

Newsletter
Spring 2009

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From the President

By now all the reactions to our conference in New York City are in and it is clear that it was a great success! Unequivocally, those who responded voiced their pleasure at what they felt to be our well-above-par plenaries, workshops, and panels. Furthermore, comments abounded about the lively, warm, inviting and invigorating atmosphere that permeated the entire meeting, rafting through the hallways, in the meeting rooms, and in the snack areas and meals we all shared. In addition to being presented with a cornucopia of rich ideas, we were able to renew old friendships and meet new people as well. Once again, I express our thanks to Penny Rosen, Cathy Siebold, and the committee. We also want to thank all our presenters, the study group, our plenary speakers, and all our participants who attended our conference.

In keeping with the spirit of the Study Group's presentations and the Social Action Committee, as well as Andrew Samuels and Susan Gutwill's plenary talks, I'd like to briefly share with you the results of a series of studies that I recently heard about and found relevant, stimulating, and interesting. Social psychologist Jonathan Haidt and his colleagues performed studies that have to do with the moral foundations of politics. Haidt discussed this study as part of the "Origins" meeting that I attended recently at Arizona State University. The meeting included a mixture of prominent cosmologists, physicists, and life scientists talking to each other on topics varying from the beginning of the universe to the origin of life, and even to aspects of human behavior.

Haidt and collaborators are interested in understanding the role that morality plays in political thought and behavior. Eschewing a one-dimensional view of political ideology or morality, they developed a five-dimensional set of moral intuitions: harm/care; fairness/reciprocity; ingroup/loyalty; authority/respect; and, finally, purity/sanctity. These five moral foundations, Haidt and colleagues believe, provide a taxonomy for the bases of moral judgments, intuitions, and concerns. The researchers found, through large sample surveys and a quantitative analysis of the data, that there is a strong correlation between those who consider themselves "political liberals" and showing greater endorsement and strongly identifying with the harm/care and fairness/reciprocity categories in contrast to the other categories, whereas those considering themselves "political conservatives" endorsed and used the five categories more or less equally. To further clarify the implication of this result, let me briefly describe the categories used in the study. The researchers described harm as a concern with the effect of an action on others, and similarly for fairness. Those interviewed were rated on the degree of their concern in these specified areas. An example is how the participant felt about whether or not



Samoan Barish, PhD

Editor's Word

Many thanks to Penny Rosen, conference chair, and Cathy Siebold, program chair, and their committees for making "Memory, Myth and Meaning: In a Time of Turmoil" a conference that was a rousing success on many levels. From the preconference day, put on by the Study Group, through the plenaries, workshops and panels, lively discussions, visits with old friends and opportunities to meet new ones—this conference stimulated us intellectually, asked questions we need consider, broadened our clinical knowledge, and sent us home with a renewed energy for our work.

Congratulations to David Phillips and Carolyn Saari, who were presented Lifetime Achievement Awards by Marsha Wineburgh and Carol Tsone. We have all been enriched by their contributions to the field.

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: Samoan Barrish, Velia Frost, Joan Rankin, Karen Redding, Kin Sarasohn, Cathy Siebold, Golnar Simpson, Jennifer Tolleson, Diana Siskind, and Ashley Warner. A late thanks to Penelope Andrew, who wrote the excellent film review of *I've Loved You So Long* in our Winter issue. ■



Donna Tarver, MSSW

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Aims & Purposes of the AAPCSW

- 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.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

From the *President-Elect* Cathy Siebold, DSW

The 2009 conference, “Memory, Myth and Meaning: In a Time of Turmoil,” was greeted with enthusiasm by presenters and attendees alike. Despite continuing financial concerns, the attendance at the conference was good and certainly demonstrated the interest that psychoanalytic social workers have in expanding our understanding of human suffering. There are many people who made this conference a success, but particular thanks to Penny Rosen, who worried about all the details for us, and to Samoan Barish, whose suggestions and connections for presenters such as Jenny Allen made the conference all the richer. For those of you who were unable to attend, we hope to see you in 2011—the opportunity to connect with colleagues from near and far is another perk of the conference.

In this issue of the newsletter, several of our members have volunteered to write about selected conference sessions. The listserv discussion about how a better understanding of neurological processes might inform clinical practice is one way that the conference themes continue. I hope the synopsis of conference sessions on

topics such as the economy, grief, irony, and skepticism will provide those unable to attend with further ideas to mull over and discuss with colleagues. As we end one thing, we begin another. Already Joan Rankin is beginning to develop her committee as a prelude to overseeing the next conference in L.A. in 2011. Thanks, Joan.

We continue to develop the CEU website and I hope that as we are able to add new courses, this project will serve a need of members who are less able to have access to in-person meetings. If anyone would like to create a course for free CEU credit, please be in touch with me at csieboldsw@gmail.com I am still persisting with the PEP subscription efforts, and at the conference, connections with new area representatives gives me hope that we will soon meet our quota.

The area and membership chairs are an important part of our community, and they continue to offer local conferences to our members. We now have a link on our website so that members can go to the area news link to find out contact information in their area, as well as news of upcoming events. ■

AAPCSW Continuing Education: Psychoanalytic CEUs for Distance Learners psychoanalyticce-credit.com

NEW COURSE: *Finding a Place for Theory: An Excerpt from Learning from Life, Becoming a Psychoanalyst* • Patrick Casement

This course introduces clinicians to the complex issues associated with trying to have patients fit our theories.

Casement draws on his experiences as an agency social worker to develop his thesis.

NEW COURSE: *Psychoanalytic Case Formulation* • Nancy McWilliams

Elaborating on her prior book about psychoanalytic diagnosis, McWilliams provides an understanding of the way that dynamic case formulation can help to develop treatment decisions. Clinicians will find this a useful tool, both for deepening their understanding of dynamic assessment and for teaching assessment to others.

Other AAPCSW authors include Rosalyn Benitez-Bloch, Jerry Brandell, Nancy Bridges, Joyce Edward & Elaine Rose, Carol Ganzer, Crayton Rowe, Shoshanna Ringel, Carolyn Saari, and Diana Siskind

CEU credits are approved for most states—see the website for information regarding your state.

Revisiting Diversity and Otherness in the 21st Century

We are living at a time in our history in which accelerated advances in scientific knowledge and technology, and enormous economic, political, and social changes across the globe, present us with a world fundamentally different from the one in which our established definitions of *diversity* and *otherness* have been formed. In this hyper-connected world, with its increasing virtual-reality characteristics, notions of national boundaries, fixed cultural definitions, and meanings of race, gender, ethnicity, sexual orientation, and social class are all in a state of flux, with potentials for leading to further upheavals as well as clarity and coherence. On the other hand, while violence at the interpersonal, societal, and global levels plagues our world, we are also living at a time in which people of conscience are forming ever more empowered humanistic movements here and across the globe, continuing to fight against poverty, prejudice, and disregard for human rights.

Here, we just elected our first African American president. It is a time of hope, challenge and possibility.

At the microlevel of clinical practice, while social work has a long history of commitment to social justice principles, due to a variety of reasons it has not always been able to reach its ideals (Weaver 2005). Often, unavoidable adherence to the agency policies that need societal sanctions or the economics of health care delivery system have been a major source of tension in clinical practice. In the clinical encounter, with transference/countertransference issues at every turn, one of the important impediments in achieving the proper therapeutic results has often been due to a dissociative response pattern (Layton 2006; Hill 2007; Walls 2006) leading to de-linking of the clinical process from its sociopolitical and cultural contexts. This unconscious process has to do, in part, with the fact that therapists and clients often share the same normative culture. As Lynn Layton states:

The norms not only condition thought, feeling, and behavior, but create dynamic unconscious conflicts as well. Such unconscious conflict, in turn, can generate particular kinds of clinical enactments, ones in which therapist and patient unconsciously collude in upholding the very norms that might in fact contribute to the ongoing psychic pain." (107)

It is against this background, and in continuing the tradition of our social work profession in periodic examination of who we are, what we know, and where we are going with our "knowing," that we need to revisit our commitment to social justice issues involved in matters of diversity and otherness. The enhancement of our knowledge and skills in this area would enable us to safeguard the ethics, dignity, and sanctity of each moment of clinical encounter as we work with different populations.

Establishing the Committee

Based on the deliberations of the AAPCSW's board to expand its focus on diversity and otherness, this Committee's mission is to provide opportunities for the members to enhance their knowledge and skills regarding issues of diversity and otherness in psychoanalytic social work theory and practice. The process of selecting a name for the committee

highlighted the need for clarity and theoretical consolidation of the many different terms (i.e., multiculturalism, cultural competency, and so on) in use in contemporary discourse on matters of diversity. The committee members felt that while the concept of diversity has been useful in learning about different cultures, it does not adequately get at the heart of the matter for clinicians who are interested in the subjective experience of issues such as race, gender, ethnicity, sexual orientation, and social class. The term *otherness*, with its own strengths and limitations, was added to bring the necessary balance in the emphasis on internal and external understanding of the issues. Furthermore, while these concepts point to differences, it is also essential to identify points of contact among differences in such a way that lead to the "recognition" of the other's subjectivities (Benjamin 1990). The selection of a name for the committee remains a work in progress.

Metatheoretical Perspective

The complexities of the concepts of diversity and otherness require a metatheoretical perspective that does not get tangled up in dogma and/or dichotomies and remains

See Diversity and Otherness on page 17

Committee Report
AAPCSW Committee on Diversity & Otherness
Golnar A. Simpson, PhD, chair



Andrew Samuels and the Economic Psyche: From Inequality to Utopic Fantasy (and Back Again)

Ashley Warner, LCSW

"I'm a Jungian who's gone relational," Andrew Samuels declared at the start of his engaging Sunday plenary session titled "The Economic Psyche: From Inequality to Utopic Fantasy (and Back Again)," at the 11th annual AAPCSW national conference in New York. It's not a stretch, he asserts. Our soul is the source of hope, creativity, and problems, not only on a personal level but on a political and global level as well.

Dr. Samuels has spent his career using psychoanalysis to bridge the gap between the personal and the political. In addition to his private practice in London, Dr. Samuels works as an international political consultant and is author of *The Political Psyche* and *Politics on the Couch*. Dr. Samuels co-founded Psychotherapists and Counsellors for Social Responsibility in 1995 with the mission to take the insights gained in the consulting room to the outside world to influence public discourse and politics. He is also cofounder of the Masters in Jungian and Post-Jungian Studies at the Centre for Psychoanalytic Studies at the University of Essex, UK, a unique program that balances Jungian theory and clinical work with applications to cultural and gender studies, social and political theory, philosophy, and religion.

"Analysts [can be] too reductionistic," he asserts. "No wonder we are marginalized." He asks why we should split off our capacities for self-reflection and clinical experience, when there is much to understand about our current economic crisis using these psychoanalytic tools.

Restoring the status quo is shortsighted, Dr. Samuels maintains. There has been a huge failure on the part of politics to meet emotional and spiritual needs of members of society, inherited wealth being the heart of inequality. We are in the midst of a huge shift in values, while the growth of inequality continues at great mental and physical cost. Class structure and our inner world may be up against psychological barriers to social mobility, Dr. Samuels suggests, not just political ones. Understanding these barriers is key to creating improved structures.

"What impact does the growing invisibility of money have on the psyche?" Dr. Samuels asks. Like the unconscious, money markets have become something unknown, beyond our control. He suggests the first step to addressing the problems of our economy is to attend to the work of uncovering our individual economic psyche. "We must be aware what we're up against."

Dr. Samuels recommends we dive into our personal and family histories around money rather than ignoring these issues. How was money handled in childhood? What are our fantasies about earning or winning money? What are our assumptions about money with respect to gender? The notion that more money makes a better man, for example, has taken a steep psychic toll as many clinicians are aware. The example of the hedge fund wizard with erectile dysfunction was cited. "So the economic downturn may be a huge relief of stress in some ways," Dr. Samuels commented.

What impact does the
growing invisibility of money
have on the psyche?

As an exercise in further uncovering our unconscious feelings around money, Dr. Samuels proposes fantasizing the cruelest acts we would commit if we had the financial means. Only by awareness can we confront our "ecosadism," thus paving the way for greater benevolence. As he notes, economic inequality is bad for the soul spirit psyche. In fact, it has been found psychologically preferable to live in a poorer, less polarized country than a richer, more polarized society.

Despite the challenges ahead of us as a culture, Dr. Samuels remains optimistic.

On a spiritual note, he evokes the long tradition of sacrifice in and for itself inherent in Abrahamic religions. What of the sacrifice of the ego in the service of a greater good? We have an opportunity to "re-vision" the socio-political structure of our society rather than perpetuate a failing system of inequality that leaves members depleted. Psychoanalysis has much to contribute to the conversation. ■

Psychotherapy and Psychoanalysis Across Cultures

Margaret Debrot, LCSW

arrows, shot in the bosom of the future
buds, ready to blossom in the garden of tomorrow
—Salman Akhtar

The AAPCSW presented its 11th national conference at the New York Marriott Downtown, in New York City, beginning with the pre-conference on Thursday, February 26, and ending on Sunday, March 1. The conference was an intellectually and emotionally stimulating experience. The theme this year, “Memory, Myth and Meaning: In a Time of Turmoil,” provided depth and perspective on the biological, psychological, social, cultural, and political realms.

I felt fortunate to have an opportunity to moderate a session—“Psychotherapy and Psychoanalysis Across Cultures”—with master clinician and teacher Dr. Salman Akhtar as he provided live group supervision. Akhtar is a professor of psychiatry and a training and supervising analyst at the Psychoanalytic Center of Philadelphia. He has served on the editorial boards of the *International Journal of Psychoanalysis* and the *Journal of the American Psychoanalytic Association*. He is the author of numerous books; his most recent publications include *Immigration and Objects of Our Desire* (2005), *Regarding Others* (2007), and *The Crescent and the Couch: Cross-currents between Islam and Psychoanalysis* (2008). Akhtar has published numerous professional journal articles and is the recipient of several distinguished awards. He has also published six volumes of poetry and is a scholar-in-residence at the Inter-Act Theatre Company in Philadelphia.

Akhtar immigrated to the United States from India in 1973. Over his thirty years in America he has learned, earned, and offered a wealth of knowledge in mental health, particularly psychoanalysis. Akhtar brought his panorama of knowledge and personal experiences with warmth and kindness to our meeting on Sunday, March 1, in downtown New York City, to discuss clinical concerns when working with patients who have migrated from foreign countries. Some thirty participants gathered together in a relatively small meeting room to listen and share a range of clinical experience within the two-hour span of time reserved for us. It was worth it.

Akhtar conceptualized immigration as trauma

mobilizing a mourning process which occurs in stages with fluctuations as psychological adaptation occurs. Briefly, he highlighted factors affecting adaptation, including circumstances for migration, access to refueling, age at migration, pre-immigration character, nature of the country left, magnitude of cultural differences, reception by the host population, experiences of efficacy in the new country, and birth of children in the new land. In addition to a conceptualization of immigration and identity, Akhtar shared personal experiences using creativity and humor which was helpful in terms of weaving the technical discussion into the practical, everyday life experience of immigrants as adaptation occurs.

One participant presented her work with a patient, a refugee living in the United States who was tortured in his homeland where war is a current event. The discussion was invigorating, as participants wrestled with thoughts that are relevant to the complexity of work with traumatized individuals who are also adapting to life in a new country far away from the familiarity of their homeland. Physiological symptoms within the patient’s body were considered from both a manifestation of reality and a psychological manifestation related to the trauma of war. Traumatized individuals seeking refuge in a new country are confronted with new challenges related to basic human needs: language barriers, unfamiliar food, unrecognizable objects, and unfamiliar landscapes. Akhtar’s *Immigration and Identity: Turmoil, Treatment, and Transformation* (1999) describes the challenges and triumphs related to the psychology of immigration. The lines of poetry at the start of this article open that book on the first page.

Our session ended with a reference to the nature of birds. They fly away and they return. Human beings have a psychological need for refueling in likeness to the way toddlers glance back at their mothers seeking reassurance when they begin taking their first steps: an advance toward independence. They leave and come back. They leave and come back. Therapists may be used constructively in much the same way as emotional growth and healthy adaptation takes place. ■

An Opportunity for Personal and Political Transformation: Dr. Joan Berzoff Re-Conceptualizes Grief and Bereavement

M. Kim Sarasohn, PhD

In a compelling paper presented during the conference's Saturday morning session, Dr. Joan Berzoff offered an important re-conceptualization of grief and bereavement as an opportunity for personal and political transformation. Rich with case examples, Berzoff argued that although grief is often experienced as a pathological state, it is in fact multi-dimensional, including feelings of anger, sadness, and distress, but, in some cases, involving feelings of joy and laughter. Berzoff delineated the mourner's experience of loss as determined by a number of facets, such as the nature of the particular loss, its impact upon the mourner, the understanding of the loss that the mourner is able to develop, and the relationship that the mourner maintains with the person who has died. Berzoff emphasized that the experience of loss can create an opportunity from which new narratives and attendant meaning may be created.

Dr. Berzoff iterated Freud's classic conceptualization of grief: the loss of the object changes the mourner, who strives to sustain connection to the lost object by turning his or her focus inward, intensely reviving and reliving memories, recounting these at every opportunity. The intensity of this process necessitates that it be time limited. Gradually, the consuming connection to the object gives way to a re-emerging desire to love and live in the world. This can occur, according to Freud, because the lost object has been internalized. As Berzoff described, "I want to be alive again, among the living, and I can because he's inside of me." The mourner is thus changed; the lost object and the mourner's identification with that object are now incorporated into the mourner's internal world.

This is contrasted with melancholia or complicated grief, in which the loss of the object is accompanied by seemingly endless denigrating and deprecating attacks on the self, creating, as Berzoff describes, "an unending sense of badness." Freud explains that these attacks and

condemnations are manifestations of the mourner's relationship with the object, which has been internalized alongside the mourner's identification with the object. Others are treated with the hate and sadism felt toward the original object and the self is held in a guilty paralysis. As in normal grief, the mourner's psychic structure is altered; but the link between the lost object and the experience of anger, aggression, and rage so evident to others has been obliterated: repressed, denied, disowned.

Berzoff contends that the internalization of the ambivalent relationship to the object is not the only psychic alteration afforded by loss and grief. The inability to completely deattach, to relinquish one's tie to the object, may additionally represent a wish to sustain a love relationship with the lost object. Citing Loewald, Berzoff observes that loss changes not only the ego, who we are, but also changes the superego, who we hope to be. In this revised model of grief,

a relationship with the lost object is sustained internally through identification. As the loss of the object in the external world is grieved, the ideals and ambitions of the lost object are internalized by the mourner. To the extent that the values, ideals, and ambitions of the lost object are taken in by the mourner as her or his own, the psychic structure of the mourner is expanded and an ongoing relationship with the object is sustained. This enables the mourner to move from a position of helplessness and passivity in the face of loss and often unbearable sadness to one of activity, change, and potential mastery. Although absent from the external environment, the object influences the mourner in an ongoing way.

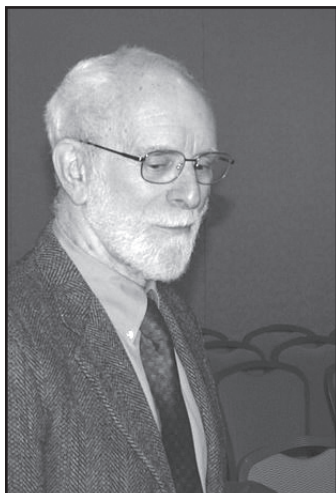
Following a number of depictions of individuals and families who transformed their grief into political and social action, Berzoff movingly describes her own response to the death of her father from lymphoma (when

See Grief on page 18

Although grief is often
experienced as a pathological state,
it is in fact multi-dimensional,
including feelings of anger,
sadness, and distress,
but, in some cases, involving
feelings of joy and laughter.

David G. Phillips Receives Lifetime Achievement Award

Marsha Wineburgh, DSW, Past President AAPCSW



Traditionally, the highlight of the first evening of our bi-annual national conference is the presentation of the lifetime achievement awards. It was my privilege and honor at this year's conference, to present the AAPCSW Lifetime Achievement Award to the most deserving David G. Phillips, DSW. He has been and continues to

be an intelligent, reasoned, and thoughtful contributor to social work, clinical social work, and clinical social work psychoanalysis. Dr. Phillips has been actively involved in many of the activities that have influenced the ascendance of clinical social work as a recognized mental health profession on the national level, particularly in New York State. For the past four decades, he has excelled as a scholar, teacher, and supervisor, and as an activist and a social work ethicist in both word and deed.

Looking back on his education and career experiences, I suspect his strategic abilities were cultivated in college, where he honed his skills in poker games; his commitment to serve others was nurtured by his experiences in the Army's 8th Medical Battalion, whose Latin motto *Servere* translates as "to serve."

Dr. Phillips earned his bachelor's degree at the University of Chicago, and both his master in social work and doctorate in social work from Adelphi University School of Social Work. His DSW research explored professional values. Specifically, he investigated adherence to social work values in practice among graduate students in psychology, social work, and psychiatric nursing. His interest in values evolved into his interest in ethics, a field in which he has made many, many contributions. He has authored or co-authored at least eight Codes of Ethics for various organizations. These include many versions for the New York State

Society for Clinical Social Work, as well as for the Clinical Social Work Association (formerly the National Federation of Societies for Clinical Social Work). He also participated in writing the Ethical Codes for National NASW and the American Psychiatric Association.

Dr. Phillips's psychoanalytic training was completed at the Postgraduate Center for Mental Health in New York City, a once venerable institution, which in its day was a hotbed of political activity for clinical social workers in private practice. Not surprising, the New York State for Clinical Social Work was founded by postgraduate social workers, and Dr. David was one of its original members. He served on the Clinical Society Board in many capacities, including as president in the early 1990s and as State Ethics chair for many years. He was also a founding member of AAPCSW, then known as the National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP). He served as our representative to the early Psychoanalytic Consortium meetings when social work psychoanalysts were finally accepted on equal terms with psychoanalysts from American Psychoanalytic Association, the American Academy of Psychoanalysis and Dynamic Psychiatry, and the psychologist's Division

39. He has served as president of the AAPCSW and co-chaired our National Study Group.

At the Postgraduate Center, when David completed his Certification in Psychotherapy and Psychoanalysis,



he was quickly appointed as director of Social Work. He rose through Postgraduate's byzantine hierarchy to be appointed to its faculty, recognized as a senior supervisor, and, finally, accepted as a training analyst.

Dr. Phillips has had extensive and varied clinical experiences, ranging from the Veterans Administration to Jewish Family Services and on to private practice in Manhattan, where he practices psychoanalysis and

See Phillips on page 16

Empathy, Skepticism, and the Analytic Attitude: Jay Greenberg's Plenary at the AAPCSW National Conference

Karen K. Redding, LCSW, PhD, California (Orange County) Area Chair

Well known to many clinical social workers for his groundbreaking work in the early 1980s to help us think differently about psychoanalysis and the analytic relationship, Jay Greenberg, PhD, was our first plenary speaker at the recent AAPCSW national conference in New York. His paper, "Empathy, Skepticism, and the Analytic Attitude," suggested a "middle voice" in how clinicians make use of both empathic and skeptical (e.g., with ironic understanding) perspectives in the analytic encounter. Without empathy, the clinician potentially misses the felt experience of the patient. Without skepticism, the clinician loses sight of a sense of "otherness" and may be hindered in understanding irony or the forces, which the patient cannot overcome.

As myth filters into the analytic situation and consultation room, it informs the way we think on a moment-to-moment basis with our patients. Dr. Greenberg opened his paper with the story of Oedipus. What began as an investigation of an old crime became an inquiry of Oedipus' own deeds and historical origins. The play unfolds as an analysis might. In the end, critical pieces of a disavowed past have been brought back into conscious awareness, and a debt to history has been paid.

Greenberg brings this story into the analytic encounter by reminding us that if we focus too much on what we "know" and what the patient, like Oedipus, seems to ignore, we may miss the person's admirable qualities. If we "forget" the influence of the past on the present, and what bears repeating (i.e., the dread to repeat), we may miss a certain depth and meaning. Greenberg emphasizes that *both* perspectives are necessary. He offers a case vignette of a middle-aged female analysand who expresses disappointment and frustration with the discovery of a new employee taking advantage of her. In the analysis, he listens with empathy to the patients' feelings of loss and betrayal, so as to be with her in the experience. Yet he is keenly aware of the patient's history, namely that this

is the sixth assistant whose experience has followed this same trajectory over the years. And looming over the lived emotional experience in the room and giving shape to what is heard is the analysts' image of the patient's father—a flamboyant and charismatic man who frequently abandoned the analysand to her chronically depressed mother. Greenberg contends that it is the tension between experiencing ourselves inside our patients' mind alongside being an "irreducible other" that runs through much of the contemporary psychoanalytic discourse. In the past, this discussion between empathic and ironic understanding was organized around Freud's concept of analytic neutrality. In this paper, Greenberg traces the origins of

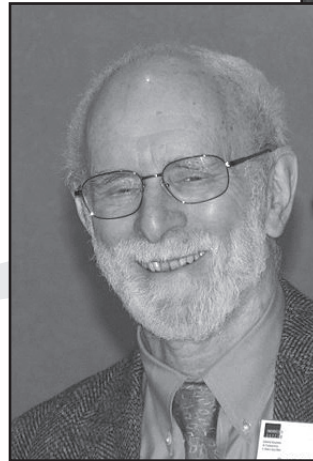
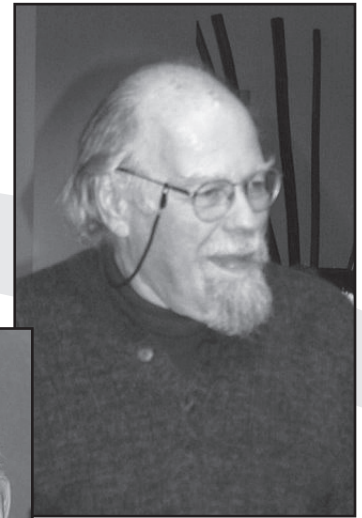
therapeutic neutrality to Freud's paper "Transference Love." In this seminal paper, Freud suggested that empathic letting go could be dangerous because as analysts we may go farther with the patient than intended.

Greenberg also reviews much of the contemporary criticism about neutrality and its relevance and applicability with the clinical en-

counter (e.g., an "ugly" word that has traditionally been used to describe a role for the analyst that is impossible or not really helpful to achieve). Essentially, Greenberg revisits the notion of analytic neutrality as a useful part of our analytic attitude. He attempts to resurrect neutrality and even redefine it in suggesting that we cannot achieve neutrality (e.g., the respect for the essential otherness of the patient) until we experience an empathic surrender and allow the unique countertransference of our work with each individual patient to be reworked over and over again. In this version of neutrality, or the sustainability of tension between empathy and otherness, the analyst would experience an ongoing struggle in feeling and embracing the passions that are stirred in them by the patient. Neutrality then becomes a "mythic resolution" of the dual dangers of drowning in empathy or

See Analytic Attitude on page 18

Whereas contemporary
psychoanalysis has
reclaimed subjectivity,
it has denied the
inevitability of difference.



MEMORY, MYTH & MEANING In a Time of Turmoil

The 11th national conference of the AAPCSW
February 26–March 1, 2009



Neurobiology for Clinical Social Work: Theory and Practice

Jeffrey S. Applegate and Janet R. Shapiro (New York: W. W. Norton, 2005)

Reviewed by Patsy Turrini

Newsflashes appear about every five seconds worldwide, reporting the cutting edge data emanating from the neurosciences about the brain. For example, while finishing this review, today's front-page article (*New York Times*, April 6, 2009) headline reads, "So You Just Want to Forget? Science Is Working on an Eraser."

What follows is a report about a molecule—PK metza—that can erase memory in animals in the lab, and is thought ultimately to be of immense value for humans.

Dr. Jeffrey Applegate, a professor, and Dr. Janet Shapiro, an associate professor, both at Bryn Mawr School of Social Work, in their valuable book thank their colleagues for their support and for the sabbatical they received that was "critical to [their] ability to engage new ideas." (Wouldn't we all love and need a sabbatical to allow us to immerse ourselves in the new breaking information in this field, and/or our other specialties and interests?) To their credit, Applegate and Shapiro entered this advancing field of neurobiology and neuroscience and set forth an impressive book especially written for social workers and social work students. The book's focus is on attachment theory, affect regulation, and the value of protective preventative infant mental health and necessary caretaking. Anyone interested in the helping health field or researchers, as teachers, and nurses, could find this book informative. The case of Tamara (one of the three detailed cases) describes a 19-year-old Afro-American late adolescent suspected of injuring her 2-year-old child, Hope. Hope was removed from the home, and Tamara received an inspiring treatment from a social worker trained in a public agency "in the psychoneurobiology of early trauma and its sequelae in attachment vulnerabilities" (170). I would wager a big bet that the worker was supervised by a social worker familiar with psychoanalytic information. The authors know con-

siderable amounts of psychoanalysis and use terms and concepts in many places to explain—for example, development, vulnerabilities, trauma, transference. However, too often they do not reference the material to the analytic field and its authors. Social agency workers from child

protective services, with BSW's that constitute the largest number of social workers in public agencies could also benefit from a course using this book, for it would deepen their knowledge base and might also catalyze an interest in psychodynamic insights. I suspect our psychoanalytic social work community would find the neuroscience definitions, pictures, and other material of the book useful, as well as find some of their unique integrations—for example, of Winnicott's "original mirroring concept," updated with Fonagy's "social feedback theory" (49)—quite fascinating. This book is serious and well written, and provides clear descriptions and definitions. The authors draw on current researchers such as Jaak Panskepp (*Psychobiology*), Alan Schore (*Affect Regulation*), Louis Cozolino (*The Neuroscience of Psychotherapy*), and Mark Solms (speaking the field of neuropsychology in his book *The Inner World of the Brain*), and a host of other current contributors. The references and index are rich and expansive.

Here, I outline the chapter headings to furnish the reader with the range of

content. Chapter 1 introduces "fundamentals of brain structure, development and functioning" (xix). The authors consider it a primer, yet it is rich in diagrams and does not shrink from neuroscience language. It offers a review for those familiar with the current neuroscience terminology, and clear descriptions of mind to brain processes for more experienced clinicians.

To give you a flavor of the integrations, I cite an

Book & Film REVIEWS

The *Newsletter* welcomes reviews of books and films relevant to membership concerns, and members who author books and/or chapters are encouraged to contact Diana Siskind, book and film review editor, upon publication.

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excerpt from Tamara's case. "We can surmise her striking out at Hope was a result of such dissociated, automatic, and neurally unintegrated impulses. She seemed to do well with Hope during her early infancy, until age 2. When Hope began to show developmentally normal signs of separating and assertively exploring the world beyond Tamara, this behavior may have reawakened Tamara's implicit memories of her early losses. Because Tamara had been abused, the aggressive impulses aroused by her perception of Hope's behavior as rejecting induced amygdala-based unprocessed aggressive arousal—Panksepp's (1998) rage command systems" (175).

Chapter 2 examines the neurobiology of memory, the neural tracery of memory, short- and long-term memory, and explicit and implicit memory, with a section on stress and trauma effects on memory. Chapter 3 concentrates on affect and affect regulation—a central focus of the authors—and chapter 4 focuses on early affect regulation as a prelude to attachment, and includes sections on early processes of self-regulation ("Affect: A Two-Person Enterprise"), the interacting dyad as a nonlinear system, and caregiver-infant mirroring, ending with "Effects of Dysregulation in the Pre-attachment Caregiving System." Chapter 5 is titled "Attachment: The Relational Base of Affect Regulation, and chapter 6, "Vulnerable Dyads," covering both the mother and infant, and although there is mention of the infants variables it is a modest section, with so much more to be covered about the effects of an ill baby on a mother (Turrini and Mendell 2003). Chapters 7 through 10 are "Infant Mental Health (From Understanding to Prevention)," "Neurobiology Applied," "Three Case Studies" and "New Directions for Social Work Education."

An interesting discussion initiated by Joel Kanter took place on the AAPCSW Listserv in March 2009 (AAPCSW@Yahoo.com), looking at the value to our psychoanalytic social work field of the brain research. A debate ensued: does the current neuroscience data provide the clinical analyst with needed information to do our work? Westen and Gabbard argue that "advances in the understanding of brain

and cognition have been so rapid over the last decade that psychoanalysis will be unable to convince anyone with any scientific training in psychiatry or psychology to enter its ranks if it ignores these examples" (Westen and Gabbard 2002, 54). Their comments do not answer the question; however, what they say certainly supports, Applegate and Shapiro's contributions to a book that can inform social workers for future research studies and prepare them for collaborations with other disciplines integrating the new neuroscience, one of their reasons for writing the book (202). Westen and Gabbard also warn: "We will never understand love or grief by watching computer-generated images of neurons lighting up in the limbic system. We can learn a great deal by looking for the neuropsychological correlates of psychologically meaningful processes, but if our fantasy is to reduce mind to brain, we are likely to reduce only our knowledge in the effort" (Westen and Gabbard 2002, 59).

My search and quest to save psychoanalysis and demonstrate its powerful tools and healing effects prompted me to read this book from this concern. I now consider some of the focus and the language in the book. I learned to love psychoanalytic knowledge and believe that, as Hartman said, "Yes, we have a text for psychoanalysis; it is every book and paper that has ever been written." For me, affect regulation and attachment are segments of a much larger knowledge base. So when I come upon the term *attachment history*, I experience that language as the downsizing of psychoanalytic knowledge. Taking a history is essential to understanding the patterns and symptoms. Learning of the patients history takes place throughout the treatment, right up to the last day. One of the fascinat-

ing things about psychoanalysis is its methods for recovering the repressed. Details of the history ought not be limited to attachment concepts only. While reading their section on trauma work, not referenced to Freud, I checked an early writing by Freud (1893) on trauma and I can't help myself but to insert a rich paragraph from his paper that illustrates traumatic

See *Neurobiology* on page 14

In Treatment

For those of us who are concerned about the general waning of interest in psychoanalysis and psychoanalytic psychotherapy, it is gratifying to see that HBO is now offering a second season of the series *In Treatment*. The first season must have attracted enough of an audience to prompt this cable station to offer a second installment. We are interested in having members share some of their reactions to this program. Please send your comments to the AAPCSW Newsletter. Thank you.

Diana Siskind, MSW ■ Book Review Editor

experience—not just in attachment—and seems so fresh and instructive. Psychoanalysis, defined as having treble meaning, is a body of knowledge, a research tool, and a treatment method (Blanck and Blanck 1974, x).

I am concerned that although the authors make mention of the word *psychoanalysis*, and briefly cite contributions, there is little if any mention that much of their descriptions of mind and technique are drawn from the body of knowledge of psychoanalysis. This brief insert of Freud on trauma is meant to remind us all of how unique his early contributions were. Although he is using “hypnosis” in this example, and some analysts do continue to use that method, the paragraph below provides a rich example of the kind of information that emerges daily in analytic sessions:

I [Freud] requested her, under hypnosis, to talk, which after some effort she succeeded in doing. . . . I asked her why it was that she was so easily frightened, and she answered, “it has to do with memories of my earliest youth.” When? “First when I was five years old and my brothers and sisters often threw dead animals at me. That was when I had my first fainting fit and spasms. But my aunt said it was disgraceful and that I ought not to have attacks like that, and so they stopped. Then I was frightened again when I was seven and I unexpectedly saw my sister in the coffin; and again when I was eight and my brother terrified me so often by dressing up in sheets like a ghost; and again when I was nine and I saw my aunt in her coffin and her jaw suddenly dropped.” (Freud, vol. 2, *Frau emmy von N*, 52)

Last week, a patient of mine demonstrating the door-knob syndrome, recalled an episode from kindergarten: while happily talking with the other children, the teacher sat her down and put tape over her mouth. We need much time and open mindedness to get the full history and traumatic effects, seeking even from the first three years of life (Turrini, “Preverbal Reconstruction,” AAPCSW conference, March 2009).

In this book, in the first of the three cases, the presentation is described as offering an object relations approach, attachment theory and “the psychoneurobiology and intergenerational transmission of early trauma.” The second case “illustrates the use of a cognitive-behavioral approach” treating a woman who develops panic when her partner gets a new job and must travel extra minutes a day to the job. Psychoeducational techniques using an

anxiety scale are used in the treatment. Interestingly, as the treatment goes on, grief over the loss of her father emerged and was “one of the healing moments.” The final case, from a family service agency, shows family-focused interventions including homework exercises for the parents and the use of a genogram. In each case, the authors describe the psychoneurobiological substrate of the individuals involved that is rich and informative of brain processes.

Although we don’t usually work with hypnosis, we are active in every session following contiguity—metaphors, body movements, slips of the tongue, jokes,

the discrepancies of information, emotions, negations, defenses, self and object representations, body image, adequacy or lack of ego functions, transference, counter-transference, enactments, and so on—and we watch for an organic session. Our training provides us with a powerful tool that allows us to enter into the inner world of the patient; unknown to her or him or us at first. Panek, in *The Invisible Century*, describes, that “Einstein and Freud became the foremost popularizers of what was in fact a widespread search for the next level of scientific data—evidence we can’t see. Here on the frontier of the invisible, their investigations reached unprecedented realms—relativity and the unconscious—and spawned the creation of two new sciences, cosmology and psychoanalysis” (jacket page).

If material is presented to the public, or to social workers and students, and it does not emphasize the multi-faceted body of knowledge of the science of psychoanalysis then for me this is another way psychoanalysis is being denied. The rich contributions of the ego psychologists (see Turrini and Siskind, 2009), as well as the work of Joyce Edward and others, was not incorporated, raising the question, How do social workers get walled off from one another? Don’t we have a vehicle for inter-transmission of data within our field?

This is a good book, and it was not their mission to save psychoanalysis; hopefully I’m not alone in this calling. ■

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See *Neurobiology* on page 15



Area Representatives' Corner

California (Northern)

Area Representative: Velia Frost, LCSW

Our group is growing as we are offering a unique arena for psychoanalytically oriented therapists to meet and share ideas. Our mission is to provide an atmosphere of openness where therapists can feel safe sharing experiences and generating new ideas. Many new people attended the March 14, 2009, presentation and were delighted to renew connections with colleagues.

Dr. Norman Sohn presented a paper he has been working on titled "The Illusion of Safety in Narcissistic Patients as Adaptation to the Threat of Parental Withdrawal." The presentation focused on the treatment of patients who are threatened by exposure of imperfection. The narcissistic defenses these patients use can be daunting and create doubt about successful treatment. Dr. Sohn's work provided a basis for understanding a patient's unconscious pathogenic beliefs from which he or she seeks refuge from perceived danger. He demonstrated how the therapist can use this information to provide a corrective emotional experience to these patients as well as how to make useful interpretations.

Two cases were presented to illustrate Dr. Sohn's theoretical orientation and treatment approach. In both, the patients were very wealthy people coerced into seeking therapy by their spouses who could no longer tolerate the impact the narcissistic behavior had on their marriages. A very lively discussion ensued in response to the financial resources of these patients evoking an array of emotions in the group. Dr. Sohn was open and spontaneous, providing a solid foundation for an intelligent and at times amusing discussion.

On May 9, 2009, the AAPCSW, the Sanville Institute, and the Society for Clinical Social Work, sponsored a presentation by Velia K. Frost, LCSW, titled "Marriage Prison and Playground—The Inevitable at the Langley Porter Psychiatric Institute." Lonnie Prince, a student at the Sanville Institute, presented a case. This presentation is part of our effort to consolidate the community of psychodynamic-orientated therapists in the San Francisco Bay area. ■

Velia Frost, LCSW, Vkf1@mac.com, 415.387.9991

Neurobiology, continued from page 14

Turrini, P., and D. Mendell. 2003. The capacity to cure: Inevitable failure, guilt, and symptoms. In *The inner world of the mother*, 116–48. Madison, CT: Psycho-social Press.

Turrini, P., and D. Siskind. 2009. Gertrude and Rubin Blanck: Their contributions to the theory and practice of clinical social work and to the body of psychoanalytic knowledge. *Clinical Social Work Journal* 37 (1): 32–44.

Westen, D., and G. Gabbard. 2002. Developments in cognitive neuroscience: I. Conflict, compromise, and connectionism. *JAPA* 50 (1): 53–98.

Patsy Turrini, LCSW, is coauthor, with Joyce Edward, of Separation/Individuation: Theory and Application; and, with Dale Mendell, of The Inner World of the Mother. She is the originator of Motherscenters.org, and is in private practice in Merrick, New York.

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From the President, continued from page 1

someone was harmed, whether or not someone suffered emotionally, whether or not someone cared for someone vulnerable, and so on. Some concrete items the participants were rated on in this category are illustrated in the following: “If I saw a mother slapping her child, I would be outraged,” and “Compassion for those who are suffering is the most crucial virtue.” The fairness category contained rating elements such as whether or not some people were treated differently than others, whether or not someone was denied his or her rights, whether or not someone acted fairly, and so on. Some concrete items the participants were rated on in this category were “Justice, fairness and equality are the most important requirements for a society,” and “When the government makes laws, the number-one principle should be ensuring that everyone is treated fairly.”

What caught my eye about the findings of this study was the confirmation of what many of us have intuitively felt; namely, that there is a difference between people who are more progressive and those who are conservative in how they view the world and how they feel about people and how people are treated. Liberals and conservatives hold different values and ideals about how “best to regulate selfishness and about how we ought to live together.” This is all interesting food for thought as we consider how our personal values affect how we interact in the world, and even how we vote! Of course, this isn’t too surprising to most of us, but it is refreshing to have some of our ideas affirmed in solid scientific studies. The researcher’s argue, given these significant differences in moral positions, we should feel obliged to try and overcome our “natural self-righteousness and respect and even learn from those who morality differs from our own.” A daunting challenge to be sure.

We often in our lives become stimulated or enthused by something we learn, by something we experience, or by our own thoughts and ideas. In the sense that our conference provided some such stimulation, it is reasonable to ask how we can sustain and build on the excitement and stimulation from such a meeting? Indeed, AAPCSW provides just such opportunities with our ongoing programs for members. Come to our area meetings, consider joining some of our committees, remain active on our listserve, and be part of a continuing program of learning and interacting with each other.

Our Southern California/Los Angeles area, which is headed by Joan Rankin, will be hosting our next conference in 2011. Preparations have been fully launched, and the group is already functioning swimmingly. ■

Phillips, continued from page 8

couples therapy. He has supervised and mentored more than one hundred clinicians. He has taught social work ethics and values, psychopathology, and casework at Fordham and NYU schools of social work, as well as at the Wurzweiler School of Social Work, where he is currently an adjunct associate professor. He is a contributing editor for the *Clinical Social Work Journal* and a member of the task force that prepared the *Psychodynamic Diagnostic Manual*, the psychodynamic alternative reference to the DSM IV.

Publications? Another area where he has excelled. Dr. Phillips has written extensively on various legal and ethical issues in professional practice, including confidentiality, standards of practice, informed consent, and licensing issues. He has published articles in *Social Work*, *Clinical Social Work Journal*, and the *Canadian Journal of Psychoanalysis*. Currently he is editing a special issue of the *Clinical Social Work Journal* titled “Clinical Social Work and Psychoanalysis: A Review of the Past, Anticipation of the Future,” to be published this year.

I hope this brief account has begun to convey some of the ways David Phillips has contributed to our field as a scholar, activist, and champion of clinical social work. Thank you, David, for your consistent and prolific contributions to building our professionalism as clinical social workers. ■

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respectful of the contributions of the different ways of knowing. Keeping these sensibilities in mind, the committee's conceptual framework is informed by the notion of "Self/Other Dynamics" as articulated by psychoanalytic theories, clinical social work's rich contributions rooted in its values and ethics regarding diversity, otherness and social justice; and the contemporary multidisciplinary information from a biopsychosocial perspective. In this context, our knowledge of human functioning supports the assertion that at some level, we are constituted by each other's *otherness* and that culture, race, ethnicity, gender, social class, and sexual orientation are not *additional layers* of experience; they are rather *the experience* itself. As such, the appreciation for and the integration of matters of diversity and otherness are integral parts of our clinical work.

Within the conceptual framework of the committee, there are many aspects of diversity and otherness that require systematic inquiry and asking certain fundamental questions. Judith Butler (2004), in her book *Undoing Gender*, provides an example of studying gender that has applicability to other categories as well. Recognizing the interdependence of diversity categories, she states that we need to ask questions about who is being defined as totally human and by whom: "Which populations have qualified as the human and which have not. What is the history of the category? Where are we in its history at this time?" (38). Emphasizing the intricate processes involved in understanding and translating the experience of diversity, she states:

It is crucial to recognize that the notion of the human will only be built over time in and by the process of translation, where it is not a translation between two languages that stay enclosed, distinct, unified. But rather, translation will compel each language to change in order to apprehend the other, and this apprehension, at the limit of what is familiar, practical, and already known, will be the occasion for both an ethical and social transformation. It will constitute a loss, a disorientation, but one in which the human stands a chance for coming into being anew." (38–39)

Clinical work is a meaning making process, and ultimately, it is through this kind of translation that we can begin to understand the meaning of the "other's" and our own experiences of diversity and otherness. It is also through this kind of translation that at the larger societal level, we can contribute to the enlargement of the potential space for what Bhabha (1994), a postcolonial writer,

in his book *The Location of Culture* calls the "third spaces."

In the coming months, the other members of the committee—Alice Kassabian, Kathryn Basham, Audrey Thayer Walker, Susanne Bennett, Shoshana Ringel, Janice Berry Edwards, Graciela Rodriguez—and I will be starting our outreach efforts to begin a membershipwide conversation about diversity and otherness. Along the way, we are hoping that through workshops, study groups and other educational forums, we will be able to reach the committee's goals. We would like to extend a warm welcome and invite you to join us in this new adventure. ■

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Berzoff was a teenager), followed, years later, by her sister's ordeal first with breast cancer and then with myelodysplastic syndrome, a disorder of the bone marrow stem cells. Berzoff recalls the utter lack of social work services available to her sister and herself—her sister's bone marrow donor. This manifested as failure by the medical team, which lacked a social worker, to consider either patient or donor's psychosocial needs during what turned into an extended, excruciating, and ultimately fatal battle. Berzoff's sister's concerns regarding the manner of her death and the impact of her death on her children, including appropriate planning for their needs, went unacknowledged. Similarly, the psychosocial affects on Berzoff herself, as sibling and as donor, remained unaddressed.

A month later however, Berzoff seized a serendipitous opportunity to tell her story to a passenger on a transcontinental flight, who unintentionally disclosed her involvement in protocol development for the psychosocial needs of bone marrow patients and their families. Berzoff illustrates the way in which her telling and retelling of her experience to a series of groups involved at all levels of bone marrow donation and transplantation usefully led to her construction of a coherent narrative, helping her to make sense of what had occurred. Her telling and re-telling also led to ongoing relationships with her sister and with her father, "a continued conversation" that allowed new opportunities for shifts in those relationships, as well as changes in Berzoff herself. In particular, these relationships inspired Berzoff to develop a training program and to publish a textbook on end-of-life care.

Berzoff notes that hers is a fundamentally constructivist model. She observes that the relationship with the object—lost externally but sustained internally—continues to change as the mourner changes, thus constituting both an internalized object relationship, and an interpersonal relationship. These ongoing relationships offer solace to the mourner, but also opportunities for creation of meaning and mastery over what was previously experienced as traumatic. Moreover, the loss and its bereavement affords the possibility of an expansion in the mourner's sense of self that may manifest in social and political action, thus sustaining aspects of the object, ensuring that these are afforded continued life. ■

withdrawing into an exaggerated ironic otherness. Whereas contemporary psychoanalysis has reclaimed subjectivity, it has denied the inevitability of difference. Greenberg insists that the impact of this difference can be painful and even "terrifying" to the patient. Sometimes with increased identification with the patient, there is less identification with the patient's otherness, and this can create blind spots for the analyst. He offers a case example of a woman who worked with a senior colleague, Dr. T, before coming to him years later. In the patient's earlier analysis, she had shared some of her writing with Dr. T. In response, he admired her writing and encouraged her to write professionally. The patient reported later (in her work with Dr. Greenberg) that she felt intimidated by Dr. T's expectation and never found a way to discuss this feeling with him. Seemingly, it had created a dissociation brought on by a traumatic encounter with the "other" in Dr. T, a person with whom the patient had idealized. Greenberg points out that what he thinks Dr. T missed was related to his losing touch with his otherness. Whereas Dr. T, a prolific and original thinker, himself might feel at his best with writing, his patient may not. In her subsequent analysis, she discovered that often her creativity was tied to a passion that left her external world feeling dangerous and her internal world feeling chaotic to the point of psychosis. Whereas Dr. T affirmed her, he also endangered her, which was not recognized.

Finally, Dr. Greenberg asserts that rather than discard therapeutic neutrality, we might qualify it. We can be empathic by entering the patient's world without placing *our* experience into them. We can learn to listen with a "specialized form" of skepticism and help patients to develop an ironic perspective, which, paradoxically, might promote an increased empathy for oneself. We can learn to enjoy the tension between working with both empathy and skepticism and the shifting meanings that the experience of attunement will have. We can develop the wisdom that as analysts we may traumatize even as we soothe. And we can appreciate the irony that what we know will be enriched by what we don't know or will never know. ■

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