death and Annihilation Anxiety in Anorexia, Bulimia, and Self-mutilation." She presented on ecstatic experience, the subject of her new book, at the Westchester chapter of the NYSSCSW in May 2012 and at the International Society for the Study of Trauma and Dissociation Annual Conference in November 2011 in Montreal, and presented "Cult-Induced Ecstasies and Psychoses" at the International Cultic Studies Association conference in July 2012, also in Montreal. (And she does not even speak French.) A year and a half ago, she began a writing group for clinicians who want to write lively, engaging material about their work. It has gone very well and she has recently opened it as a teleseminar for those who cannot participate in person at her office in Hastings-on-Hudson, New York. She can also be contacted for private consultation about writing (Sharonkfarber@gmail.com).

■ **Wendy Freund**, MEd, LCSW, presented her newest paper, "Adoption Search and Reunion: A Historical and Personal Journey," at St. John's Adoption Initiative, October 18–20, 2012, one of two important adoption conferences to be given this fall. On November 18, she spoke on adoption search and reunion at the conference sponsored by the Adoptive Parent Committee. Both are wonderful conferences to learn more about the world of adoption and to discuss the key issues.



■ **Laura W. Groshong**, LICSW, has been appointed to the Optum Behavioral Specialty Advisory Council, representing the Clinical Social Work Association. Optum



is a group created by United Health Care to work on the informatics of mental health treatment, that is, electronic health records, compliance with HIPAA and HITECH, development of practice standards, and outcome tools. Optum meets quarterly, once in person. The most recent meeting was October 2, 2012, in Washington DC. Optum will help clinicians finance the software needed to create EHRs, among other services.

■ **Robin Mortkowitz**, MSW, LCSW, is pleased to announce the opening of her new office in Ridgewood, New Jersey.

Her practice specializes in psychoanalysis, psychodynamic therapy, and cognitive behavioral therapy. Contact her office at 201.421.1190 or robin@robinmortkowitz.com.

■ **Cathy Siebold**, DSW, has been named to the board of directors of CAPA (China American Psychoanalytic Alliance). She also presented a paper in May 2012 to the Rhode Island area, titled “When We Talk, Do You Really Hear Me? Intersubjectivity and Difference in the Clinical Encounter.”

■ **Brian R. Smith**, LCSW, was promoted to program director for the Clinical Case Management team at Aurora Mental Health Center. He continues to maintain a small private practice and will begin teaching Generalist Practice II at Metro State College of Denver again this fall.

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- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators.
- To provide an organizational identity for social work professionals engaged in psychoanalytically informed practice.
- To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public.
- To effect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice.
 - To advocate for the highest standards of practice and for quality mental health care for the public.
- To promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.
- To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

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they can't quite put their fingers on—and why they *should* see us. We can *help!* How do we, in good conscience, make that guarantee prior to any contact? How do we define help? Aiming to persuade people into believing we've abilities to anticipate and meet their needs before assessment is not altogether discrepant from those selling snake oil appealing to the primitive wishes of others. Some clinicians are indiscriminately willing to do whatever it takes to garner the interest of prospective patients, or consumers, as they're being referred to. Maybe that's part of the conundrum, thinking about our patients as those looking to *consume* something.

Increasingly, we sacrifice clinical integrity in service of securing business. We likely spend no more than a few moments on the phone scheduling an initial appointment with a person referred by a colleague. In contrast, we bombard people with detailed information on our websites, describing everything and then some, which is generally addressed as the therapy unfolds. No longer reserving for the initial session discussion of dimensions and parameters of the therapeutic frame, we go so far as to provide boundless narrative templates illustrating how the first session and those subsequent will be conducted.

As our escalating defensive anxieties pinnacle relative to possibilities we won't be contacted we don't chance leaving *anything* out of our marketing, just in case an omitted item might be the very bit of information necessary to sway someone into selecting us. On our *frequently asked questions* pages we're doing both the asking and the answering of questions that have yet to be posed by the patient. What is the process by which our rational selves and our defenses reach consensus it's acceptable to flood the mind of the patient with our fabricated questions while asserting they were his all along? What happened to encouraging the patient to formulate and ask his own questions and then provide his own associations? What happened to exploring with the patient possible meanings of *his* questions, what underlies them? One of several curious examples I noticed countless times in our marketing was the mention of cancellation policies. I've tried and I simply can't force a plausible clinical argument in support of providing a cancellation or tardiness policy to prospective patients *before* they've set foot in the practitioner's office. What motivates us to address cancella-

Increasingly,
we sacrifice clinical integrity
in service of securing business.

tions in advance of beginning the work? Is it a function of our own avoidance in relationship to conflict? Is it to give the impression of legitimacy or professionalism? Is it greed driven? Do we think people don't fathom we're operating businesses when we're marketing ourselves? In our marketing, do we consider noting that cancellations or missed appointments or late arrivals have meaning and will be explored in the therapy? Unlikely. Instead, we warn we'll charge for them. *Our Full Fees*. My efforts toward developing greater facility in relationship to the realm of money in psychotherapy generate more questions than answers. How much should I charge? What is it I'm charging for? My time? My experience? A relationship? What factors determine the value of a clinical hour?

There's a disappointing dearth of literature on the topic. Not long ago, I conducted respective searches on the PEP Archives for "setting fees" and "fees and psychoanalysis." PEP roughly contains a staggering seventy-five thousand individual journal articles and one hundred seminal psychoanalytic books in full text. I was offered seventy-two matches for the former search and ninety-four for the latter, with overlap between them. Amid the matches was scant mention of what I was looking for.

This omission underscores the muddle we find ourselves wading through when considering the money aspect of the work. How do we locate clearings in the jumble of a topic no one wishes to discuss?

Many of us don't refer to ourselves as social workers. I, for one, never set out to be a social worker.

I was interested in being a therapist and a Master of Social Work degree seemed the most efficient way of achieving my objective. Frankly, I had negligible understanding of what constituted social work when I began work on that degree. Something unexpected happened along the way. I developed appreciation for the mission, values and ethics of the discipline as foundational cornerstones for the clinical work. And, I identify more closely with the discipline now than I did as a student twenty years ago when I entertained lofty fantasies involving a thirty-hour work week, commanding \$100 per hour. Interfering with my fantasies was the reality of my first job postgraduation. As a staff therapist in a private child welfare agency, my yearly salary was \$24,000. I may be highballing that figure.

Our predecessors in the field were known as *friendly visitors*, church congregants, mostly women, who minis-

tered to the poor with hopes of helping them renounce the evils of poverty and disenfranchisement so they might rise above their moral decrepitude. I'm guessing these folks thought of themselves as well meaning, guided by the sociocultural mores of the time. Our ideas about a group of individuals' predicaments evolve amidst micro to macro adjustments. Our ideas about an individual's predicaments shift throughout our development as clinicians. The first program in the discipline began in 1898 at the New York School of Philanthropy, now the School of Social Work at Columbia University. The point I wish to make here is that we started out as givers. I can't help but wonder if that's part of the challenge in relationship to fees; is it possible an historical relic has been maintained in the collective unconscious of the profession? We weren't *supposed* to be receiving money; we were expected to be altruistic helpers. As we developed into clinicians and for decades thereafter, we weren't permitted to work privately, independently. We were to carry out our work unbegrudgingly while being supervised by others, Professionals, under far-reaching organizational canopies. Private practice for us wasn't truly a viable option until

the final quarter of the last century, when we began in greater numbers to avail ourselves of psychoanalytic and analytically informed training. Some of our unrestrained self-marketing appears to be governed by abreactions against having been viewed until recently as paraprofessionals. Those defensive abreactions or acting outs may reinforce long-standing misperceptions, a collective projective-identification of sorts. For example, if we carry unconscious worries over being perceived as paraprofessionals, marketing bereft of careful consideration for clinical implications supports those perceptions, the very fabric of the worries.

Those of us in private practice have but a brief historical trajectory as a reference point for modeling a business out of what we do. Like others in the field, ancillary to training, my experience as patient has influenced my work as practitioner. Following a protracted counterproductive psychotherapy I found my way to the couch of an entirely human, humane analyst committed to the steady, stable reliability of sound clinical practice. Contrasting the experiences, I've concluded it's simply not possible to facilitate environments that welcome and encourage the expansion of the patient's observing ego if that of the therapist is not engaged. Of course, we all have and will continue having blind spots. But, is it not incumbent upon us to work painstakingly at reducing their circumferences? Is it not incumbent upon us to take critical looks at our work and the ways we conduct ourselves professionally? We all hear alarming stories of what occurs in other offices; a great number of current patients have had previous psychotherapists.

In my experience some of the most floridly egregious misalliances and enactments occur in relationship to the fee, money. When I was trying to figure out what to do with *Psychology Today* the matter of fee was prominent, as I was being asked to provide mine and to indicate whether or not I offered a sliding scale. I know what a sliding scale is in an agency setting but I don't know what it means in a private practice. Isn't a formula required to construct one? Are we not really saying we have numeric ranges within which patients and we negotiate mutually agreed upon fees? Related, when we talk about "full fee" what are we saying? Is that the amount we *hope* patients will pay? Is that the amount we'd like others to think patients are paying? What motivates us to subordinate patients into the humiliating position of begging for a fee they can afford? I've heard they exist, practitioners who

See The Business of Helping on page 32

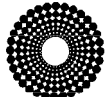
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have firm fees that will not be adjusted under any circumstances. I've not met one.

So, then, who determines the fair market value for therapy? It isn't clinicians, since we lack consensus among us regarding fees, we're secretive about what we factually charge and are paid, and we arbitrarily inflate the monetary rate of the clinical hour in order to justify *offering* "reduced" fees for those who aren't in *position* (read, can't afford) to pay *full* fees. It seems we take steps back into history and channel the friendly visitors when we do that. How do we explain with unflinching clinical rationale to ourselves or anyone else that it doesn't demean another human being when he's assigned a seat in the "reduced" section of the office or, scheduled a session during the "reduced," *off-peak*, hours or, deemed among the fortunate few who snare one of the mysterious "reduced" *slots*? Full? Off-peak? Reduced? Slots? Some of the terms endorsed by self-described analytic practitioners on websites and in advertising are misleading and insult both the dignity of our patients and that of the profession. We're the same people who market ourselves as *empathic* and *caring* and *sensitive* and *nonjudgmental*. We market our elevated abilities to create *safe, trust-laden* environments. It's neither therapeutic nor caring nor trustworthy to create a burden for the patient while hiding behind the illusion of bestowing a gift, particularly if the matter is never openly talked about again. But, if we listen, we'll *hear* the patient working it out, over . . . and again . . . thematically. Beholdenness. Guilt. Shame. Compliance. Defiance. Unworthiness. These are but a few examples coming to mind. Do we analyze these themes, attribute their emergence to possible iatrogenic causes or do we comfort ourselves by dismissing them hastily as expressions of the patient's *character* or *pathology*? Instead of looking for cracks in the therapeutic frame, to exculpate ourselves we scapegoat the patient by way of silently firing jargon heavy bullets aimed toward further pathologizing him. *The patient demonstrates a masochistic, self-defeating core. The patient's defensive structure resides on the borderline continuum. The patient exhibits features of a malignant narcissism.*

Not unrelated, do we listen for communication from patients paying fees near the upper registers of our scales? They have a lot to say. An individual may resent being required to pay more than what others are paying for the same service. His *sense of entitlement* may be an entirely warranted response to the clinical situation, especially when produced by it. How's a patient to know there aren't

multiple tiers of service with varying amenities depending on fee amounts? Might we make an unspoken pact with the patient paying a *high* fee not to engage inquiry when he arrives forty minutes late for the session, telling us he stopped into the nearby Starbucks and lost track of time? Joining him in his resistance we avoid addressing the obvious while fretting over the possibility of angering or offending him into not returning. *He pays \$800 a month!* Might we sit vigil, listening for reasons to confront punitively the patient paying a low fee? Contrasting, perhaps we'll behave ingratiatingly or excessively accommodating as compensation for our simmering anger over having agreed to a fee we ourselves couldn't afford accepting. Smiling while seething requires practiced concentration. If we don't sort out our own ideas about money and greed and charity, how do we authentically facilitate patients' attempts at such? Reconciling one's relationship with money is a global theme. We scarcely slip past our own discomforts by being evasive and opaque about what we do. Setting a reasonable fee *with* a patient is part of establishing the frame. It's a vital, structuring part of the work. Being honest and being fair are fundamentals of the work.

It's not possible to get clear about what one does in a vacuum. We need each other to query and dialogue with, to agree and disagree with. This dialectic is charged and difficult and exposing. Yet and still, we distance ourselves from it by remaining sequestered in our offices or behind websites or marketing campaigns. We construct intricate barriers for avoiding altogether sharing our *real* experiences with others in the field. We don't discourage colleagues from having erroneous aggrandizing fantasies about our practices. We'd sooner choose being envied before confessing the realities of our circumstances. When I was completing my profile on *Psychology Today* I was advised to select three *specialties* from a list of about sixty *issues*. These items would highlight my *expertise* by setting me apart from the other one thousand therapists in my city who advertise on that website. There wasn't a limit regarding the remaining fifty-seven issues I'd be permitted to indicate having competency addressing. Would these be considered my *subspecialties*, I wondered? For a rebellious second I considered checking off everything. I'm a generalist, after all. What are my *areas* of specialization, anyway? Are they my clinical interests, domains I've made a point to know a lot about? And, what now constitutes *treating*? Am I required to have certification with the imprimatur from a seminar indicating I'm qualified to

treat a specific *disorder* or problematic? Precisely what factors comprise the various amalgams of intrapsychic and behavioral phenomena required to establish disorders or pathologies? And, who determines them? A group of persons sitting around a table in a distant publishing house or pharmaceutical company? While I'm asking, exactly what is an issue? The people at *Psychology Today* noted Life Coaching on their *issues* list. I presume the irony was unintentional.

Covertly ironic in our advertising are a priori guarantees we'll assist patients in finding a different therapist should they decide working with us isn't working. As do we, patients remember what is communicated. The conscious intent of the clinician may be to offer assurance but the patient stores sub-terra his own interpretation(s) of that statement. Foreshadowing in marketing materials the tidy ending of a therapy before it begins is clinically imprudent and may engender in the patient a pernicious uncertainty regarding the therapist's confidence and competence. My point being we can't *know* the prospective patient will convert that statement into one of assurance. The residua of that marketing tactic may disallow room for productive explorations of resistances and spark precipitation of the therapist's noted unconscious worry, the patient's leaving.

With the exception of an enactment or misalliance occurring, there is meager likelihood, if any, that a patient would desire, accept, or follow through on a referral or recommendation from a practitioner with whom the development of trust felt impossible. This point highlights the defensive irrationality embedded in our marketing. It underscores the patient is a *customer*. I'm not suggesting we delete our websites and advertisements; I'm advocating we consider striving to market ourselves without resorting to using gimmicks and ploys, whether overt or those

requiring effort to discern. I'm advocating we gather the fundamental principles of psychoanalysis to provide oversight in our marketing endeavors. If we take the practice piece out of the business model, it eliminates for us the working through of the struggle required for integration of the two. If we view our patients as consumers, the singular essential is providing good customer service. Customers generally are not required to work; customers generally are placated, not challenged. Customers' wishes are satisfied post haste. We want sustaining, thriving practices and we want to be able to be located by others, to have a presence. Sadly, it appears the distance between having a presence and the edge of the precipice is narrowing.

I never felt comfortable with what I put together for my *Psychology Today* profile. I had it taken down a while ago. The narrative was comprised of two sentences about my experience and my current practice. I left the fee field blank. Not utilizing electronic communication in my practice, I opted out of the feature permitting prospective patients to e-mail me for an appointment. And, I didn't include a photo. Someone suggested I might have appeared as though I was hiding something by having a profile absent one. On this I feel reasonably confident we'll agree. I was. ■

C. Mark Massullo is a member of the AAPCSW Committee on Social Justice. He is in private practice in Chicago and is an advanced doctoral candidate at the Institute for Clinical Social Work.

References

Langs, Robert, and Leo Stone. 1980. *The Therapeutic Experience and Its Settings: A Clinical Dialogue*. New York: Jason Aronson.

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 Post-Traumatic Stress Disorders Psychoanalysis Psychodynamic Psychotherapy

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What is your client population? Check all that apply.

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