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Some Thoughts on Psychoanalytic Psychotherapy and Training Standards

Today, all analysts are doing psychoanalytically oriented psychotherapy as well as psychoanalysis. In fact, many of us are doing primarily psychoanalytic psychotherapy. In 2005, Kenneth Eisold noted that “newer candidates, by and large, can anticipate careers primarily as psychotherapists” (*IJP* 2005).

In 1946, when Alexander and French published the book *Psychoanalytic Psychotherapy*, they raised pioneering questions and were denounced by many in the psychoanalytic field. At issue was their willingness to consider modification of standard techniques that promised therapeutic gains. In their introduction, they noted that while they had “started out attempting to differentiate sharply between ‘standard’ psychoanalysis and the more flexible methods of psychotherapy”—whereby the psychotherapist sought “to fit the therapy to the patient”—they had found:

In every case the same psychodynamic principles were applied for the purposes of therapy. . . . In other words, we are working with the same theories and techniques, the same kit of tools. . . . We therefore regard all of the work set forth in this book as “psychoanalytic.”

Wallerstein noted that, “the intensity of the debate stirred up” by the publication of the book attested to “the depth of the fear that they threatened the very heart of the psychoanalytic enterprise.”

The Analytic Establishment held up psychoanalysis as the gold standard, and psychotherapy was defined as “something less deep that aimed at lesser change—to be used as a second choice when real analysis was not possible.”

Things have changed a great deal since then. In fact, Eisold noted:

It seems unlikely that the learning that has grown out of the clinical experience of psychoanalysts over the years could disappear entirely, but it may be that psychoanalysis as a distinct profession will become increasingly marginal. What it has discovered to be of enduring value might well survive, absorbed into the practice of psychotherapy; the rest could fade away. (*IJP* 2005)

While I don't think that the future of psychoanalysis is quite so bleak, it is important to recognize that while, due in large part to managed care and psychotropic medication,



Judy Ann Kaplan, LCSW,
BCD-P, FIPA

Editor's Word

The Chicago conference—"The Examined Life"—was a rousing success! From the perfect site and superb organization to the excellence of the plenary speakers and papers presented, it was comfortable, educational, and great fun! The *Newsletter* sends our thanks to Barbara Berger, conference chair; Michelle Sweet, program chair; and to everyone who had a part in making this a memorable event. This conference was a real celebration of social work excellence.

Congratulations to Constance Goldberg, MSW, and Diana Siskind, MSW, who were each presented an Award for Lifetime Achievement in a ceremony on Thursday evening. The presentation of the awards, by Eda Goldstein and David Phillips, and the awardees' addresses reminded us that that we are fortunate to belong to the community of our peers which is made up of gifted, generous, gracious persons who have made outstanding contributions to their communities and our profession.

Our board met on the Wednesday preceding the conference to address the day-to-day business of the organization. Two notable topics of interest were the report from the new name change committee, chaired by Samoan Barrish, and the report on the online journal, by Joel Kantor. The board voted to adopt the name—**American Association for Psychoanalysis in Clinical Social Work**—as recommended by the committee. We are indebted to the committee, which worked long and hard on this thankless task. We were all delighted at Joel's report and of the progress on the new online journal that he has developed. In fact, he was able to get it up and running for us by the time of the meeting. Entitled *Beyond the Couch*, it can be accessed at www.beyondthecouch.org. Any description that I could give would not do it justice, so I advise you to visit the site and see for yourself. It is terrific! Thanks to Joel—he had the idea for it and has made it a reality!

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

Thanks to all the contributors to this issue: Terrie Baker, Barbara Berger, Bev Caruso, Velia Frost, Hilde Gasiorowicz, Judy Ann Kaplan, William Meyer, Ha-dassah Ramin, Joan Rankin, Karen Redding, Penny Rosen, and Ellen Ruderman.



Donna Tarver, MSSW

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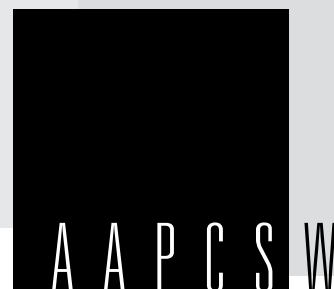
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We've changed our Name!

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Metamorphosis: From a Cockroach to a Woman

Hadassah Ramin, LCSW

The major sin is the sin of being born.

—Samuel Beckett

The adoption experience, even under the best of circumstances, may leave its mark on all stages of development. When it occurs after multiple placements, at eighteen months of age, it is bound to have a detrimental effect on the psychic structure of the child. This paper will focus on the impact of this primary rejection, compounded by subsequent ones, on the self-esteem, superego, and identity formation of a woman who began an analysis in her late thirties. It will show how the analysis helped modify her psychic structure, thus facilitating her ability to utilize a specific family romance fantasy that ushered in a movement from self-representation of a cockroach toward that of a woman.

Introduction

The infant's inner sensations during the earliest months of life are affected by his or her daily interactions with the primary caretaker. These sensations help form the core of the self around which a sense of identity will develop. A healthy self-representation has a major organizing influence on the overall functions of the ego (Eisnitz 1980). When the first eighteen months are spent in multiple foster homes, it is an ominous beginning for the development of such a healthy self-representation.

“Adoptive status tends to affect multiple aspects of the developing personality. It interferes with the child's sense of security, the modulation and channeling of aggression, the development and resolution of the Oedipus complex, superego formation, and identity formation” (Silverman 1985, 302). However, it is important to underscore that conflicts resulting from adoption vary from child to child, but even for the adopted child not all conflicts are an outgrowth of the adoption experience.

Background

Ann, a painter and art restorer, well-versed in Greek mythology and fluent in Greek, was thirty-eight when we first met. The first eighteen months of her life consisted of being taken care of by multiple, inconsistent objects. This was the result of having been placed in numerous foster homes, the reason for which remains unclear. These pre-

adoption months were a prelude to an atypical adoption experience. The adoptive parents' psychological makeup created for Ann an unusually withholding, rejecting, and condemning environment throughout her formative years and thereafter.

A few years prior to our meeting, Ann participated in a group exhibition. Despite the fact that her paintings were very well received, she was unable to paint afterwards. This was due to an internal prohibition, the meaning of which unfolded over time.

Ann was a good-looking woman, petite, with delicate features and a fair complexion. When she came for treatment, she was modestly dressed. She had pierced ears and always wore earrings; only later did we understand the importance of that.

She presented with the following symptoms: a self-representation of a cockroach, an obsession with facial skin imperfections that were not visible to me, hoarding, and a depressed mood. This suggested an obsessive-compulsive character structure with masochistic as well as narcissistic features, and an underlying depression. But she also possessed a survivor's instinct and a capacity for introspection, indicating ego strength. My initial impression of Ann, later confirmed, was of a highly intelligent, troubled, and compelling individual.

Ann's adoptive father died of a heart attack ten years prior to our first appointment. Two years later, when Ann was thirty years old, her adoptive mother, who was already in a nursing home, lost her sight as a result of a degenerative disorder. Her inability to see intensified Ann's feeling of being invisible to her mother throughout her growing-up years and thereafter.

Ann was born in England to a young unwed couple. When she was eighteen months old, she was adopted privately and brought to the United States by her adoptive parents. Her adoptive mother wanted a pretty girl who would be seen and not heard, while the father wanted a boy. Ann was a disappointment to both. The adoptive parents were accustomed to traveling twice a year for three months at a time. They resumed this schedule soon after having adopted Ann, who was left with various “friends” of the parents—all strangers to Ann. We came to understand these “friends” to be hired help. She was moved

See *Metamorphosis* on page 4

from one set of “friends” to another during the three-month travel periods. There was no consistency and no continuity; it was a repetition of the foster-home experience. This intensified Ann’s deep sense of being unlovable and, therefore, unwanted. It led to what seemed like a compulsion to efface herself, make herself not exist, or, at best, live only marginally. A sense of having no right to exist crystallized. It was deeply ingrained and colored her life, accompanying her in whatever she did. As soon as she could hold crayons, Ann occupied herself drawing, specifically family groups. The imaginary scenes/characters in her drawings inhabited her intrapsychic world, otherwise empty of constant, reliable, and nurturing objects. Having been endowed with a rich imagination, Ann created stories about her drawings. In these stories, she was transported into a better world where children were reunited with loving biological parents. These drawings and stories provided Ann with a sense of control over a rejecting environment and they also served an unconscious attempt to mend a narrative broken by the adoption.

Lifton (1994, 37) states that every child’s personal narrative starts after conception and changes with development. For the adopted child the narrative is “broken when she is lifted out of her own genetic and historic family line to fix the break in the adoptive parents’ narrative.”

When Ann was four years old, her adoptive parents took in a foster child—a six-month-old baby boy—thinking they might want to adopt him. He was the son the father had wanted. For Ann, he was a brother, and she became very attached to him. He wasn’t freed up for adoption until he was six years old. While the adoption proceedings were in progress, he was hit by a car and sustained severe injuries. Caring for him was costly and distasteful to the parents, who resented the responsibility. He was no longer wanted, a burden to be disposed of, and dispose of him they did. He was returned to the agency.

Ann, ten years old at the time, became convinced that if at any time her parents would find her imperfect, she too would be sent away. Needless to say this event compounded the effect of previous losses and had a lasting impact on Ann. She said: “I never thought of a future. It was as if there was not going to be one. I only live in the present.”

At thirteen, Ann was shipped off to a boarding school. During her first visit back, she found a broken home: the parents had separated. During the divorce proceedings and thereafter, Ann felt and was homeless; neither parent wanted her. Again, she experienced herself as a problem to be gotten rid of. This later became evident in the transference.

Ann attended college planning to major in art history. She was a stellar student and a gifted painter. Even though encouraged by her professors to pursue her studies while continuing painting, Ann chose to drop out after one year and married a man many years her senior who was also a painter. He had a young son from a previous marriage and no money. For Ann, her fantasy came true. She had an instant family.

Soon after the marriage, her husband became physically and emotionally abusive, and she realized that he was addicted to alcohol and drugs. In hindsight, she acknowledged: “On some level I couldn’t let myself know what I did know; he was an addict.”

Reflecting on the marriage, Ann observed that she had been quick to marry: “I wanted my own family, a loving family, unlike the one that adopted me. I also wanted to relieve my parents of their responsibility for me.” Ann

also observed that she had stayed in the marriage for ten years, held there by a rescue fantasy. She would do for her stepson and husband what she wished had been done for her. She also identified with a child’s need for at least one stable parent. In addition, by marrying into poverty, she was denouncing her parents’ materialistic values. All these things, along with a move to another state, were attempts to separate from them.

After listening to the account of the years with her husband, I commented that the marriage was like a protracted painful death, both psychic and physical. Ann associated to a very deep sense of having no right to exist. Feeling unlovable, unwanted, and convinced that it was her fault, she was punishing herself by staying in the marriage. In her late twenties, after a decade of marriage, one day while her husband and son were out, “the cockroach escaped”; Ann left with nothing but the clothes on her back. Hearing that, I found myself quietly rooting for her.

Start of Therapy

During our first session, Ann reported having just gotten

**She seemed to be apologizing
for taking up space and time,
mine or anyone else’s.
She confessed to having
an underlying feeling that
she *was* trouble, a problem
to be rid of, a cockroach.**

over a severe depressive episode with suicidal ideation. She described having had a wish to jump out the window, crying spells that sounded like howling, and fear of losing control. She wanted my help in making sure this episode did not reoccur. Ann also confessed shamefully to identifying easily with any inanimate object that was damaged. She could not discard such an object; instead, she would attempt to restore it to its original perfection. Following this first hour, we agreed to begin therapy twice a week.

Gradually, it became apparent that Ann also had an aversion to sex. Her closest friends were asexual men; she had not been sexually active for years. As Ann's initial apprehension regarding the treatment subsided and she recounted again the acute depressive episode prior to our first session, I wondered aloud what she imagined had precipitated it. Ann said the estrogen cream prescribed for her acne had triggered it. The obsessive and masochistic quality of her preoccupation with facial skin imperfection, specifically acne, unfolded over time.

As our work continued, Ann admitted she feared needing anyone too much, always anticipating rejection and abandonment. During the first couple of months, she was very guarded and expressed disbelief that anyone would be interested enough in her to listen and be willing to help. As her difficulty trusting was further explored, Ann began to relax a bit and expressed a wish to be free of her symptoms. She also expressed a wish to understand their function, and how they came to be, in order to gain mastery. She wanted to be able to earn a decent living selling her art work and restoring art. At the time, she was working in a small gallery selling other people's art. Due to the palpability of her psychic pain, the severity of her symptoms, her intelligence, and her capacity for introspection, I recommended analysis. Analysis began four months into the treatment. We met four times per week, and she moved to the couch.

Analytic Treatment Begins

The move to the couch seemed uneventful, but the early days in the analysis were marked by Ann's body language. Her posture, the way she moved, and the gracious smile at the end of each session—all seemed to convey an attempt to get out of the way, to be no trouble at all, and, therefore, to be at least tolerated, if not liked. She seemed to be apologizing for taking up space and time, mine or anyone else's. She confessed to having an underlying feeling that she was trouble, a problem to be rid of, a cockroach. Ann's basic assumption was that no one in her immediate envi-

ronment would provide for her needs. Having been rejected by her biological parents, cut off from her historical origins, as well as having been rejected by the adoptive parents, Ann was convinced that she had "to reach way beyond family, genes, and culture" for sustenance.

As she was talking about this, I learned about her preoccupation with an ancient culture—the Greek culture. She connected her attraction to it and the thirst to master its rich history and myths to her wish to acquire a sense of belonging and a past she never had. Her tenacious search after various aspects of this other culture had an additional element to it: "It's a back-up culture, a better home, in case the present one would reject me." She saw the roots for that in having been cast away to strangers, like her brother.

Though Ann never commented on it directly, I believe it was not lost on her that I, as an Israeli, also came from an ancient culture. It seemed that in the transference, unconsciously, she wanted to be rescued by me, seeking a libidinal connection with me through that other culture.

■
Six months into the analysis, Ann gave words, for the first time, to a fantasy she developed as a child. It captured the essence of her neurosis, alluding to Ann's mental image of herself as an inhuman object to be rid of. She said: "I always thought that since I was adopted, I was never born. Rather, I came to be through some lesser process, below animals, which are born. I felt like a worthless thing that was somehow made and had to be disposed of—a cockroach."

Coupled with this fantasy was a feeling that the most valuable thing she had to offer was total dedication. In the extreme, such dedication was transformed into servitude, submission, and self-contempt. She said: "I am willing to work very hard, make no demands, like a slave; no one could ask for more." It seemed to me that such extreme dedication, a slave like mentality, was a manifestation of Winnicott's false self. In retrospect, we came to understand Ann's feeling that only by abandoning her true self, by submitting to every expectation from her adoptive parents, would she earn their love.

During a particularly poignant session the following morning, Ann confessed feeling deeply disturbed. She knowingly drank a cup of coffee with a cockroach in it. While attempting to rationalize it, nothing made sense, and she expressed feeling nauseated. The associations that

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Metamorphosis, continued from page 5

followed indicated her identification with the cockroach. She said that while drinking the coffee, she had an image of herself as the ugly cockroach in the coffee: "I could not bring myself to throw it out, while also feeling it/I should be thrown out." She then spoke of a plan to visit her adoptive mother, and expressed, for the first time, in a voice barely audible, a wish that her mother were dead. I wondered aloud if she felt as low as a cockroach for wishing her mother were dead and whether she was punishing herself for this aggressive wish by drinking the coffee. She was silent and nodded in confirmation. After a long pause she added: "I have not been able to keep my brother around. I should have been smart enough to figure out a way to do it; because I did not, I should not live." She perceived her not having any family or children of her own as a fit punishment for having failed to rescue her brother as well for having been a reject/adopted. She said: "I do not feel entitled to have children. I have no right to have a family of my own. Because I am adopted, I am outside of the continuity of a generation that makes a family." Having said that, Ann observed that while intellectually she knew full well she was

being irrational, she could not stop these feelings.

The sense of herself as a failure, a repulsive cockroach, even less than a cockroach, was overpowering and deeply ingrained. I conjectured that she seemed to be trying to live up to what she felt her adoptive parents' perception of her was—ugly, repulsive and a failure—as if to justify their attitude towards her. Again she responded with a silent nod. When I added later that it seemed to me she experienced both sets of parents, as well as me perhaps (in the transference), as having failed her, Ann felt accused, guilty, and apologized for having done this to me, reiterating she was the failure. Her body language as she was leaving the session was very disturbing to me. She moved along the wall, her back to it, with an obsequious expression. During the following session Ann acknowledged she felt she was a burden, a cockroach, imagined being stepped on by me, and wanted to get out of my way.

When I asked to hear more about it, she associated to her brother who was discarded because he became too much of a burden. In the transference, I was the parent who didn't want to be bothered. But even though she said it, she couldn't affectively own this connection at that time.

As I listened to her speak of the unfortunate events of her life, I heard an omnipotent fantasy unfolding. If she could have foreseen these events, she would have been able to prevent them from happening, and now she could not forgive herself for having been shortsighted. When I verbalized this, Ann acknowledged that this, indeed, was so. When I added that she seemed to have had the idea that had she only known in time, she could have prevented it from taking place by fixing herself up, Ann concurred, adding, after some thought, that this explained the obsession with her facial skin. We understood the ongoing attempts to fix up herself as expressing a wish for a miraculous transformation. Unable to forgive herself for failing to achieve this, and unable to stop the irrational pursuit for perfection, she punished herself.

Ann elaborated emphatically that this also explained her obsessive need to master everything as soon as possible: "I always wanted to be years ahead, to be a grown up now, because I felt so helpless as a child." When reality failed her, she resorted to omnipotence (Novick and Novick 1994).

■
Ann's fantasy had to do with a wish to control the objects in her world in order to undo the adoption. This primary rejection and the resulting loss, compounded by subsequent ones, solidified an image of herself as an unwanted thing—a cockroach—and caused such a narcissistic wound. Ann observed she had to be ready at a moment's notice to mold herself to her birth parents' wishes and expectations of her, so when they found her, they would never let go of her again. In her mind, the worst happened because she was a helpless baby. This also tied in with the guilt regarding not having been able to rescue her brother from being discarded or her husband from his addiction. She had to master everything now, so that she would never again be ignorant and helpless.

Midway in the Analysis

Approximately two years into the analysis, Ann came to a session wearing a wide brimmed hat and no earrings. She explained that she wore the hat to cover up the acne and the holes of naked pierced ears. They were not supposed to show: "[They are] like vaginas. If they showed, it was exhibitionistic . . . all I care about is to have these acne scars and holes covered up. It will be great to cover it up, fill up these craters on my face, to have it be smooth."

She was sexualizing her face and rejecting it. I sug-

gested that she seemed to be saying how great it would be not to have her vagina show, wanting to cover it up, fill up the hole. It was as if in her experience she was wearing her vagina on her face for the world to see. She nodded, adding that the pimples and the depressions represented penises and vaginas, therefore she needed to hide them.

We came to see these imperfections as symbolizing Ann's flawed sense of herself and her conflict regarding sexuality. A connection between the estrogen cream and the early suicidal ideation became apparent. In her mind, the estrogen cream was associated with being feminine and sexual; she wanted to kill off that part in her which she and her mother had disapproved of. Ann said: "I did not feel I had the right or the wish to be sexual, but I like nice clothes and makeup. I like feeling feminine."

We understood her socializing exclusively with asexual men to be a derivative of an internal prohibition to be sexual. With them, there was no danger of sex. She then recalled how accusatory her mother had been of Ann's special connection with her father through their love for dancing. The mother saw it as too erotic, and therefore inappropriate.

Through Ann's associations, it became apparent that she felt responsible for her parents' divorce and believed she could have prevented it from happening had she only been able to foresee it. The omnipotent fantasy surfaced again in this context. Ann also felt she had defeated her mother, won her father's affection, and therefore deserved punishment.

Digging into her face with an emery board to erase imperfections was a self-induced punishment for what she perceived to have been her oedipal victory. It was also an attempt to undo it, as well as a way to alleviate her guilt for having won what she perceived to be a competition between her and her brother.

As we were analyzing the masochistic aspect of her behavior, I was struck by the severity and tenacity of the self-induced punishment. I had a sense there was something else she was punishing herself for. I conjectured that it seemed as if in her mind she was guilty of additional "crimes" as yet unknown to me. Following this, she recalled how the son of next door neighbors, a Greek family, would, at times, attempt to protect her from her husband's violent outbursts. She was deeply moved by this and felt guilty for exposing this young man to the violence. As she saw the mother of this family lovingly tending to her children, she found herself pining for such warmth and began

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Area Representatives' Corner

California (Northern)

Area Representative: Velia Frost, MSW

Our group is active with a core group that attends most programs. Our programs are attracting a very sophisticated and seasoned group of practitioners. Meetings take place at the home of Velia Frost. We are fortunate to have Rita Cahn on our program committee. She has initiated several of these programs and is great to work with.

On March 25, 2006, three local therapists—Arlene Berman, Sarah Henry, and Sarah Lee Pennington—who have been consulting with each other for twenty years, presented a panel on the topic “Aging with Our Clients.” The presentations were evocative, generating the group’s sharing of their clinical experiences.

On May 13, 2006, Arlene Berman presented her paper “Vulnerability of the Therapist in the Clinical Hour.” The paper was based on psychoanalytic formulations, clinical material, and the disclosure of the therapist’s life experiences—a very fine weaving together of elements central to our work.

On November 18, 2006, Whitney van Nouhuys gave our fall presentation, “The Clinical Use of the Transference from Everyday Life in Psychoanalytic Psychotherapy.” Rita Karuna Cahn discussed the paper. In this paper, Van Nouhuys explored in depth the therapeutic role of extra therapeutic transference, a topic familiar to the group that we take for granted. This presentation offered all of us the opportunity to thoroughly discuss this aspect of our work.

On February 9, 2007, we joined with the California Society for Clinical Social Work and the Sanville Institute in presenting a conference “Touch and Other Controversial Boundary Issues.” Billie Lee Violet moderated very moving presentations by Ellen Ruderman and Estelle Shane. This conference was very well attended and strengthened our community bonds. Chet Villanalba and his wife, Carla, hosted a lovely preconference dinner.

On March 31, 2007, Judy Schiller presented her paper “Psychoanalysis in Context: How American Culture Co-opted and Impacted Psychoanalysis,” tracing the historical current that enabled the acceptance of psychoanalysis in America.

Forthcoming on June 9, 2007, Denni Liebowitz will

present her paper, titled “Mourning Averted: The Transgenerational Transmission of Trauma.” This work is based the therapist’s own experience of having an uncle who was lost in action in WWII, and the impact the uncertainty of his death had on her family.

California (Orange County)

Area Representative: Karen K. Redding, PhD, LCSW

A new area chapter is starting in Orange County, California, with the energies of eight women who have come together in the past year, including Karen K. Redding, LCSW, PhD, who will serve as chair; Barbara Manalis, LCSW, who will serve as membership chair; Arm Stern, MFT, treasurer; Paula Clark, MFT, secretary; Judy Friesen, LCSW; Graciela Rodriguez, PsyD, LCSW; Karen Smirl, MFT; and Kim Khazeni, LCSW. As a group, we have done several seminars in the past year under the wing of Ellen Ruderman, PhD, and the Southern California Area Chapter. The first seminar, which occurred on February 4, 2006, was titled “Reflections on Aging and a Life Well Lived: A Conversation with Renowned Psychoanalyst and Activist Hedda Bolgar at 96.” As Dr. Hedda Bolgar has set an extraordinary standard as a psychoanalyst for almost a century, her perspectives on being an aging and still-practicing psychoanalyst are unparalleled. Karen Redding, PhD, LCSW, conducted an interview with Bolgar that attracted more than 80 people across different disciplines, including many mothers and daughters. The response was overwhelmingly enthusiastic.

The newly forming Orange County chapter presented its second seminar on Saturday, October 28, 2006, at the Orange County Campus of the USC School of Social Work. The seminar, “Exploring the Effects of Patient Termination on the Life of the Clinician,” focused on the effects that our relationships with patients have on our lives. This seminar consisted of a panel of three clinicians, who highlighted how amazing things can happen in the safety of the consulting room, where we, too, may be transformed



through the work that we do—by how we experience and are met by those whose company we keep. Original papers were presented by Barbara Manalis, LCSW; Judy Friesen, LCSW; and Arm Stern, MFT; with Karen Redding, PhD, LCSW, serving as both the moderator and discussant. Evaluations of this event were both enthusiastic and positive, suggesting a readiness among Orange County clinicians for more psychoanalytic gatherings of this nature. As a panel, four chapter members—Redding, Friesen, Rodriguez, and Smirl—presented a paper at the AAPCSW national conference in Chicago in March 2007. We are off to a strong start and look forward to enhancing our creative energies as a group. We plan to create two Orange County professional venues in the spring and fall of 2007.

~ Karen K. Redding, PhD, LCSW

California (Southern)

Area Representative: Joan Rankin, PsyD, MSW

We are pleased to announce that Joan Rankin, PsyD, LCSW, officially became chair of the Southern California Area Chapter as of the national conference in March 2007. Ellen G. Ruderman, PhD, LCSW, former chair, will remain involved and active on the Southern California Area Board, as will all other board members of the area chapter. Ellen joins with the entire executive board—Rosalyn Bloch, DSW; Lisa Halotek, MSW; Masayo Isono, PsyD; Joan Kurtzman Brody, LCSW; Paula Shatsky, MFT; Pat Sable, PhD; Evelyn Tabachnick, PhD; Pat Waiter, MFT; and our liaison to the California State Society, Joyce Parker, PhD—in offering congratulations to Joan, whose vitality and sound ideas will, we know, bring forth many new innovations for the Southern California Area Chapter.

We are also very pleased to announce the formation of a new area chapter in Orange County. Most ably led by Karen Redding, PhD, LCSW, the new chair in Orange County, and her most active and enthusiastic committee, including Barbara Manalis, LCSW; Judy Friesen; Ann Stern; and many other involved supporters. The Southern California Area Chapter has long supported the formation of a committee that could effectively represent the AAPCSW in Orange County; leaders of both our area chapters have met and intend to offer encouragement and support to each other's activities. The Orange County chapter has already offered two programs for the local community, and will be offering another in May 2007.

As its Reflections Series for 2007, Southern California

Area Chapter offers "Inner and Outer Worlds: Fear Collides with the Separation Process." On January 27, the first presentation, "Letting Children Go in a Dangerous World," was given by Estelle Shane, PhD, faculty and supervisor and training analyst of the Institute for Contemporary Psychoanalysis, and was discussed by Ellen G. Ruderman, PhD. On March 15, the Reflections Series followed with "Cross-Cultural Considerations in the Separation-Individuation Process," with a presentation by Gloria De La Cruz-Quiroz, LCSW, L.A. Child Development Center and program director of Mental Health at Camina Nuevo Carter Academy; also presenting were Joanne Thompson, RN, MSW, private practice, Los Angeles; Gail Meyer, MSW, Certified Educational Planner; and Lillian Freeman, LCSW, private practice, Los Angeles. On May 12, we were pleased to have Rite LeDesma, PhD, associate professor at California State University, Los Angeles, with a focus on cross-cultural social work practice, presenting "American Indian Families: Negotiating Loss across Generations."

The Southern California Area Chapter contributed a large number of mental health texts to support the work of Diana Miller, MD, and Maggie Magee, PhD, in collecting books for the Kenya Association of Professional Counsellors (KAPC) and the new Amani Counseling Centre in Nairobi. Rotarian Diana Miller, MD, collected the books, which were shipped to Nairobi by the Rotary Club in Palm Desert.

~ Ellen G. Ruderman, PhD, LCSW

Minnesota

Area Representatives: Connie Nickel, MSW & Elise Sanders, MSW

The Minneapolis Area Chapter calendar for 2006–2007 was a full one and is still under construction for the spring of 2007. The fall program was kicked off in September with a brunch and presentation by Joel Kantor, titled "Remembering the Child in Social Work: Lessons from Clare Winnicott." Mr. Kantor presented and discussed the insights and contribution of Clare Winnicott and how these insights are relevant today to social work practice with children and adults.

Our large conference, "Attachment, Trauma, and the Inner World," was held in October with 45 people in attendance. We heard Rex McGehee, MD, training and supervising analyst in child, adolescent, and adult psychoanalysis, Denver Institute for Psychoanalysis, present a fascinating analysis of a three year old child who had ex-

See Area Reps' Corner on page 10

perienced trauma. The seminar explored the historical rift between John Bowlby and Melanie Klein, and the clinical usefulness of integrating their ideas.

The remainder of the year followed our usual format of a light evening meal and a one-and-one-half-hour seminar. On November 5, our member Ellen Luepker, MSW, BCD, presented "Life Review: Its Therapeutic Uses and Intergenerational Impact." Ellen described a decade of experiences conducting videotaped life review interviews with individuals and couples in later stages of their lives. She presented excerpts from her work with groups and their family members, and illustrated life review methodology and its intergenerational therapeutic impact, including the integration of prior trauma and the development of self.

Our first presentation of the new year was titled "Infant Observation." Susan Schultz, PhD, discussed a model of Infant Observation developed by Esther Bick at the Tavistock Clinic. Susan has completed two Infant Observations and three group care observations in infant mental health and infant-parent psychotherapy. She reflected on some of these observations and talked about an Infant Observation project she is doing with NICU social workers.

In our next seminar, on February 25, Jean Bailey, MD, presented "On Motherhood." Jean provided the membership with four papers that we then discussed. The complexities of motherhood with regard to holding and letting go was explored.

After the January presentation, the steering committee and membership were pleased to surprise Hilde Gasiorowicz with a party, words of appreciation, and a gift. We thanked Hilde for fifteen years of leadership of the chapter in the Minneapolis area. Anne Gearity pointed out the many opportunities Hilde has provided for members and others in our community to present their work. Hilde and co-chair Bev Caruso have now passed the reigns to experienced steering committee members Connie Nickel and Elise Sanders, who are looking forward to carrying on our traditions as well as bringing us new and creative ways to share and learn.

~ Bev Caruso, MSW, and Hilde Gasiorowicz, MSW

New York

Area Representative: Penny Rosen, MSW

In 2006, for the second year in a row, a members' event was planned on Long Island, organized by Joyce Edward

and Penny Rosen, and hosted at the home of Monica Rawn on Sunday, October 15, 2006. Rosiyn Goldner and Muriel Morris, MD, presented the paper "Adoption Fantasies: A Psychoanalytic Understanding of Edward Albee's *The Play About the Baby*."

Here is the write up of the paper: Edward Albee's *The Play about the Baby* is a continuation of his many dramatic works in which he has dealt with the theme of family pathology and adoption. In this psychoanalytic paper, the authors have focused on the fantasy life of Albee's title character, an adopted child, with his thoughts about himself and his two sets of parents, brought to life in the creative work itself. In revealing these fantasies, Albee touches on universal questions every child has about the circumstances of his conception and birth and the relationship of his parents at that time. For an adopted child, these concerns tend to remain less resolved, and the authors highlight the conflicts and predicaments that result, as represented by Albee, who himself was adopted.

In 2007, four hundred copies of the 2007 Invitation to Join AAPCSW (then NMCOP) letters were placed in the folders of the "Symposium on Empathy" in March. AAPCSW is also one of the co-sponsors of this event, along with psychoanalytic journals and other institutes and organizations.

North Carolina

Area Representatives: William Meyer, MSW, BCD & Terrie Baker, MSW, LCSW

For the past several years, the North Carolina Area Chapter of the AAPCSW has convened one workshop in the fall and one in the spring. For the past two years, we have also had a dinner the night before at the home of Bill Meyer, open to anyone in the clinical community who cared to attend.

We have been very fortunate in that the UNC School of Social Work in Chapel Hill has allowed us to use their building for our meetings, without charging us. This is wonderful, because students become aware of us and it fosters our professional association with social work.

For each of AAPCSW national conferences, Terrie Baker has provided us with a stunning brochure that is sent out via regular mail to members of the NC Society for Clinical Social Work and the North Carolina Psychoanalytic Society. In addition, we advertise our workshops quite heavily on various e-mail lists.

During our first several years, we were very fortunate

to receive several small grants that helped us defray costs, such as advertising. As our workshops have become more visible, our attendance keeps growing. At our last workshop, we had well over 60 participants. We are now self-sustaining, and, in fact, have a “rainy day fund” should we ever wish to do something even more creative.

The list below represents our workshops in recent years. This spring, Carol Tosone will be presenting on a topic that has yet to be decided.

March 27, 2004 “The Presence of Presents: Gift-Giving in Psychotherapy: A Case Study”—Carolyn Lee, MSW

November 20, 2004 “Surviving with Sarah”—George Haggman, LCSW

March 12, 2005 “Loss and Transformation: Exploring how Grief May Alter Psychic Structure”—Joan Berzoff

September 17, 2005 “Just Who Do You think You’re Talking To? A Workshop on Couples”—Barbara Berger, PhD

May 1, 2006 “Thirty Years of Experience I wished I’d Had When I First Became a Therapist”—Presenter: Allan Bloom, PhD, MSW; Discussant: Geny Schammes

October 21, 2006 “Siblings: Their Role in Our Development, Lives, and Psychotherapy”—Joyce Edward, LCSW

Metamorphosis, continued from page 7

associating it with the Greek culture. We understood this to be yet an additional source of her attraction to everything Greek.

Ann said she imagined she could have prevented the violence if she had only been more submissive, “like the slave whom no one could ask more from.” After a prolonged silence, she confessed the following. She told me, with much shame and remorse, in a barely audible voice, as if not wanting to be heard, that she had been secretly engaged, prior to having met her husband, to a childhood friend who was also a distant cousin on her adoptive father’s side. He resembled her adoptive father. While engaged to him, she had had an affair with a man she felt she had seduced. Ridden with guilt, she wanted to break off the affair only to find out that her fiancé was also having an affair at the same time, with the same man. Disgusted, she walked away, vowing to abstain from sex. She said: “Maybe I do want to erase all sexuality in me; it is ugly, and a source of trouble.” I suggested she seemed to equate the pimples and depressions on her face to being overtly sexual and potentially incestuous, as if she were exposing her sin in public. She responded quietly: “It’s a source of shame and disgust and therefore the need to hide it, erase it.”

For Ann, skin imperfections also represented ugly and abnormal feelings that literally broke through for all to see. As we continued to analyze her relentless pursuit for perfection, she connected it with her ongoing attempt to turn herself into her “perfect looking” adoptive mother, hoping to gain her approval, which Ann equated with love. She also expressed a sense of urgency to fix and restore any imperfection in inanimate objects (shoes, clothes, etc.) with which she identified. Ann reported being overcome by panic if that was not immediately possible. On another level, this was also an attempt to undo the sexual encounter, which in her mind was associated with seduction and incest. In addition, Ann suggested that her obsession with perfection was also a way to hold on to what she perceived to be her adoptive mother’s world, as well as that of her birth parents. She was waiting to be rescued. To not tend to the imperfections immediately meant risking being rejected yet again and losing any hope for mother’s love; this equaled death. Ann also connected this to an attempt to undo her brother’s rejection.


Ann was searching for libidinal supplies. In the transference, I was not giving enough, not loving enough, but she couldn’t own her feelings for me. Attempts on my part to

See Metamorphosis on page 12

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Metamorphosis, continued from page 11

explore this were met with denial and self-accusation. She unconsciously assigned to me the role of the rescuer and disallowed any expression of negative feelings for me.

As we continued to explore what had enabled her to create beautiful paintings that were very well received, she was unable to create more. Ann associated to her former husband's physical condition and mental state, which deteriorated while she was painting; she feared the same fate. She also felt that "being productive means to make a mark, to be visible, to exist." She said: "I have no right to that."

While we attempted to better understand this inhibition, a rescue fantasy unfolded. When her paintings received good reviews, she fantasized that her birth parents would hear about it, would recognize her, and would come to reclaim her. Because that did not happen, she was greatly disappointed, felt rejected again, and unconsciously decided to make sure this would not reoccur.

Ann was also struggling between two types of ego ideals: one derived from the adoptive parents values, the other from what she believed were her biological parents' values. This was coupled with a fear of rejection, and paralyzed her creative talent. Ann associated this paralysis to survivor's guilt. "I survived my brother and my husband; I am unwanted and should have the decency to curl up and die!" This notion contained in it an element of a fantasy of reunion with the brother, who was dead to her, as well as a punishment for the husband's addiction and death by overdosing. (He had died a few years after she left him.) In her mind, it was unforgivable to assert herself as a creative artist: "I asserted myself too much already by having been born."

Toward the end of the second year of the analysis, prior to my week's vacation, she missed two consecutive sessions without calling. This was uncharacteristic, and I suspected she confused the dates and believed I was already away. When I called her, she sounded surprised, alarmed, and confirmed my thinking. Ann associated to the mix up as being her way of getting me to go after her, as she wished her biological parents would do. I wondered aloud if she was also testing me to see if I would notice her absence, while simultaneously wanting to be the first one to leave.

She was alarmed. I saw through her, and she felt exposed. "You caught me doing something irrational; it is

humiliating to want you to stay.” It was humiliating to be needy; it felt safer not to care about me. Ann observed that she created a situation in which she was trying to prove, to herself and to me, as both sets of parents in the transference, that she was unworthy to have around, providing justification to reject her. Making me wait, by not showing up for those sessions, was an unconscious attempt to give me a reason to get rid of her. We understood this to be the result of her need to make sense of any anticipated rejection, unlike the original one, which made no sense to her. In addition, it was a counterphobic reaction to gain control. By creating the situation she feared, she put herself in control.

When I returned, she reported a dream. It was her first expression of object-directed libidinal feelings.

I was coming to your office . . . I saw a little girl with a black nanny and a black little dog. She had strange cat-like eyes, flat . . . then I walked into your office and lay on the couch. You stroked my hair saying you were sorry, but the analysis was going so badly because of the way I was brought up. I liked it when you stroked my hair.

There was sadness in her voice as she recalled, for the first time, the black maid who had been kind and affectionate toward her: “I wish my mother was like her. I see you as my mother, the one I never had. I do not want to acknowledge having missed you, but by having created this dream and having remembered it, my unconscious is telling me otherwise.” The strange eyes had to do with my accepting her with imperfections. The allusion to a cat triggered associations of rejection. Ann felt rejected by a friend’s cat that she adored, and admitted having felt rejected by me. Ann then added that she had also made it “all right” in the dream, because in it, she was my little girl. Her associations to the dog shed additional light on how she perceived herself.

Dogs embarrassed her: “They are needy, eager, with no pride, unlike cats.” I interpreted that in the dream, the dog seemed to represent the needy part in her, which in her perception was black, dark, and ugly. This was a reference to her emotions, for which she had only contempt. Ann responded with a nod, adding she wished she could be like a proud cat.

The Third Year

During the third year, external circumstances had forced Ann to face career decisions. We wondered why it was so difficult for her to take risks based on her talents. She observed that she habitually doubted her ability to make good decisions. She said: “The adoption, parents’ rejection of my brother and my marriage, were all bad decisions for which I blame myself.”

I wondered aloud if there were other reasons for which she now so deeply mistrusted her ability to make good decisions. A long silence followed. My sense was that she tried to keep out of awareness the engagement to her cousin and the seduction/affair. When she did speak, Ann said that the engagement and affair were a result of an “animal-like instinct for love and domestic comfort.” She felt guilty and thought this to be a good enough reason to distrust her decisions as they were associated with sexual impulses.

While with her parents, as well as with her husband, she was the helpless victim, this affair manifested, in part, an unconscious identification with the aggressor, turning passive into active. Ann denied the aggressive aspect. She still needed to preserve an image of herself as only a victim.

A few months later, when she spoke about her friends, the asexual men, Ann associated to childhood nightmares

See *Metamorphosis* on page 22

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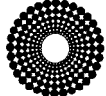
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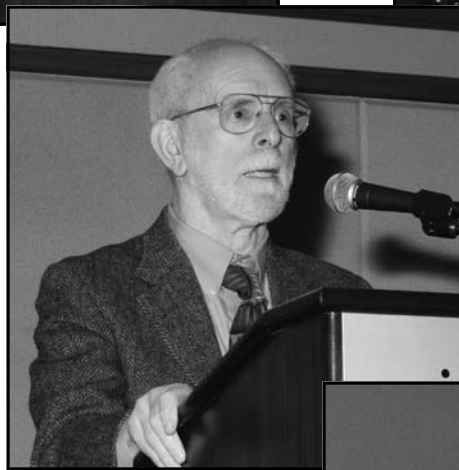
Phillip Ringstrom, PhD, Featured Speaker.



Eda Goldstein, DSW (above),
and David Phillips, PhD (left),
Study Group Co-Chairs.



Jill Gardner, PhD (above), Dennis Miehls, PhD (below),
and Mary Jo Barrett, MSW (below, right), Presenters.



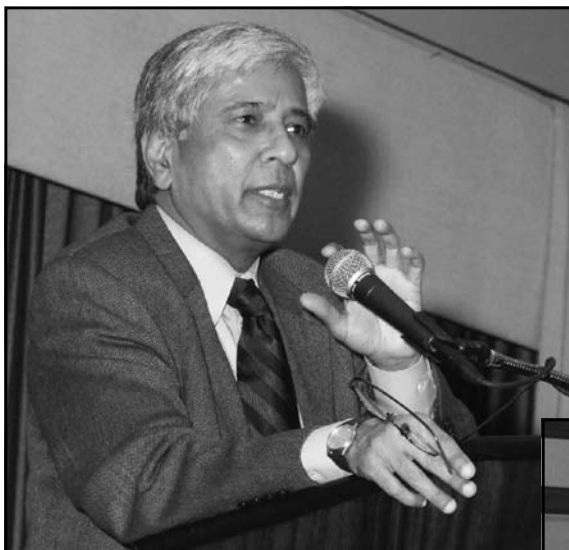
Jeffrey Applegate, PhD
(right), Moderator.



Continued on on page 16

Plenary Speakers

Clockwise, from below: Salman Akhtar, MD; Kimberlyn Leary, PhD; Nancy McWilliams, PhD; Phillip Ringstrom, PhD; Stuart Twemlow, MD; and Lynda Barry, writer and cartoonist.



Lifetime Achievement Awards



Constance Goldberg, MSW



Diana Siskind, MSW



Presented by David Phillips (left) and Eda Goldstein (second from right).

Essay Awards



From right: Boris Thomas, Janet Migdow, and Maryam Razavi Newman (not pictured, Janice Schwartz).



Ellen Ruderman, PhD; introduced by Samoan Barrish, PhD.

Outstanding Member Award

the demand for psychoanalysis is decreasing, the demand for psychoanalytic psychotherapy is increasing, and many psychoanalytic psychotherapists are not trained as psychoanalysts.

Therefore, an important new challenge facing us today is the setting of standards for the training of psychoanalytic psychotherapists, which is why the AAPCSW (formerly the NMCOP) formed the Committee on Standards in Psychoanalytic Psychotherapy, composed of Barbara Berger, Roslyn Goldner, Penny Rosen (chair), Cathy Siebold, Marga Speicher, and myself.

First I'd like to review the position paper on the standards, recommended by the committee, for clinical social workers seeking to practice psychoanalytic psychotherapy, and then I'll follow with my thoughts on the subject. The four areas covered are academic and clinical preparation, personal development, course of study, and supervision.

Academic and Clinical Preparation

Clinical social workers seeking to practice psychoanalytic psychotherapy have to obtain the basic professional background in social work with a focus on clinical practice with individuals, families and groups.

The minimum requirements include:

- Completion of a master's or doctoral degree in social work in an accredited graduate school.
- Certification or licensing in social work for independent clinical practice at the highest level in the state which is the location of one's primary practice.

Personal Development

The practice of psychoanalytic psychotherapy requires that the clinician be emotionally open, be aware of the conscious and unconscious dynamics influencing his or her psychological-emotional functioning. The clinician needs to be sensitive to the impact of his or her personal dynamics on the treatment process. Attention is given to transference/countertransference, resistance and defense. It is essential that the therapist have a personal experi-

ence in psychoanalytic psychotherapy or psychoanalysis, in order that he or she can have experience-based awareness of the working of unconscious dynamics and can be free from undue influence of personality conflicts. Such experience is best attained in an intensive psychoanalytically informed process involving multiple sessions per week.

Therefore, it is recommended that the therapist complete a minimum of 300 hours of individual psychotherapy as part of the process of training in psychoanalytic psychotherapy.

Course of Study

The course of study includes theory and clinical practice in psychoanalytic psychotherapy. It is best attained in a structured program such as is offered in various cities under the sponsorship of free-standing training programs, institutes, or universities.

The training covers a wide range of topics, such as the history of psychoanalysis and psychoanalytic thinking across diverse theoretical perspectives; fundamental psychoanalytic concepts related to human development; concepts of personality structure within various theoretic-

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cal psychoanalytic orientations; psychopathology, diagnosis and treatment; influences of socio-cultural factors and gender development; concepts of resistance, transference/countertransference; symbolic process and thought, dreams and other unconscious expressions; research; and ethics of practice.

Clinical study makes use of case presentations (clinical work of faculty and students) to explore and understand the therapeutic process as a whole and in its component parts.

Supervision

Individual supervision provides for the student the opportunity to integrate learning of theory and clinical study. It is recommended that a student have a minimum of 150 hours of individual supervision for at least two different cases where he or she sees a patient in psychoanalytic psychotherapy.

All four areas are important, and we cannot afford to neglect any one of them. However, if I had to choose one area as being more important than the others, it would be Personal Development, or personal treatment. Currently

some psychoanalytic psychotherapy training programs do not require personal treatment, and I feel that this is a critical omission.

Some programs feel that for pragmatic reasons—to attract candidates and keep the program viable—it is better to recommend personal treatment than to require it. It is felt that candidates will immerse themselves in the coursework and supervision, the theory and practice, and will therefore be inspired or feel the need to enter their own treatment, similar to the way many patients enter psychoanalytic psychotherapy, become curious, and eventually go into analysis. Then, the reasoning goes, the need for treatment comes from the individual—the student—and since it is not imposed upon them they will derive more benefit from it.


In 1950 Frieda Fromm-Reichmann advanced the following four reasons why psychoanalysts needed to be analyzed. I believe that all of these apply to psychoanalytic psychotherapists as well:

1. Self-knowledge in the therapist can reduce the likelihood of acting out rather than reflecting on countertransference reactions.
2. Personal treatment increases the probability that the therapist will have an adequately secure and satisfying extraprofessional life, thereby enhancing the ability to listen and reducing the temptation to use patients for gratification of the therapist's narcissistic strivings, dependency needs, and sexual longings.
3. Effective treatment creates increased self-respect and realistic self-esteem that allow the clinician to absorb hostile and devaluing communications nondefensively, and thus demonstrate how to maintain one's self-esteem in the face of provocation.
4. A familiarity with one's own dynamics makes it possible to recognize comparable processes in other people.

Nancy McWilliams, in her book *Psychoanalytic Psychotherapy*, added the following reasons:

At the most basic level it is important for a therapist to know viscerally how it feels just to be in the patient role. . . . The shortest route to empathy with someone in the role of patient is to take that role oneself No amount of intellectual facility prepares us for the sense of vulnerability and exposure that accompanies the role of the help seeker. Nor can we appreciate vi-

See Standards on page 20



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curiously the nature of the sense of dependency, in both its positive and negative aspects, that simply comes with the territory of being a client. Adopting the patient role provides the best basis we can have for empathy, even when our own central dynamics are substantially different from those that one of our clients needs to address. And it is the best prophylaxis against contempt.

Just as important, the experience of psychotherapy gives us a model of how it works for which no textbook could possibly substitute. Candidates in analytic institutes uniformly comment that in their own training, their personal analysis gave them the richest source of knowledge about how to do sensitive therapy They report that the capacity to call on their own experience of being helped lowers their anxiety about doing the work, reduces their sense of fraudulence, and allows them to stay more uninterruptedly in the state called “flow.”

Equal in importance to the mitigation of contempt, the experience of an effective personal therapy or analysis leaves us with a deep respect for the power of the process and the efficacy of treatment. We know that psychotherapy works. Our silent appreciation of the discipline can convey that assurance to clients, for whom a sense of hope is a critical ingredient of their recovery from emotional suffering.

And finally:


From the experience of our own therapy we also “get” the ubiquity and power of unconscious processes. Our struggles with our own resistances to change, our confrontations with the ways in which early cognitive and emotional lessons keep reinterpreting new experience as like older ones, and our awe at witnessing the nuances of our responses to our therapists eventually create in us a deep appreciation of how hard it is and how long it takes to make significant internal changes. This appreciation increases our patience and permits us to convey to clients both that we know we can help and that we are not surprised that it takes a long time to go as far therapeutically as each patient hopes to go.

Jane Hall, in *Deepening the Treatment*, also talks about why the therapist’s own treatment is essential:

Therapists who practice psychoanalytic psychothera-

py become more adept at deepening the treatment as their own analyses deepen. We must be able to look inside ourselves in an intensive and extensive way before we can guide another on the journey of self-exploration. Our own analyses prepare us for the rigors of our work and give us proper and deep respect for the unconscious. Our own analyses prepare us for the intense, often uncomfortable transferences and projections we must endure, understand, and interpret. Our own analyses enable us to recognize and deal with the induced and personal countertransference we are bound to experience. All of these abilities are conveyed from unconscious to unconscious—the way most important information travels. Our insecurities, fears, and weaknesses, though ever present to some degree, can be sufficiently mastered, allowing us to set the stage for deeper work.

Lora Heims Tessman, in her book *The Analyst’s Analyst Within*, surveyed analysts about what they felt was satisfying and dissatisfying in their own analyses. She noted that the deeply satisfied group described feelings of being deeply engaged affectively with their analysts and that



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they experienced “a strongly felt connection without impingement.” She concluded: “Meanings attributed to the affective messages through which interpretations and other interchanges with the analyst took place turned out to be the most closely linked to satisfaction, while the specifics of behavior and technique showed not such correlation.” One deeply satisfied analysand said his analyst had shown a “willingness to accompany him actively in exploring his inner world . . . [and] the ability to receive and contain affects directed toward him, including intense feelings of love, hate . . . terror and sorrow.”

It is hard to conceive of a therapist who has not had a similar experience being able to provide a comparable experience to his or her patients.

This is why I think that it is so vitally important that training for psychoanalytic psychotherapists include in-depth, personal treatment. If you have experienced, in depth and breadth, the value of your own treatment and how it has helped you, you convey that experience consciously and unconsciously to your patients, with utter conviction, when educating your patients to the process. Your own experience and understanding of the process

conveys your belief that the treatment in all its aspects (transference, countertransference, regression, and resistance) really works. I believe, and have observed, that people who have had their own satisfying treatments have more patients who come more frequently, and they work more deeply with those patients. I believe psychoanalysis or in-depth psychotherapy is a vital, important treatment for anyone who uses him or herself in the process of doing his or her work. I am making a plea for the need for in-depth treatment for the analyst, the clinician, the creative person; anyone who uses the self as a basic tool.

Getting back to those students in programs that do not require personal treatment: for now, for those students who do not choose to enter treatment, the nature of supervision may require more focus on countertransference and enactments when those students' issues interfere with their treatment of their patients. The supervisor may then be able to help the student to understand the necessity for their own treatment. Supervisors may need more help in finding their own voice in the continuum of teach to treat.

In summary, I believe that one of the greatest challenges we face is the need to gain a consensus, among all those institutes, organizations, and universities that train psychoanalytic psychotherapists regarding the setting of high training standards to ensure that future generations of psychoanalytic psychotherapists are prepared by their curriculum, supervision, and personal treatment to provide the highest quality treatment to their patients, by using themselves creatively and wholeheartedly in their work.

References

Alexander, F., and T. French. 1946. *Psychoanalytic therapy: Principles and applications*. New York: Ronald.

Eisold, K. 2005. Psychoanalysis and psychotherapy: A long and troubled relationship. *International Journal of Psychoanalysis* 86, no. 4: 1175–95.

Hall, J. 1998. *Deepening the treatment*. Northvale, N.J.: Jason Aronson.

McWilliams, N. 2004. *Psychoanalytic psychotherapy: A practitioner's guide*. New York: Guilford Press.

Tessman, L. 2003. *The analyst's analyst within*. Hillsdale, N.J.: Analytic Press.

Wallerstein, R. S. 1995. *The talking cures: The psychoanalysis and the psychotherapies*. New Haven, Conn.: Yale University Press, 86.

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about monsters. She equated her sexual drive to greedy, ferocious monsters that needed to be kept behind locked doors. Ann was now beginning to be able to attribute some aggression to her sexuality. She also connected being adopted and illegitimate to sexuality.

She stated it was a known fact that adoptive mothers supervised their adopted daughters closely because they were children of whores. This helped us to better understand Ann's aversion to sex. She needed to disidentify from her birth mother, the whore, the "bad heredity" (Schechter 1967, 702).

Ann expressed feeling impotent rage with regard to her flaws, and she was now readily admitting that the imperfect facial skin represented her ugly, uncontrolled, and very potent sexual impulses. She experienced herself as "one big flaw that needed to be destroyed." She turned onto herself the wish to destroy the source of deprivation rooted in both sets of parents (Deeg 1989). Ann also observed that any adoption was potentially incestuous due to not knowing.

Having male friends who abstained from sex helped her curtail her sexual impulses, perceived by her as monstrous, and protected her from being incestuous. Ann added that the engagement to the cousin and the betrayal would not have happened if her mother had not made continuous accusations of there being something incestuous between her and her father. It was as if unconsciously she decided that since she was being accused of a crime she did not commit, she might as well commit one.

In an adoptive mother's fantasy, the adopted child is born out of a "wild seed . . . is begotten in sin and is fated to repeat the sin, especially after adolescent changes set in" (Schechter [quoting Solnit] 1967, 704). Even though all mothers have oedipal fantasies, adoption allows for some additional externalization of such fantasies, and that externalization then may leave the "wild-seed" fantasies closer to the surface. In addition, since there were no blood ties, the incest taboo did not hold. The superego that failed her then was now present, harsh, and punitive.

Ann said that her birth parents should have aborted her rather than let her develop into this "horrible, wrong thing." I wondered aloud whether it seemed more acceptable to her to see herself as all wrong rather than to feel that both sets of parents had done it all wrong. Her response was: "I am the wrong thing they did! I wish she had an abortion. When tired and discouraged, I wish I were dead. It would be a release from suffering." As these

feelings of having no right to exist resurfaced, I said that, in her mind, this seemed to be a fit punishment for all the crimes she felt she had committed. Ann's response was: "When I feel that way, I don't know the difference between committing a crime and being one." She described a background noise in her mind, the adoptive parents' voice, saying repeatedly that no one wanted to hear what she had to

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say. Since she didn't believe she had a voice worth hearing, she didn't believe her art work should be displayed and readily available.

As I was listening to Ann's internal script, I decided to test the external reality via the use of a parameter. I found the book which contained some of her art. Ann was deeply moved that I made an effort to seek out her art work. Analysis of its meaning revealed that she felt and believed I was interested in what she had to say. She experienced me as validating her talent, as well as approving and supporting it. Ann said that this was something she had wanted to get from her parents and never did. The use of this parameter also facilitated her seeing how readily she was dismissing her own voice, doing to herself what she felt was done to her. A shopping spree followed this boost to her damaged self-esteem. For the first time, she avoided thrift shops and derived some pleasure from this new experience.

The Fourth Year

In the beginning of the fourth year of the analysis, Ann revisited the image of the cockroach, but this time with admiration. Cockroaches were tough survivors; they could live on leftover crumbs and garbage. While saying this, Ann observed a pattern; she did best and was most successful on projects that were damaged, that others had rejected and discarded. She also recalled success in her early thirties restoring damaged artwork. She spoke of the challenge ahead to convert garbage into something useful and beautiful. For the first time, Ann spoke of her paintings as having the potential to offer all she could possibly want: "Pleasure, creativity, feeling loved, appreciated and accepted. It means bringing something to the world that was not there before; something that would be a part of me, as if it were a baby."

She equated artistic productions with babies, and while longing for both, she also felt she should have neither. In spite of this conflict, when asked to produce a painting incorporating some aspects pertaining to Greek mythology, she rose to the challenge. While working on the project, she felt energized, but she also became acutely aware of her fragile sense of identity and self-esteem. The parental superego still echoed loudly in her mind. Therefore she had "to work extra hard to be tolerated, never mind being liked." She continued: "At my lowest, least rational level, I doubt everything about myself and my decisions." I observed that the more creative she allowed herself to be, the more powerful and therefore guilty she felt. A silence followed. When she resumed talking, Ann said

she felt responsible for her husband's failure as a painter and for his death.

Having caused his demise meant that I was powerful. If it was up to me to cause his addiction and overdosing, it was also up to me to make him whole. It was also up to me to rescue my brother. Having been given up for adoption was my fault, as were my adoptive parents' frequent departures. I had the fantasy that both sets of parents took one look at me, were repulsed by what they saw, and fled again and again.

I suggested that to maintain this fantasy, although painful, must have been very important. Ann responded that the alternative was to experience herself the way she felt growing up: helpless and completely ineffective. It was too horrible and unbearable to contemplate. This was yet another example of her resorting to omnipotence as a way of protecting a very precarious sense of self-esteem.

Approximately five months into the fourth year of the analysis, Ann's mother died, and Ann inherited money that belonged to her father's family. For the first time in her life, she expressed feeling like a legitimate daughter. The fact that her parents allowed her no access to this money while they were alive fed her old feeling of being an unwanted cockroach, but now she felt validated and redeemed.

My attempt to further analyze the meaning of this money to her was met initially with resistance. In the transference, I became the bad mother who would spoil it for her. She anticipated I would take away her newly found validation through raising her (reduced) fee. Up to that point in the analysis, having assigned me the role of the rescuer, she could not permit herself to express any angry, hostile feelings toward me, fearing retaliation by abandonment. Now, her anger about the anticipated deprivation was expressed via a wish to interrupt the analysis. This was in part a pre-emptive strike, disguised by her sense that she no longer felt like a cockroach. Gradually, Ann came to see that her not wanting to pay more also meant she wanted me to do with less, like the "crumbs for the cockroach," turning passive into active. As we continued analyzing her aggression, encapsulated in her feelings about the inheritance, she was able to readjust the fee. Ann experienced this step as legitimizing her own existence.

At that time, Ann was invited to restore some major artwork in Greece. The symbolic meaning of restoring damaged art was not lost on Ann. The project required her to relocate for a prolonged period. Ann observed that the

See *Metamorphosis* on page 24

unexpected interruption of the analysis came in handy to the part of her that wanted to hold on to the money—the part that wanted me to have less. During these last months of the treatment, as Ann became more comfortable with love and hate, she became involved with a man who in many ways was a more appropriate libidinal object. Ann was also able to allow herself to purchase, for the first time in her life, her own modest house, in a good neighborhood, away from the cockroaches.

At the beginning of her treatment, Ann felt like a creature that was created through some process that was inferior to animals, which are born. As we began to peel away that layer, the very powerful image of herself as a cockroach emerged. She used this image to debase and elevate herself, splitting her self-representation into good and bad aspects. Such splitting takes place, at times, among adopted children. Having two sets of parents can interfere with the capacity to integrate object representations, encouraging splitting of parental imagos into good and bad objects. As a result, adoptees may continue also to split their self-representation (Glenn 1986). When Ann came to believe that cockroaches were born and that they were survivors, an image of an individual who begins to believe that she is worthwhile and has a voice worth hearing began unfolding. This new acquisition of faith in her talent, though still precarious, began restoring a damaged self-esteem and relaxing a very harsh superego. The metamorphosis was far from complete, but Ann seemed to be on her way toward becoming a woman.

Although I understood the realities that led to the premature termination, I couldn't help feeling disappointed. A couple of years ago, I saw some of her recent paintings in a reputable gallery. The reviews were excellent.

Discussion

I began writing this paper in an attempt to discharge the powerful affects Ann's self-representation of a cockroach stirred in me. Intrigued by the mix of pathology and strength encapsulated in this conscious self-representation, I wanted to understand how she used the analytic process to facilitate the beginning of the metamorphosis.

The protagonist in Kafka's *Metamorphosis* is "in danger of becoming a vermin, regressing to the level of an animal . . . living like a cockroach." Kafka "foresees the

risk of man losing confidence in himself and undergoing metamorphosis into an inhuman being" (Chrzanowski 1971, 190–91). Unlike Kafka's protagonist, Ann, in her fantasy, started off as an inhuman being who came into the world through a lesser process, below animals, which are born.

The adopted child's mental concept and image of the self, his or her self-representation, is affected by the representations of both sets of parents. These representations are "differentiated from the actual self or object. Such images include irrational as well as cognitive aspects and do not depict the self or object accurately" (Glenn 1986, 310).

The literature on adoption suggests that it is not uncommon for adopted children to be self-denigrating and blame themselves for the initial rejection. Ann's most affectively charged fantasy was that both sets of parents took one look at her, the cockroach, were repulsed by what they saw, and fled again and again. Transference reactions during the analysis were determined by fear of rejection and abandonment.

By the time Ann was twenty-four months old, she already knew about the adoption. During these early months, boundaries between reality and fantasy are blurred in the child's mind. As a result, the actual message of relinquishment endows the phase-specific fantasies of loss of object and love with a sense of actuality (Weider 1977).

The repeated ruptured attachments during Ann's first eighteen months, and thereafter, formed a very particular external reality which provided a ripe ground for intensified separation anxiety and disbelief that anything in her immediate world was long lasting. Ann developed a rich imagination to ward off such emotional/psychological deprivation. This facilitated the creation of a rescue fantasy, the family romance fantasy.

■
In 1908, Freud introduced the family romance fantasy to be that of a latency-age child who fantasizes about being adopted by people whom he devalues, awaiting to be reclaimed by the real/better parents. Such fantasies, often consciously recollected from early childhood, are the product of a "marked imaginative activity . . . an essential characteristic of neurotics and also of comparatively highly gifted people" (Freud 1908, 238). The fantasies are the

In the beginning of the fourth year of the analysis, Ann revisited the image of the cockroach, but this time with admiration. Cockroaches were tough survivors.

child's attempt to overcome inherent disappointment, disillusionment, and anger in regard to the biological parents. Intense impulses of sexual rivalry, coupled with feeling slighted, play a significant role in their creation. Variations in these fantasies are due to the child's ingenuity and the material at his or her disposal.

Ann's atypical adoption experience facilitated the creation of her version of the family romance fantasy. In it, she adopted the other (Greek) culture that functioned as an accepting, nurturing object. Her attraction and yearning for this culture grew as she became acquainted with her neighbors, a Greek family. She was witness to the mother's devotion and unconditional love for her children. For Ann, this family represented the Greek culture. In her paintings Ann depicted images of mother and child superimposed on each other, as if inseparable. Greek mythology inspired her work.

Ann's wish to repair the damaged internal objects found an adaptive representation in her art work. She literally restored damaged objects. Lifton (quoting Elizabeth

Stone) said that "the particular human chain we are part of is central to our individual identity" (1994, 37).

Having grown up in the closed adoption system, Ann was disconnected from her biological narrative and felt she had lost her place "on the intergenerational chain of being" (ibid., 47). Therefore, she felt she had to reach way beyond family, genes, and culture for sustenance. For Ann, this fantasy of never having been born served to mend the broken narrative, the ruptured early attachment, and the narcissistic injury it engendered. The fantasy had solidified with repeated rejections and was carried over into adulthood.

Ann's fantasy is echoed by other adoptees, who, lacking concrete information about the circumstances of their birth, and especially about their biological mother, often feel they were never born (ibid.). Ann came to me asking for help in gaining self-understanding in order to promote change from within. I believe that the understanding she found in me, as her analyst, via the analytic process, allowed her to develop a growing awareness and understanding of the nature of her intrapsychic conflicts. The analysis fostered better neutralization of libidinal and aggressive aspects of her self-representation, resulting in improved self-esteem. This, in turn, facilitated a resumption of ego development, enabling her to utilize the family romance fantasy to begin rewriting the internal script in which the protagonist was an infrahuman being.

Loewald (1960) stated: "In analysis we bring out the true form by taking away neurotic distortions. However, we must have, if only in rudiments, an image of that which needs to be brought out into its own The child begins to experience himself as a central unit by being centered upon" (17, 19). It seems to me that my ability to recognize this talented, feminine woman, concealed by the powerful image of a cockroach, enabled Ann to pursue her talent in art restoration and painting as a nonpathological, adaptive channel for the family romance fantasy to live itself out in her everyday life. Even though it is more difficult for adopted children to use fantasy because of the actuality of their experience, the analysis helped Ann to use the family romance fantasy in spite of her history.

Postscript

Because I found Ann's story to be compelling, I wished to see it in print and available to a wider audience. This required that I get her permission. After much thought and trepidation, not knowing what to expect, and wondering

See *Metamorphosis* on page 26

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about the effect my contacting her so many years later might have on her, I resolved to send her a letter explaining my wish to write about her analytic treatment and my willingness to share with her what I had written. To my surprise and delight, Ann responded promptly. She graciously agreed to read the paper. When we met, after she had read the paper, Ann told me that she was initially apprehensive about seeing it in print. But after reading it, she suggested some ways of revising/disguising the material that would make it acceptable to her.

She also volunteered to fill me in on her current situation. I learned that a few years ago, she found her biological mother and two half-brothers. On her father's side, she discovered a sister. Both sides of the family embraced her. She continued to paint, began to sculpt, and at times was called to work on restoration projects. Her own work was selling quite well.

This is the revised version to which she gave her stamp of approval. For that and for giving me the opportunity to work with her, I thank her.

References

- Chrzanowski, G. 1971. The changing language of self. *Contemporary Psychoanalysis* 7:190–99.
- Deeg, C. F. 1990. Defensive functions of the adoptee's cathexis and of the lost object. *Psychoanalysis and Psychotherapy* 8:145–56.
- Eisnitz, A. 1980. The Organization of the self-representation and its influence on pathology. *Psychoanalytic Quarterly* 49:361
- Freud, S. 1908. *Family Romances*. SE, 9. London: Hogarth Press.
- Glenn, J. 1986. Discussion: The adopted child's self and object representations. *International Journal of Psychoanalytic Psychotherapy* 11:309–13.
- Lifton, B. J. 1994. *Journey of the adopted self*. New York: Basic Books.
- Loewald, H. 1960. On the therapeutic action of psychoanalysis. *International Journal of Psychoanalysis* 41:16–33.
- Novick, J., and K. K. Novick. 1994. "Omnipotence: Pathology and resistance." Presented at the Anna Freud Memorial Lecture, New York Freudian Society.
- Schechter, M. 1967. Psychoanalytic theory as it relates to adoption. *Journal of the American Psychoanalytic Association* 15:695–708.
- Silverman, M. 1985. Discussion: Adoptive anxiety, adoptive rage, and adoptive guilt. *International Journal of Psychoanalytic Psychotherapy* 11:301–7.
- Weider, H. 1977. The family romance fantasies of adopted children. *Psychoanalytic Quarterly* 46:185.
- Winnicott, D. W. 1965. *The maturational process and the facilitating environment*. Madison, Conn.: International Universities Press.

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