

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

Affiliated with The National Federation of Societies for Clinical Social Work, Inc.

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President's Message:

Competence, Competition, and Credentialing

Margaret Frank, LICSW, BCD

President



Margaret Frank
NMCOP President

You are all undoubtedly aware that NMCOP is a member of the Psychoanalytic Consortium. The membership consists of the American Academy of Psychoanalysis, The American Psychoanalytic Association, Division 39 of the American Psychological Association and the Committee on Psychoanalysis. We

share a wide range of interests and goals involving the maintenance, support and development of psychoanalytic theory and practice both in psychoanalysis and psychoanalytic psychotherapy. We represent MD's, psychologists, and social workers who have chosen to make psychoanalysis a speciality of practice. The eyes of this Consortium focus inward upon the needs of the members we represent and outward to insure the best conditions for quality service for our consumers.

This is an extraordinary group with potential it has not even begun to reach. Some of that potential will be

realized with time and the process of learning to work together. There are, however, some road blocks which need to be observed and tackled.

At present, the topic which absorbs the time and energies of the Consortium has to do with external credentialing in psychoanalysis. This involves establishing minimal standards, *acceptable to all*, for training. Minimal means that a training institute which offers less than the acceptable required standards would not receive credentials from this body. It, in no way, intends to interfere with training institutes which might require more courses, hours of supervision, etc. from maintaining their own standards.

This has been a most difficult task. The issues creating tension could well emerge in the realm of defining is four times a week intrinsically essential to the process? We could be arguing about the range of theories which inform different analysts. These issues are not at the heart of the Consortium tensions. Perhaps we should

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... from the Editor

Donna Tarver
Editor



Donna Tarver

The newsletter welcomes readers' letters, articles and opinions on topics of the day, clinical issues, book reviews, notices or reports of conferences, and news of interest to our membership.

Special thanks to Tarpley Mann Long and Joel Kanter for their thoughtful letters responding to articles in the Winter Newsletter. They have given me the opportunity to initiate a new column *Dialogue Among Members*. Thanks to Margaret Frank and Bill Meyer for responding to their letters. I would encourage other members to join in this discussion or to initiate dialogue on other topics of interest.

We are very pleased to begin to offer news from the National Federation of Societies for Clinical Social Work (newly named Clinical Social Work Federation). Dr. Elizabeth Phillips, current Federation President, contributed a compelling article.

The newsletter is pleased to have the opportunity to present a fine article written by Dr. Laurie Hollman on her use of the book **Fostering Healing and Growth: A Psychoanalytic Social Work Approach** in a case seminar she is teaching at New York University in the post-masters Advanced Certificate Program in Clinical Social Work. Additionally, we have included summaries of two chapters of the book written by Dr. Cecily Weintraub, Past President of NMCOP, and one written by Linda A Chernus, LICSW and Paula Livingston, LCSW. Other Chapter Summaries will follow in later issues. Thanks to Dr. Hollman and her students for sharing their experience with us, and to Cecily Weintraub, Linda A. Chernus, and Paula Livingston for providing us with summaries of their chapters.

Thanks to Lynn Lawrence, MSW, BCD and *The Met Chapter Forum* for allowing us to reprint her excellent film review of "Schindler's List."

We appreciate all the contributions to this issue by: Margaret Frank, Ellyn Freedman, Hilde Gasiorowicz, Laura Groshong, Bill Meyer, David Phillips, Ellen Ruderman, Marga Speicher, and Diana Siskind.

Credentialing: Further Issues and Complications

David G. Phillips, DSW
President-Elect



David Phillips
President-Elect

In an article in the previous NMCOP Newsletter, I outlined the work in one of our most important areas of activity, that of credentialing. Credentialing in the sub-specialties of psychoanalysis and psychoanalytic psychotherapy is being explored with the organizations which are our partners in the Psychoanalytic Consortium: The American Academy of Psychoanalysis, The American Psychoanalytic Association, and The Division on Psychoanalysis (39) of the American Psychological Association.

In addition, we are also maintaining a dialogue with the American Board of Examiners in Clinical Social Work (ABE), the organization which administers the Board Certified Diplomate in Clinical Social Work (BCD). This organization, with its experience in the certification of clinical social workers, is now committed to an increased effort in developing certification in some of the specialty areas in which clinical social workers practice.

Credentialing is an umbrella term which refers to both the determination that training programs meet established standards (accreditation), and that practitioners have authenticated their status as being appropriately trained and competent in their speciality (certification). Although accreditation and certification are separate processes, they are highly connected. One way, for instance, to determine whether an individual meets the requirements for certification is to determine whether that individual has completed an appropriate course of training. The effort to determine who meets the standards for certification leads quickly, in other words, to the question of what constitutes adequate training. Although the evaluation of individuals and the evaluation of programs are different processes, they can never be totally separated.

The objection may be raised that completion of even an excellent training program does not assure that a particular individual is a competent practitioner; that only some type of examination procedure will be adequate in making that determination. This objection contains a great deal of validity, but it also raises a number of other problems. It is extremely difficult to evaluate competence in fields such as psychoanalysis

or psychoanalytic psychotherapy in which there are so many different approaches, and to define and quantify what constitutes "skill." Experienced practitioners might agree on what constitutes lack of competence, but agreeing on a positive definition of competence is quite another matter. The objection might also be raised that examinations do not necessarily identify those individuals who are competent practitioners but, merely those who are skilled at taking examinations.

In regard to the problems inherent in using examinations to determine practice competence it should be noted, that after a careful process of self study, the ABE has decided to drop the examination process through which individuals were applying for the BCD. It was determined that this type of multiple choice examination was not an adequate measure of competence, and that evaluation of the candidate's practice by advanced clinicians who knew that work would be more meaningful.

The leadership of the NMCOP is aware of the problems raised by examinations in this field, and is not currently contemplating the examination process to determine certification in psychoanalysis or psychoanalytic psychotherapy. The National Study Group on Psychoanalysis and Clinical Social Work has, however, developed a set of standards to identify practitioners for certification in these specialties. These standards are currently being used as a core study document by both ABE and the Psychoanalytic Consortium. Their focus is on setting standards for the type of postgraduate training program that an individual should have completed in order to be certified as a psychoanalyst or psychoanalytic psychotherapist. In the next article in this series, I will discuss these standards in more detail.

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be grateful. Rather, it appears that our struggles are born out of competition and fear. The history of the field of psychoanalysis and psychotherapy involves a hierarchy within the professions of stature and respect deserved or not. The establishment of an organization which is designed by the three professions will have a major equalizing effect. It will say, in essence, that professionals trained by Institutes which have received their credentials from the organization we are attempting to design *are on a par*.

This will shift the positioning of the professions and defy a long history. It must be made clear that we are not intending to support the idea of a Fifth Profession. Each of us values our origins and recognizes that we have common skills and interests and unique contributions to make.

Ah, but here's the rub. We have to put aside our narcissistic pursuits which involve both the quest for power and the maintenance of prejudices and get to know each other. I would wish that the energy which is currently going into squabbling could be transferred into discussions which would enable us to discover one another. We might be pleasantly surprised. And most importantly we would have the opportunity to pursue our most vital goal . . . that of making psychoanalysis more relevant to the inner and outer worlds of today.

These are my final greetings to you as President of NMCOP. Two years of "training" as President-elect and two years as leader has been a very rich time for me. I have made many friends and undoubtedly disenchanted others. It hasn't always been a smooth ride but the challenges far outweigh the burdens. The potential of our organization has not yet been reached. I come from the Kennedy era so I am going to bypass Clinton's call for volunteers and return to JFK's bid (paraphrased) and invite you to ask what you can do for your organization.

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FEDERATION NEWS

Elizabeth Phillips, PhD, BCD

The NFSCSW and I appreciate the invitation of NMCOP to write a column for your newsletter. The close association of our two organizations is very important to us.

The Federation has been increasingly concerned with the abuses of managed care. To the end of making managed care more responsible, we joined the nine national organizations (over 500,000 professionals) in "The Summit." The first product of that group is the Bill of Rights which was printed in the Federation Newsletter, *The Progress Report*.

We have had workshops at our board meetings featuring alternatives to managed care, eg. the Connecticut Psychotherapist Guild and coalitions such as the American Mental Health Alliance and the National Coalition of Mental Health Professionals and Consumers. While we do not sponsor any of these groups some of our members are active in them. We want our members to be informed about the range of options open to them as well as what the mental health field and the clinical social work field are doing to cope with managed care.

The Federation is in the process of revising its Code of Ethics. Under the strong leadership of David Phillips, PhD, and Betty Jean Synar, MSW, the code will be discussed at the Federation Board meeting in May. The Code of Ethics is particularly important in the light of managed care's lack of concern for confidentiality et al.

On a personal level, I want to share a concern of mine. I have found myself bristling a lot at work. I began to log my irritation. One incident was a call to a person in therapy with me to change an appointment. The receptionist at the HMO where she works said, "She's with a PROVIDER." I said, "A what!" She said, "She's with a doctor." My response, "Oh, a DOCTOR!" I was furious. I log my telephone sessions with managed care case managers. I don't have to take my blood pressure to measure my ire. At a Yale Dept. of Psychiatry clinical faculty meeting I spoke with a friend/colleague/psychiatrist who told me that he is out of managed care because his constant anger was spilling over into his therapeutic sessions.

Not all of us can opt out of managed care. A piece of my solution has been to change my vocabulary. At least we can afford to do that. My change is partly due to my work on the Summit Bill of Rights and partly to my irritation

log. Managed care is an industry. I am not part of a managed care, managed health, or health care industry. I am not a provider. I am a PROFESSIONAL. I call the persons who come to me for psychotherapy just that. In the Bill of Rights we call them INDIVIDUALS. They are not called patients (medical model) or clients (non medical but lawyerly) and certainly NOT consumers. I use the vocabulary of the marketplace to describe the marketplace. It is profit driven. I am not. It is bottom line. I do therapy. It is monitoring costs. I am concerned with the quality of care. It is concerned with control. I am concerned with access. It is concerned with outpatient treatment reports. I am concerned with confidentiality. It wants to limit treatment. I want to build therapeutic alliances with those whom I treat. Managed care's vocabulary tyrannizes. I want to break free of them and want to free new professionals and our profession from their words. Some of the vocabulary is from the marketplace. Some is doublespeak. We become subservient to other's ideas and, yes, ethics by letting our vocabulary become preempted by theirs. The marketplace may dominate health care, but only if it dominates the minds of professionals. I do not want to speak their language and I will not succumb to the tyranny of their words.

ARTICLES IN UPCOMING ISSUE:

- ❖ An article on managed care by Joyce Edward and Jean Sanville.
- ❖ A review of Diana Siskind's new book.
- ❖ Summaries of Chapters from **Fostering Healing and Growth.**
- ❖ Report on the Seattle 6th Clinical Conference, *Expanding the Psychoanalytic Lens: Diversities & Integrations.*

Correction From the Winter Newsletter

The *Journal of the American Psychoanalytic Association* (JAPA) is offered to NMCOP Members at a discounted rate by

The Analytic Press.

Dialogue Among Members

Psychoanalysis and Social Work: A One-Way Street?

Submitted by Joel Kanter

In the last issue of the NMCOP Newsletter, Peg Frank and Bill Meyer both raise important questions about the unwillingness of many psychoanalytically-oriented social workers to identify with the social work profession. In doing so, both write about how these clinicians could make their knowledge available to social workers "in the trenches" of agency practice. Implicit in their comments is a perhaps unconscious assumption: that psychoanalysis is a higher (or deeper) form of understanding which can contribute to social work – but has little or nothing to learn from it. In many, if not most, major cities, social workers can affiliate with multi-disciplinary analytic organizations; if this option is available, why should psychoanalysts and psychoanalytic psychotherapists with social work training affiliate with the COP? And is a common professional background – one that often has little exposure to psychoanalytic thinking – anything more than an exercise in nostalgia for clinicians who now work in a very different way than the one in which they were trained? I ask these questions rhetorically – attempting to understand the reluctance to affiliate with social work that Meyer and Frank have described.

The missing link in such questions is the oft-neglected possibility that social work can contribute to psychoanalytic theory and practice. Over the years, psychoanalysis has been dramatically influenced by observations from other fields and intervention strategies: examples include Erikson's use of anthropological data, Anna Freud in the nursery, Searles in the hospital setting, and Stern's infant observations. Social work, too, has offered its contributions: Aichorn's work with delinquent youth began to explore pathological narcissism and Fraiberg's work with neglectful and abusive mothers (and their babies) offered novel approaches for remediating severe character pathology.

However, the most well-known analyst who applied experiences from social work to psychoanalytic thinking and practice was D. W. Winnicott. After he began his collaboration with Clare Britton (a social worker who he later married) helping troubled children during the wartime evacuation, his practice and thinking dramatically evolved. Recognizing that establishing and maintaining "facilitating environments" had a powerful

impact on these children's "maturational processes," he largely abandoned the formal practice of child analysis and shifted instead to a more consultative model of intervention in his work. His concepts of the "holding environment," "antisocial tendency," the "transitional object," and "hate in the countertransference" were all influenced by his ongoing dialogue with social workers. Besides his marital relationship with Clare, Winnicott, he taught social work students from 1947 to 1970, consulted frequently to social work agencies, participated in numerous social work conferences, and often wrote for social work journals.

Winnicott explicitly emphasized the value of social work intervention in working with difficult children and adults. For example, he noted that the analyst is relatively impotent when working with severely disturbed patients unless "he steps outside his role at appropriate moments and himself becomes a social worker." In one of his last papers (in 1970), he wrote in *Case Conference*, a social work journal, that "whatever we (my emphasis) do in social work is related to quite natural things that get done in child care and in baby care. The difference is that in a professional setting, which carries its own limitations and allows its own freedom within the framework, we do the same things that are done in child care and we do nothing else . . . social work . . . by definition is derived by a direct route from an understanding of the emotional development of the human individual in the long steady climb out of absolute dependence and toward independence."

Clare Winnicott, one of the last analysts of Melanie Klein, also explored the unique impact of social work interventions. She recognized that the social worker could "never become entirely the subjective object which the psychotherapist becomes; she is bound to external reality because she is part and parcel of the child's real world, and often is responsible for maintaining that world. The social worker . . . is therefore in a strategic position in their lives because she is in touch with a total situation representing a totality of experience . . . we makes links between places and events and bridge gaps between people which they are unable to bridge for themselves. As we talk about real people and real happenings, feelings about them soon become evident and before we know where we are we have entered the inner world of the individual, and so we bridge another gap, that between fact and fantasy."

The Winnicotts remind us that the relationship between psychoanalysis and social work need not be a one-way street; that an ongoing dialogue between these fields can greatly enrich both. Psychoanalytic politics aside, this is an opportunity and challenge which the COP is uniquely positioned to address.

Response to Mr. Joel Kanter's Letter

Margaret G. Frank
President NMCOP

Thank you for responding to the content of my (and Bill Meyer's) last newsletter message. We are pleased that you have responded to our invitation to dialogue with our membership. We hope other members will follow suit.

I have to confess that I felt you created a straw man out of part of my message in order to share your marvelous knowledge of Clare and Donald Winnicott. So, allow me to clarify my views. I do not believe that there is a one way street (your straw man) which social workers travel in becoming psychoanalysts. In fact, it is the very richness in the experience and knowledge within the field of social work which prompts my distress when some members of our profession disavow their social work training and identity on their way to becoming psychoanalysts. You are correct that I view the study of psychoanalytic theory and practice as a deepening of knowledge of the individual. This view is not a put down of social work knowledge. Social workers with this added knowledge can navigate marvelously between the outer world realities as they interplay with inner world conflicts.

I am first and foremost a clinical social worker. I am also a trained psychoanalyst. It is my experience that my work as a psychoanalytic psychotherapist and a community consultant has been enriched by my psychoanalytic studies. I enjoy my practice in psychoanalysis. But most of all, I am deeply enthused by my work with younger social work practitioners who are on the " front line" of practice. I observe over and over again that when these inundated therapists are more deeply informed by object relations theory and theories of the unconscious, their work obtains a focus and they are less likely to become victims of burn out.

You correctly note the contributions of a number of social workers to the arena of psychoanalytic theory and practice. It has taken too long for the Winnicotts to travel across the ocean and I do not see them on the bibliographies of many schools of social work. But this does not focus directly upon my concern that social work psychoanalysts disavow their professional origins. They seem unaware of what they have to contribute. I would refer you and other readers to the most recent issue of TAP (The American Psychoanalyst). There are three major articles on psychoanalysts working with and on community issues. Not one of them refers to social work's long history in these realms. There is something we are not doing.

A Letter from Tarpley Long

Submitted by Tarpley Mann Long, MSW, BCD

Ms. Frank and Mr. Meyer are to be congratulated for opening a much needed polylogue (Newsletter, Winter 1997) within the clinical social work community.

In her article on MPD in the clinical social work profession, Ms. Frank notes that there are numbers of us in private practice who retain the memory of "front line work." These "front line" positions are more than memory to me. The ability to conduct well my clinical social work practice specialties of psychotherapy and psychoanalysis depends not only on remembering but integrating these "front line" experiences. The way I think during a clinical hour is informed by all my previous experience from attending public schools, to growing up in a small town, to living abroad for a decade, to studying in a graduate Fine Arts program, to being a parent, to receiving the broad based social work education, to writing fiction and nonfiction, to working in the EAP field, to doing advocacy work, to working in addiction treatment programs, to undertaking psychoanalytic training -- I draw on all these experiences daily; none of it is abandoned.

How glad I am that Ms. Frank highlighted the fact that NMCOP works for the group of clinical social workers who are comfortable with the title "clinical social worker" BECAUSE they have added considerable post graduate education beyond the MSW. Her observation that some in our profession have taken a short cut from graduate school directly into private practice is disturbing, for I do not know clinical social workers who have done this. If these social workers (I can't even say "colleagues") are lobbying for parity with psychologists and psychiatrists in mental health reimbursement based solely on 60 hours of MSW experience, no wonder we have been unsuccessful in convincing legislators of our value. The clinical social workers I know feel proud and confident that the psychotherapy and psychoanalytic treatment they provide is equal to those provided by psychologists and psychiatrists because they have had as much, if not more, post graduate training in psychotherapy and psychoanalysis than many seasoned psychologists and psychiatrists.

Ms. Frank's comment that "we struggle within ourselves even as we struggle to gain respect for our profession from the world about us" is of particular interest to me because I feel respected more by the world outside the profession than I do from within. That numbers of clinical social workers feel less than our psychologist and psychiatrist colleagues is revealed in the following

examples: 1) I happened upon a conversation among three senior clinical social workers who were putting their heads together to come up with a name of a psychotherapist for a colleague. Several names were mentioned, not one of them a clinical social worker. The choice was Dr. X, a clinical psychologist, because she had a reputation of being a "therapist's therapist." 2) At least once a year I receive a telephone call from a clinical social worker member of my Society asking me if I could recommend "a really good psychotherapist or psychoanalyst." These examples demonstrate to me that clinical social workers contribute to the image we believe the public to hold.

One point in both Ms. Frank's and Mr. Meyer's articles is that the general public is ill informed as to what clinical social workers do. More important is that clinical social workers don't know what they do. Defining and redefining "social work" or "clinical social work" has been a preoccupation of the profession since I received the MSW in 1977. Regarding "identity confusion," Ms. Frank reports a conversation with a social work colleague, a recent graduate of an institute affiliated with the American, who says she is a psychoanalyst, not a social worker. When I read this, I wondered if a medically trained psychoanalyst would say, "I am a psychoanalyst, not a physician." I am a graduate of both a school of social work and a psychoanalytic institute affiliated with the American. When I am asked, "What do you do?" I reply that I am a clinical social worker and my clinical specialties include post-MSW training in Addiction Medicine and Psychoanalysis.

Mr. Meyer's article contained a vignette concerning the chair of a prominent university's philosophy department who was amused by a poorly educated woman's awe in learning he was a philosopher and her request that he tell her some of his sayings. Unlike the philosopher, I am flattered when anyone exhibits interest in my work and I enjoy the opportunity to show off. Generally people are curious to know more about my training and experience when I say I conduct psychotherapy, psychoanalysis, teach, and engage in advocacy and clinical research.

I do not feel offended when I am asked how my training is different from a psychiatrist or psychologist. I say that studying for a degree in medicine, psychology, social work or nursing, *per se*, does not qualify one to conduct psychotherapy or psychoanalysis, but that all members of these professions are eligible to apply for post degree training in training institutes that are specifically designed to train mental health professionals in individual, group, family, couples and child psychotherapy or in adult and child psychoanalysis.

Although I agree with Mr. Meyer that it is unfortunate that some of our colleagues say they are psychotherapists, family counselors or psychoanalysts just because they think this description will elevate their status with a particular audience, there is an advantage of announcing one's clinical specialty. Specialties do exist within clinical social work and should be emphasized. Advertising a specialty does not have to mean one is hiding one's degree. The vignette about Dr. C., a prominent psychoanalytic author and lecturer who wanted to hide his social work background was indeed disappointing; but that Mr. J. elected to take revenge and find a way to "out" Dr. C.'s disavowal of social work training and to subject him to public embarrassment was also disappointing. Two wrongs never make a right.

Finally, Mr. Meyer asked for comments on what he called the "shameful secret of being a clinical social worker." My associations to "shameful secret" were: "body" to "shameful" and "female" to "secret." Next I had a memory of sitting at a dinner party in 1988 where a clinical social work colleague across from me said, "Tarpley, female social workers have worshipped at the feet of male psychoanalysts for far too long." Perhaps we have not come a long way, baby. Clinical social work is a field that has been and continues to be primarily female. Psychology and medicine are fast becoming predominantly female as well. The bad news in this is that if history repeats itself, then a female dominated mental health field is vulnerable to the fate of other female dominated occupations like homemaker, secretary and the child care professions: they end up at the bottom of the economic and social status pile.

Our challenge will be to stop this history from repeating itself.

Response to Ms. Long's Letter

William Meyer

I am pleased to respond to Ms. Long's thoughtful letter. I can only hope that others will add their perspectives about the problems which are part of the professional self-esteem of social workers which Ms. Frank and I addressed in the last newsletter.

I fully agree with Ms. Long that we should be delighted to inform others about our work and the uniqueness of our profession and our specialty interests. Further, after identifying ourselves as social workers, it serves a useful professional and personal purpose to further delineate any areas of our work in which we are interested or specialize. I share Ms. Long's experience in that I know

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William Meyer's Response continued from page 7

of no physicians or psychologists who would not include their profession when discussing or advertising what it is they do – yet this happens repeatedly with social workers.

I believe I understand why Ms. Long felt it was “wrong” to expose Dr. C., (the prominent author and lecturer who enjoys much support from social workers) who attempted to keep his social work background a secret. Yet there are times, I think, when it is not wrong to use old-fashioned political activism to expose relevant facts about public figures. This, in my opinion, was one such occasion.

Ms. Long believes that the “shameful secret” of the clinical social worker’s identity is related to the fact that it is and has been a female dominated profession. I think there is much truth in this. Perhaps there are other ideas for us to consider as well.

We must continue to deliberate about this most critical matter. Just as the clinician who has not benefited from his or her own introspection and analysis, so too our strength depends upon our first reflecting, and then taking the necessary steps to ensure that our own house is in order.



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BOOK & FILM REVIEWS

INSIGHTS IN THE DYNAMIC PSYCHOTHERAPY OF ANOREXIA AND BULIMIA

By Joyce Aronson, PhD, 320 pp., \$35.00, Published by Jason Aronson Inc., Publishers

Reviewed by Diana Siskind, MSW, BCD

Insights in the Dynamic Psychotherapy of Anorexia and Bulimia is a fascinating book with a very original format. As you will see, the author chose the wording of her title with care and accuracy for she has literally collected the "insights," rather than the complete scientific papers of distinguished professionals who are thoroughly familiar with anorexia and bulimia. Dr. Aronson has organized her chapters under such headings as: "Countertransference," "Developmental Issues," "Father-Daughter Relationship," "Family Dynamics," "Eating Disorders in Males," and many more. The theme of each chapter is developed through a series of relevant penetrating, and clinically useful quotations about these perplexing and often life threatening conditions. The reader is exposed to the difficulties and frustrations of the therapist, the pathos, hopelessness, and stubborn defiance of the patient, and the upheaval and terror of the family. This is a book of headlines, of hard won knowledge, of discoveries amassed over time into gems of wisdom and enlightenment. We, the readers, are in the company of our distinguished colleagues. We hear the voices of Anna Freud, Hilde Bruch, John Sours, Marjorie Sprince, Joyce McDougall, Thomas Ogden, Ana Maria Rizzuto, Sandor Lorand, S. Minuchin, Louise Kaplan, and many others, and there is even a chapter called: "The Patient Speaks."

Dr. Aronson introduces her book as: "a reference resource to facilitate access to the rich and varied literature . . ." Later she writes: "This is a book for browsing." Perhaps so for the first few minutes, but then the material becomes so compelling that browsing becomes too mild to describe the intense interest generated by the varied voices of the speakers.

For beginners and for many seasoned professionals who feel discomfort in undertaking the treatment of anorectic and bulimic patients, this book will serve as a wonderful introduction. For those who have the courage and fortitude to work with this patient population, this book will serve as companion, guide and as inspiration.

Dr. Aronson's expertise with this subject matter combines

with remarkable editorial talent. The result is a work analogous to a brilliant documentary film in which material is selected and organized with such balance and integration as to powerfully and profoundly connect audience to subject matter.

Portions of this review appear on the book jacket and in *PSYCHOTHERAPY BOOKNEWS*, and are reprinted here with the permission of Jason Aronson, Publishers.

Diana Siskind, CSW, BCD is a member of NMCOP and has been a participant at its annual meetings. She has joined the NMCOP Study Group. She recently finished her second book: **Working With Parents: Establishing the Essential Alliance in Child Psychotherapy**, to be published by Jason Aronson, Inc., Publishers in May 1997.

Oskar Schindler: An Accidental Hero

Reviewed by Lynn Lawrence, MSW, BCD

(A film directed by Steven Spielberg; starring Liam Neeson, Ben Kingsley and Ralph Fiennes.)

Faceless, he assumes definition in each crisp act. Every act bespeaks an air of intentionality, efficiency, precision. All is chosen with unhurried care. Nothing is left to chance: It is a chilling scene.

As Oskar Schindler himself will tell us, this is about "panache . . . presentation." This is what he's good at. The last accessory after cufflinks is the Nazi party pin. For this scene, after all, is about a businessman, out on-the-town to stir up contacts with the Nazi elite who will grant him contracts.

In the climax of this breathless opening, Schindler installs himself in the apartment of just-evicted Jews now being stoned on the street. He lies down on their freshly laundered bed, shoes on, exclaiming, "It could not be better."

The film compresses events from 1941-1944: the establishment of the Crackow Ghetto, its brutal liquidation in 1943, and the transfer of 1,100 Jews to Schindler's new factory in Brinnlitz. The events are seen through the eyes of Oskar Schindler, the German industrialist who converted a bankrupt enamelware plant into a munitions factory, using Jews both as financial backers and slave laborers. Those Jews became "essential workers" and

Oskar Schindler continued on page 10

therefore safe from the immediate threat of deportation.

Visions sear like numbers branded into flesh: flames from Sabbath candles metamorphose into smokestacks, Jewish gravestones are hacked into cobblestones, women derailed to Auschwitz anticipate showers of gas, and everywhere, hiding in between bed slats, in sewers, inside pianos, are the children. We watch, not daring to breathe.

This film will probably be remembered as one of the seminal ones about the Holocaust. It is seamless. It also telescopes the events of this period into a beautiful cameo so that it becomes a contradiction in terms: a "feel good" movie about the Holocaust.

This is in no way intended to minimize the altruism Schindler displayed, the great personal risks he took, the humanity he showed, and obviously, the lives he saved. But there is a question here. The movie is so seamless one suspends disbelief and accepts the transition Schindler makes from war profiteer to war saboteur, from Nazi to Righteous Gentile. Spielberg deals with this by presenting Schindler as having a conversion, when witnessing from on high, the elimination of the Crackow Ghetto. He becomes Everyman, facilitating our identification with him, making for a rather pat concretization in the choice between good and evil.

But historical facts intrude. Schindler left the factory at war's end, not just with his wife, as the movie leads us to believe, but with his mistress. (Brecher, 1994, p.xxxv). He was a failure at everything he did before and after the war: "Prodigiously unfaithful," a "boozier," a "spend-thrift." (Brecher, p.xix). Perhaps the most piercing indictment was this: the ring, (fashioned from gold from the tooth of one, presented by all) with its engraved "Whomever saves one life, saves the world" inscription, was sold by Schindler after the war – for schnapps. (Silver, 1992, p.154).

Many have wrestled with the dilemma of Schindler's character, with results ranging from a "flawed hero, ambiguous liberator, strange deity," (Kneally, in Brecher, p.xiv) to ignoring his motives in favor of the results.

Robert Lifton attempts to reconcile the Schindler paradox based on the research for his book, *The Nazi Doctors*. Contact with their imprisoned, Jewish, physician counterpart eventually led some Nazi doctors to develop some compassion. In *The Protean Self*, Lifton develops this further, basing it on Proteus, the Greek sea god who takes many forms. A process of "doubling" (Lifton,

1993, p.27) occurs where a second self emerges to defend against trauma, as in multiple personality disorder. Schindler, then, could be his Nazi-self one moment, and his rescuer-self the next. (Lifton, 1993).

Luitgard Wundheiler traces Schindler's "moral development" (Wundheiler, 1986, p.333) during the Holocaust. In feeling protected by Schindler, Jews began to refer to him in reverential terms, and he began to assimilate a new self-identity. Wundheiler cites Schindler's own oft-quoted response about his motives: "If you would cross the street and there were a dog in danger of being run over by a car, wouldn't you try to help?" "Masslos" – German for "without restraint or moderation" was how he described himself. (Wundheiler, p.340).

Although these references contribute pieces to this jigsaw, something is still missing. That piece is the quest for the good father, exemplified in the most riveting, intimate relationship in the film, and corroborated by details of Schindler's life. As if viewed from opposite ends of a telescope, Schindler's larger-than life presence and status as a Nazi eclipses the diminutive, cautious, trapped, but highly principled accountant, Itzak Stern.

Their relationship can be plotted over drinks, Schindler constantly offering, Stern constantly refusing. From their first contact, Schindler presents schnapps. In between, Stern teaches Schindler about values. Stern, in an economy of nuance, combines disregard with disdain. Schindler does not take "no" for an answer. In an ensuing scene, he forces a glass into Stern's non-receptive hand and toasts him for making a success of his business.

"I'm trying to thank you," Schindler states. Stern will not drink to this enterprise, or be a part of this partnership. In turn, he begins to teach Schindler about his values when he prevails upon him to allow a grateful machinist to say "thank-you." Schindler, whose lunch is interrupted, is repulsed and burdened by the horror of the man with one arm.

Stern continues to make his presence felt. In one pivotal scene, Schindler rationalizes the behavior of the Nazi sadist, Amon Goeth, who shoots Jews from his balcony for sport. Stern counters with an incident of arbitrary murder which irrefutably demonstrates Goeth's evil. As with a good interpretation, the impact of this is soon revealed. Schindler then teaches Goeth about the power of restraint. Goeth becomes momentarily Papal, pardoning instead of shooting. Stern overhears one such pardon and actually smiles.

When Stern finally does drink with Schindler, Stern initiates it. The end is thought to be near; Stern knows the

factory will be closing and the Jews sent to Auschwitz, himself included. Schindler says that he's put in the "word" for Stern to get "special treatment." Stern winces at the irony and says, "I think I'd better have that drink now." They toast each other. Schindler acknowledges his debt to Stern. Stern acknowledges what he now knows Schindler did for the Jews. With this drink, Stern confers his blessing. Schindler has become the "good son."

Much as Therese Benedek's seminal article, "Parenthood As A Developmental Phase," identifies the reciprocal, generational role of women in the mother-daughter dyad, now, too, comes a body of evidence in support of reciprocity between fathers and sons. For Freud, the father was seen as the opponent to be feared.

Now more attention is being paid to the positive role of the negative Oedipal – the idealizing relationship between father and son. Abelin (1971), Greenacre (1963) and Ross (1979) all address the expanding role of the father in aiding separation, facilitating identity, mastery and creativity. With Blos, there is a further reconfiguring which defers the resolution of the Oedipal until adolescence:

"The conflict which erupts at this stage is twofold: it has the father not only as adversary and competitor, but also as protector, partner, and mentor. This conflict of antithetical positions reaches acuteness at adolescence and if not resolved, never fails to constitute a prominent issue in the boy's emotional life." (Blos, 1985, p.45).

In real life, Oskar Schindler's adolescence was a dream-come-true. Keneally (1982, p.34-35) and others (Egan, 1995, p.14) talk about his passion for motorcycles and racing. His father gave him a gift of a hot red, Galloni cycle – the only one in the country. This was upgraded to a MotoGuzzi, one of four sold outside Italy, primarily to professional racing competitors.

When he was 20, Schindler raced in one of these competitions and would have won if not for a technical error. Within months of this dramatic race, in an impulsive six-week courtship, he married Emilie, a girl very much like his own mother – a devout Catholic. This marriage met with severe paternal rejection.

Blos speaks of the profound role conferred by the father onto the son by "the blessing" (Blos, 1985, p.11), a kind of rite of passage into adulthood. It is, symbolically, the father's affirmation of the son's manhood. Schindler was denied this blessing when he married. As his father was also his employer, he lost on that front as well.

Wundheiler documents (1986, p.335) how from ages 22-27, Oskar's world completely changed. He fathered illegitimate twins, and later during the war, a third child. Oskar's father left his mother. Oskar was enraged at him and maligned him in local cafes. Hans Schindler's farm machinery business went bankrupt, and Oskar's mother died. Oscar and Emilie had an unhappy marriage that produced no children. Oskar was never faithful to her and made no apologies for it.

Oskar and his father had much in common. Keneally calls them "brothers separated by the act of paternity" (1982, p.38). Together they tinkered with tools. The mechanic father bequeathed him a powerful explosive phallus (cycle) and with pride watched him exhibit himself in racing. But when Oskar married a stand-in for his mother, he trespassed. Schindler identified with his father in many ways – in drinking, smoking and carousing. Oskar both sought his admiration and approval and hated him for withholding his blessing and betraying his mother.

Not that Oskar Schindler knew this. Lest we forget, he was not self-reflective – he was a man of action. The war became a arena for him to continue these unresolved conflicts of adolescence. He wasn't afraid to compete with "the big guns," to dare the Nazis with his schemes, all the while pulling off the ultimate act of defiance – the creation of a sanctuary for the Jews. In the process, he found a "good father" in Stern, one who taught him restraint and helped him to see the difference between good and evil.

It is reported (Wundheiler, p.340) that after the war Schindler hoped that Sterns would join him and Emilie in Argentina. The Sterns declined, but kept in touch. When Stern died, Schindler wept uncontrollably.

We all want to believe in the triumph of good over evil, that change is possible. This film portrays that one man, a Nazi war profiteer, ultimately rescued thousands of lives and that he himself was changed in the process.

Did Schindler change? Unlike those he rescued, he did not go on to make contributions to society. All his subsequent business ventures failed, as did his marriage. He became a hard-core alcoholic, kept afloat by contributions from his "children," the Schindler Jews.

It seems the war was a window of opportunity where two of Schindler's unconscious stars intersected, found their orbits and created a constellation for success. That is, he found the good father who began to appreciate him and under whose moral compass, Schindler's dare-devil schemes were harnessed for the good.

Oskar Schindler continued on page 14



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Sixth National Clinical Conference

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— See you in Seattle! —

Oskar Schindler continued from page 11

When the war ended, he lost the good father and he lost the environment the war provided him – an encapsulated, “safe haven” where he was able to excel at what he did best – take risks. Without this “holding environment,” Schindler’s comet plummeted.

Is he a hero? How much did “his children” mean to him if he was able to take the ring they made for him, with its Talmudic inscription in homage to him, and sell it for drink?

The film paints Schindler as a hero. Perhaps he is – accidentally.

The author wishes to dedicate this article to her Mother-in-law, Carole Kahan, a survivor of Auschwitz, and a heroine in her own right.

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1997 National Conference Information

Sixth National Clinical Conference A Message From the Conference Director

Laura Groshong



Laura Groshong
Conference Director

By now, all NMCOP members should have received the brochure for the Sixth National Clinical Conference, *Expanding the Psychoanalytic Lens: Diversities & Integrations*, to be held near Seattle at the Hyatt Regency Bellevue from September 25-28, 1997. The Program Committee, headed by Ellen Ruderman, and Call for Papers Committee, headed by Betsy McConnell, have done an outstanding job in selecting the 20 juried papers to be presented. These papers and the 23 additional keynote and special presentations included in the conference will present *The Expanding Lens* in: Applied Analysis: Ethics and Legislation, Applied Analysis: Education, Being a Therapist, Couples Therapy, Female Psychology, Mind/Body Connections, Supervision, and Theory and Practice.

There is much excitement building about the Conference and I hope that everyone will be making their reservations for Seattle soon. Late September is one of the most likely times for sun in Seattle so, regardless of what you may have heard, coming to Seattle will not necessarily mean four days of rain. The Hyatt Regency Bellevue will be demonstrating a Seattle strong suit – coffee in all forms – by providing this beverage at all times throughout the Conference.

Clinical Conference continued from page 15

A ten-page packet will be sent upon registration detailing transportation to and from SeaTac airport, Special Events information including 20 restaurant choices for the "Dinners for 10" and the elegant menu for the Gala Dinner/Dance Cruise, and spectacular Add-On Trips (see below for details) for exploring the Pacific Northwest before and after the conference. The rates for these trips can only be guaranteed by our destination management company, ENTCO, until July 15, 1997, so please register early.

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Any general questions about the Conference can be answered by calling one of the following knowledgeable Operations Committee members: Audrey Shiffman (206-937-0507); Pam Powel (206-324-6668); or Ann Frothington (206-860-2434).

See you in Seattle!

among scenic inland waters while you have lunch.). Return to Seattle by 5 pm.

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FOSTERING HEALING AND GROWTH: A Psychoanalytic Social Work Approach

Challenging Reading for the Clinical Social Work Classroom:

Laurie S.M. Hollman, PhD

Addressing the educational needs of contemporary clinical social workers is a complex task. They bring a wide range of clinical training and work experiences to the postgraduate classroom where they avidly seek clinical direction and focus to their work. In this essay, I will discuss the contribution of a new book, **Fostering Healing and Growth: A Psychoanalytic Social Work Approach** (Edward & Sanville, 1996), to clinical social work education. In this volume, two scholarly editors, Joyce Edward and Jean Sanville, offer a collection of articles with an impressive array of detailed clinical vignettes used to illustrate psychoanalytic approaches to understanding case material. Many features of the cases in this contemporary text are similar to those presented in a case seminar I am teaching at New York University in the post-masters Advanced Certificate Program in Clinical Social Work. I will use my classroom experience to illustrate the specific value of this volume to case seminars in clinical social work

I offer a developmental psychoanalytic approach to understanding and intervening with a wide spectrum of cases presented by my students who are working on what Margaret Frank so aptly names, "frontline practice" ("A Clinical View of the Use of Psychoanalytic Theory in Front-Line Practice," p. 59). Teaching treatment technique to postgraduate students with cases on the front-line is a humbling experience. Some examples include treatment of a thirty-year-old white man incarcerated for assault seen in prison; a fifty-year-old, white, married woman with a history of suicide attempts and bulimia seen in a mental health center; a Hispanic thirty-eight-year-old mother who physically abused her daughter and lives in a shelter, seen in a treatment center for children; a fourteen-year-old African American male teenager recently separated from his incarcerated father, his primary caretaker, seen at a school; and a forty-year-old white Jewish woman, the daughter of holocaust survivors, struggling with a lifelong sense of bereavement, seen in private practice. Treatment is once or twice-weekly individually and/or in groups.

I will refer to my students by name because this essay is the result of a cooperative endeavor. The students'

responses to the chapters in this text form the basis of this article, followed by my recommendation for choosing this valuable book as part of clinical social work curricula. While the students' cases cannot be discussed in this brief article, the application of the ideas presented in this book to their treatment situations will be discussed.

The students are clinical social workers in a post-masters program with two to twelve years of clinical experience. Very few, however, have had organized training in treatment technique. They strive for a cohesive way to order their thinking during a session so that they know when, why, and how to intervene. Each takes up the challenge of presenting detailed process recordings of treatment sessions to the class. Their colleagues listen for themes, identify defensive and adaptive styles, and construct possible interventions, mindful of the interplay of transference and countertransference. The class becomes sensitized to the idiosyncratic way their "patients not only tell their stories but . . . show them to us" and how this therapeutic work takes place "within carefully constructed treatment relationships" (Saari, "Psychoanalysis and Social Work Education," p. 407). The luxury of the university classroom offers the context for collegial debate about technique. The students work toward becoming well-versed in metapsychology in their other courses so that this seminar does not focus on which psychoanalytic theory to embrace, but rather on how to identify reasons for intervening and how to do so in every day language with the purpose of promoting developmental and structural change and growth.

Reading Edward's chapter, "Listening, Hearing and Understanding in Psychoanalytically Oriented Treatment" (pp. 23-45), set the stage for the seminar. Edward's analysis of Mrs. Mile's nightly gown ritual informed the class about behavioral derivatives of unconscious fantasy. We began to entertain the idea of treatment as a series of unfolding psychodynamic puzzles that emerge in the therapist's mind that he or she formulates and tests out silently before choosing to intervene. Luba Shagawat describes Edward's chapter as "clear, concise and easily understandable . . . If you're looking for a defense of a specific theoretical model, you're in the wrong place. She does not try to convince the reader of anything. Rather, she describes a treatment session based on psychoanalytic understanding as it happened . . . She explains the process of communicating as the way we can understand the person."

Reading Coleman's article, "Transference: A Key to Psychoanalytic Social Work," brought forward a discussion about how the nuances of conceptualizing transference affect the therapist's choice of how to word a

transference interpretation. Some students lean toward conceptualizing transference as an idiosyncratic perception of reality based on the patient's experience. We discuss the notion that when therapists can identify with a patient's construct of reality, they are at the beginning of the process of empathy utilizing the mechanism of trial identification. Prior to the choice of intervention, the therapist continues the process of empathy by stepping back with an observing ego to consider the impact of the patient's psychic reality on his or her everyday life and on the treatment situation. Turrini's elaborate glossary is a fine resource for this discussion. She defines and distinguishes transference, transference fantasies, and transference ideation.

Carolyn Kennedy's comments about Schecter's chapter, "Maria's Second Chance: Resolving Oedipal Conflict in the Transference" further deepen this discussion of transference. Kennedy is taken with Shechter's clinical summary where she illustrates how to track treatment progress following an oedipal transference interpretation.

The importance of the intended purpose and the result of an interpretation is taken up again by Annette Lebor. After reading Chescheir's chapter, "From Holding to Interpretation," Lebor notes that Chescheir attempts to "bridge the transitional space between social work training and sophisticated social work practice." Lebor utilizes the ideas set forth in this chapter to examine the dynamic importance of the patient's reaction to the therapist's interventions. For example, she observes that an "interpretation may be heard as an intrusion or impingement on the patient's space" or that the particular style of interpretation may foster a transference reaction to the therapist as an authority. As Lebor attempts to integrate Chescheir's description of Winnicott's concepts, she thoughtfully evaluates Chescheir's dichotomy of the classical versus process-centered interpretation.

Following their reading of Graziano's chapter, "The Adult Survivor of Childhood Sexual Abuse: Linking Inner and Outer World," Marci Goldberg and Lynne Moses raise stimulating questions about the need for therapists to have clear objectives that support their use of particular parameters when conducting psychoanalytic psychotherapy with survivors of childhood sexual abuse. Moses highlights the need for treatment technique to meet the challenge of promoting structural change in patients whose defenses foster disconnection and fragmentation in their inner world. Goldberg highlights the challenge to the therapist of defining a holding experience for patients with acute difficulties in trusting others and the therapeutic impact of the therapist offering concrete, physical suggestions or activities in the treat-

ment situation. Both Goldberg and Moses appreciate Graziano's ability to raise these questions in a clear and organized presentation. Joseph Gagiano and Elliot Levitch are thoughtful about a companion paper, "The Good-Enough Social Worker: Winnicott Applied" by Applegate that complements Graziano's chapter. They find Applegate's discussion of the origins of the concept of the holding environment essential to understanding patients who experience disruptions in their internal and external stability.

Rachel Terte and Oliver von Birkenwaldau develop the question of parameters further in their review of Miller's chapter, "A Psychoeducational-Psychodynamic Approach to the Treatment of Drug Addicts." Terte comments that Miller is effective in her use of clinical illustrations to support her assertion that she could not have maintained a working alliance "if she had ignored her patient's concrete needs . . . confirming the experience of many clinicians in a wide variety of outpatient mental health settings." Von Birkenwaldau similarly states that Miller's recognition of the day-to-day issues of an addict in treatment are combined with the necessity of "addressing the underlying feelings of guilt, shame, and denial." Terte concludes from her own experience that "as therapists, we may find it necessary to help patients with the practicalities of adjusting to life outside of residential treatment. However, unless we help them to gain insight into their behavior patterns and coping skills, they run a higher risk of repeating their past. In an effort to help patients grow, adapt, and understand themselves, many of us find ourselves juggling various roles as Miller illustrates in her article."

The class found Aronson's chapter, "The Use of the Telephone as a Transitional Space in the Treatment of a severely Masochistic Anorexic Patient" and Weintraub's chapter, "From Parental Failure to Foster Parent: Facilitating Development in the Life Cycle" particularly sensitive illustrations of unusual therapeutic work. The class was intrigued with Aronson's clear conceptualization and illustration of the use of the telephone as a transitional phenomena. They were impressed with the detailing of her patient's slowly emerging capacity to move along a developmental continuum toward the time when she could evaluate the need for the transitional activity herself. This is a fine illustration of a purposeful use of a parameter with enduring structural change as a result. Weintraub similarly demonstrates creative therapeutic work geared toward strengthening ego and narcissistic development when she describes her engagement of a physically disabled foster mother in the care of an infant. Because this moving account of an extended at-home intervention is so out of the ordinary, it poignantly highlights the importance of ongoing diagnostic assess-

ment and well-thought out therapeutic contact.

In Felberbaums's chapter, "Psychoanalytically Oriented Psychotherapy with the HIV Infected Person" further considerations of the nature of ongoing assessment are illustrated. R. Stephen McNulty comments that "Felberbaum clearly delineates the difficult issues confronting both patient and therapist dealing with potentially fatal illness and death." Cindy Teixeira finds that Felberbaum "sensitizes the reader to the multifaceted, complex treatment issues of the patient who is HIV positive." According to Teixeira, Felberbaum indicates that "somatic diagnosis should not supersede and overshadow psychodynamic formulations" and that the clinician needs to take into account "the patient's personality configuration, including his or her ego capacities, and the unique meanings the illness has assumed for the patient" (p. 245). Teixeira points out how Felberbaum accentuates "the reparative and developmental opportunities available for the therapist who works with a patient who is dying" (p. 246).

Michelle Dunn continues this discussion of the importance of assessment on technique. She is impressed with Siskind's chapter, "The Child Therapist and the Child's Parents: A Precarious Alliance Viewed from a Psychoanalytic Perspective." According to Dunn, Siskind's emphasis on "the importance of assessing the parent's strengths and weaknesses in order to develop an empathic and professional stance" is an essential part of child treatment. From her reading, Dunn concludes that "this assessment provides an invaluable shift of focus in which the parent is viewed as a person in his or her own right. This, in turn, propels the treatment and forges the essential working alliance." Dunn applauds Siskind's suggestion that "using a psychoanalytic perspective to understand how developmental successes and failures promote or inhibit a parent from being able to care for his or her child" is more effective than an educational approach. The common usage of an educational approach where parents are offered advice they may not be developmentally ready to understand can sabotage the treatment.

Mary Ricciardi Mastria indicates that William S. Meyer's chapter, "In Defense of Long-Term Treatment: On the Vanishing Holding Environment" is "validating for clinical social workers working in the trenches at agencies with patients who have histories of severe trauma and little ego strength." Ricciardi Mastria underscores how Meyer "eloquently expresses his concerns about how the current managed-care market is negatively affecting clinicians and the way in which they practice." Mastria indicates that "the tension between managed-care mandates and professionals' judgment leaves social

workers . . . worried about the effects of short-term treatment . . . It is nice to be reminded, in these tenuous times, that long-term treatment . . . may be the preferred treatment . . ."

It is clear that this text is well-received by my students. Unfortunately, every chapter of this distinguished book could not be discussed in this article, and every important aspect of the chapters that were reviewed could not be elaborated. However, this volume is more than a loose collection of articles. While the contributors to this book did not sit down at a table to discuss their work together, when the chapters are taken as a whole, implicit in the text is a debate among the authors about treatment, a debate that readily takes place in my classroom and any number of other clinical social work classes. The chapters become the stimulus for rich discussions, not about psychopathology, but about technique. The idea that technique can be discussed without embracing a singular psychoanalytic orientation is impressive. It points to the universality of some principles of psychoanalytic technique and perhaps to an aspect of the "common ground" ("Postlude," pp. 419, 421) Sanville refers to that psychoanalytically oriented social workers seek. It is also testimony to the capacity of a group of motivated clinical social workers to regularly work toward conceptualizing and putting into practice the complex technical tasks that confront and challenge them. Finding scholarly texts to support this work is the task of curriculum makers and this volume is a fine recommendation for required reading toward that end.

Laurie S. M. Hollman, PhD, BCD is a member of the faculty and executive board, and is a training and supervising analyst at the Society for Psychoanalytic Study and Research where she is curriculum chair. She is an adjunct assistant professor at the Ehrenkranz School of Social Work, NYU. Her most recent publication is a contribution to the *Psychoanalytic Study of the Child*, Vol. 51, 1997 ("Developmental Considerations in Female Latency: A Discussion of Kidnapping Fantasies in Nine-Year-Old Girls"). She practices adult psychoanalysis and psychoanalytic psychotherapy with adults, and child and adolescent psychoanalytic psychotherapy.

SUMMARY OF CHAPTERS

From Parental Failure To Foster Parent: Facilitating Development in the Life Cycle

Dr. Cecily Weintraub

This case report focuses on an innovative treatment approach with a handicapped, paraplegic 45 year old woman who was unable to care for her own son, but was, nonetheless, able to become a successful foster parent to an infant. In work with the mother it became clear that there were few satisfactions for her as a woman. The sense of loss at her son's placement was profound as was her loss of her role as a mother, both of which resonated for her with the emotional experience of an earlier accident. As she became more productive as a woman and as a mother, her own feelings of self-worth increased and her depressions ebbed proportionately. Her identification with her son's foster mother helped achieve a separation between her and her son and a diminution of competitive struggles with her son's placement.

The theoretical formulations of Erickson (1953) (critical issues at life stages); Colarusso and Nemiroff (1979) (development continues throughout the life cycle); Benedek (1953) (parenthood as a developmental phase); Edward, Ruskin and Turrini (1991) (narcissistic development throughout life) and Mahler (1975) (separation-individuation theory) informed the diagnostic assessment and treatment which capitalized on ego strengths to overcome deficits providing an opportunity for continued growth for the mother, her son, and the foster infant.

Clinical Supervision: It's Role In "Containing" Countertransference to a Filicidal Patient

Linda A. Chernus, LISW, BCD
Paula Livingston, LISW

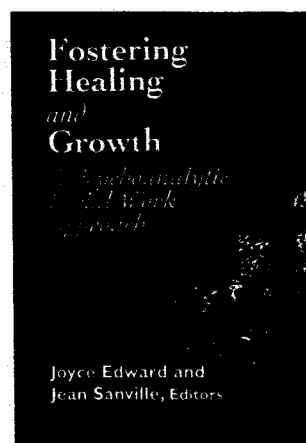
In this chapter, the authors share their experience of the parallel processes of therapy and clinical supervision in treating a woman who had previously killed her one year old child. The literature on filicide, the murder of a child by a parent, supports their understanding of Ms. Jay both dynamically and genetically, in that filicidal parents are usually reliving through their identification with the trauma and abuse from their own childhoods. As a result, killing the child becomes a form of suicide and, like

suicide in such instances, is intended to extinguish the unbearable affects within their own selves that they believe the child is experiencing.

In addition to exploring filicide psychodynamically, this clinical illustration provides an in-depth account of how supervision enabled the therapist to stay empathic with an individual who had committed such a heinous deed, despite her countertransference responses of initial denial and subsequent disgust and fear. Because the therapist was able to utilize supervision to better understand and resolve her very expectable countertransference reactions to the client, she could consistently remain in the empathic mode in both her understanding of Ms. Jay and her responses to her, on both verbal and nonverbal levels.

As a result, they were able to reconstruct together how other professionals, including lawyers and therapists, had been unable to tolerate the full impact of her experience and had therefore not held her fully responsible for her action. Consequently, she received the message that she should just "put it behind her" and was not even really punished for it. Ironically, this made her totally unable to begin to deal with her strong feelings of guilt and loss, feelings she had been living with daily since the death of her baby fifteen years earlier. The use of the empathic mode and analysis of countertransference enabled a genuine working through process to occur and resulted in significant therapeutic change in a patient with severe character pathology.

Fostering Healing And Growth: A Psychoanalytic Social Work Approach



Edited by Joyce Edward and Jean Sanville, the NIPER/NMCOP National Study Group's first book is available from:

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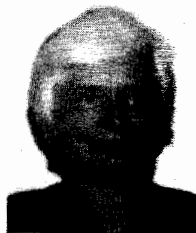
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NATIONAL STUDY GROUP

National Study Group Report

Marga Speicher

The Board of the NMCOP established the National Study Group on Social Work and Psychoanalysis in 1990 with the charge to study, articulate, and strengthen the relationship between the practice of social work and psychoanalysis (including psychoanalytic psychotherapy). While articles about the work of the Study Group have appeared regularly, it seems timely to update NMCOP members about the Study Group's activities.



Marga Speicher
Study Group Chair

At the NMCOP Conference in New York in 1990, a group of clinical social workers with considerable experience in both social work and psychoanalysis gathered to undertake the immense task assigned to the Study Group. Appreciating the rich history of our fields as well as cognizant of the agreements, disagreements, conflicts, and tensions amongst clinicians, the group focused on ways to support and advance cooperative work. It aimed at elucidating and strengthening the impact and influences the two fields have had on each other. Two subgroups were formed: 1) One group's task was (a) to determine what place psychoanalytic theory holds at present in graduate schools of social work and (b) to explore ways to ensure that psychoanalytic theory remains accessible to graduate students. 2) A second group was to describe and define what is involved in being and working as a social work psychoanalyst, and as a social worker practicing psychoanalytic psychotherapy.

Under the leadership of Joyce Edward and Jean Sanville, the work of the first subgroup led to the creation of the book **Fostering Healing and Growth: A Psychoanalytic Social Work Approach** published in 1996 by Jason Aronson. The book is a collection of articles showing the integration of psychoanalytic theory in clinical social work practice. The book has received high praise from clinicians, teachers, and students. Joyce and Jean have led workshops centered around the book in different cities across the country.

Under the leadership of David Phillips and Marga Speicher, the work of the second subgroup led to the

creation of a document describing minimum standards of education and experience by social workers practicing psychoanalysis and/or psychoanalytic psychotherapy. These "standards" for training, endorsed by the Board of NMCOP are being used as a frame of reference in its works as a member of the Psychoanalytic Consortium.

The Study Group as a whole participated actively in the NMCOP conferences and developed the "Participants Survey" for the 1997 Conference in Los Angeles, a survey that has become a regular part of conferences since that time. Beginning with the New York Conference in 1995, the Study Group worked with the Conference Program Committee to offer a daylong pre-conference seminar for intensive study in the area of supervision, a topic that will be further pursued at the upcoming Seattle Conference.

At present the Study Group is involved in several projects: (1) Publicizing the initial book **Fostering Healing and Growth** and offering presentations and workshops based on the book to interested groups. (2) Developing presentations for the seminar day for the conferences in 1997 and 2000. (3) Working on two book projects: (a) A volume of articles giving clinical descriptions of social work psychoanalysts' work, to be edited by Joyce Edward and Elaine Rose, and to be published "In Honor of Jean Sanville" in recognition of her innumerable contributions to the work of social work psychoanalysts. (See Call for Papers in this newsletter). (b) A volume of articles exploring psychoanalytic perspectives on the environment. A committee under the leadership of Jeffery Applegate is developing the framework for that project.

Organizationally, the Study Group functions within NIPER (National Institute for Psychoanalytic Education and Research) which is the educational arm of the NMCOP. The Chairperson of the Study Group is appointed by the President of NMCOP for a term of two years. Elaine Rose was the first Chairperson, followed by Joyce Edward and by the current Chairperson Marga Speicher.

Copy Deadline for our next issue

is

September 15

NATIONAL STUDY GROUP CALL FOR PAPERS

The National Membership Committee on Psychoanalysis in Clinical Social Work is pleased to announce a forthcoming book, **The Social Work Psychoanalysts' Case Book: Essays in Honor of Jean Sanville**, now being developed by the National Study Group on Social Work and Psychoanalysis, a Committee of the National Institute of Psychoanalytic Education and Research in Clinical Social Work. The book, edited by Joyce Edward and Elaine Rose, will be published by The Analytic Press.

The purpose of the book is to honor and celebrate the contributions of Dr. Sanville to both Social Work and Psychoanalysis, two fields to which she has been steadfastly dedicated throughout her long career.

The Study Group, following its first book, **Fostering Healing and Growth: A Psychoanalytic Social Work Approach** edited by Joyce Edward and Jean Sanville, considered the best tribute to Jean Sanville to be a collection of the thinking and clinical work of Social Work Psychoanalysts presented in their own voices.

This then is a Call for Papers to be submitted to the Study Group, which will act as the Editorial Board, for possible publication in the book.

Papers that draw on one or another of Dr. Sanville's contributions such as the role of play in therapy or concepts such as the reparative intent, the "primary illusion," the therapeutic dialogue, its derailing and rerailing; the mutual impact of treatment on both partners, etc. will be appreciated. How analysts have used her ideas or how they may have expanded or altered them will also be of interest. However, writers are not limited to using these ideas.

This book will demonstrate work guided by a broad

range of psychoanalytic theories such as contemporary conflict/drive theory, relational, Jungian, self psychology, etc. Papers providing detailed clinical process and showing the impact that the therapeutic activities had on both participants will be advantaged. It will be important that writers indicate what theories they drew upon in the treatment and what theories they may have developed themselves when already existing knowledge failed to account for what occurred. Also of interest will be some attention to how their Social Work background may have influenced authors' particular understandings of their patients, their style of working with them, or any other facets of the treatment.

If you wish to submit a paper to the Editorial Board for consideration, please let us hear from you by July 15, 1997. At that time we would like a working title for your contribution and a paragraph about the intent of your paper. We will then send detailed guidelines for submission.

The completed paper should be original. It should be approximately 30 to 35 double spaced pages including references. Papers will be juried by three members of the Study Group who will not know the authors' identities. Our deadline for receiving all completed papers will be December 1, 1997. Please send your reply to either of the editors:

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Aims And Purposes Of The NMCOP

- ❖ To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.
- ❖ To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.
- ❖ To work for equal recognition and professional parity for qualified psychoanalysts and

psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.

- ❖ To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.
- ❖ To advocate for the highest ethical standards of practice and for quality mental health care for all.

See insert to join or renew your membership

MEMBERSHIP NEWS

Northern California Area Report

Muriel Brotsky
Area Chair



Muriel Brotsky

On February 8, 1997 Dr. Ellen G. Ruderman presented to the Northern California NMCOP "Psychoanalytic Perspectives on Women's Development from Freud to Gilligan (How far have women come? - From Susan B. Anthony to Hillary Clinton - Women's Ambivalence About Success)." Dr. Ruderman is Chair of

the Southern California NMCOP; a member of the National Study Group; Adjunct Faculty, Cedars-Sinai Medical Center; Consulting Editor, Clinical Social Work Journal.

This very interesting paper was discussed by Charlotte Prozan, LCSW author of **Feminist Psychoanalytic Psychotherapy**, Jason Aronson, Publisher. The program was held at the home of Muriel Brotsky, Northern California Area Chair.

Florida Area Report

Ellyn Freedman
Area Chair

The Florida Area continues to grow and collaborate with the Florida State Society for Clinical Social Work in planning a conference for next spring on countertransference. Some of its founding members are:

Sam Issaacs, LCSW, EdD a member of the founding group is in private practice as a psychoanalyst in Boca Raton where he specializes in dissociative disorders in adults and has a special interest in gender disorders in childhood. He is a graduate of the Advanced Institute for Analytic Psychotherapy. His and Lynne Leavy's office has served as our home.

Micki Alperin, LCSW is in private practice with adults and couples in Boca Raton. Micki received certificates in Psychoanalysis, Psychotherapy, and Supervision at the National Institute for the Psychotherapies. She also served as President of the NIP Professional Association and is a member of the Association for Self Psychology.

Dede Kammerling, LCSW is in private practice with adults and couples in Boca Raton and Ft. Lauderdale. Dede received certificates in Psychoanalysis and

Psychoanalytic Psychotherapy as well as Supervision from the Postgraduate Center for Mental Health. She is a member of the core faculty of the Southeast Florida Institute for Psychoanalysis and Psychotherapy. Dede hopes to start a long term psychotherapy group for women with eating disorders.

Ellyn Freedman, LCSW is chair of the Florida Area. She is a graduate of the Washington Square Institute. She has served on the faculty of the Department of Psychiatry of the Medical University of South Carolina, and is now an **Adjunct Assistant Professor in the Department of Psychiatry at the University of Miami Department of Psychiatry** and a member of the faculty at SEPIPP. She has a private practice with a special interest in the gay, lesbian, and bisexual population in Miami Beach. She is the author of "Psychoanalysis and the World of Two" in the book **Fostering Healing and Growth: A Psychoanalytic Social Work Approach**.

Anyone interested in the activities of the Florida Area please contact Ellyn Freedman at 305-866-9386.

Minnesota Area Report

Hilde Gasiorowicz
Area Chair

The Minnesota Society's Committee on Psychoanalysis continues to be a stimulating antidote for those of us who are weary of figuring out how to manage managed care.

In mid-March, ten members met to learn more about the life and clinical constructs of Melanie Klein, her notions of the development in the first year of life of a very harsh super ego, and how the paranoid/schizoid and depressive positions may manifest themselves in our clinical work. Two books were highly recommended: **The Clinical Klein** by Hinselwood, and Phyllis Grosskurth's **Klein**. Coming up at our late April meeting is an overview of Winnicott, a beginning discussion of Playing and Reality and of two other British Object Relations theorists/analysts, Guntrip and Fairbairn.

In collaboration with psychoanalytic groups from other disciplines, Denver adult/child Psychoanalyst and Denver Institute Faculty Member, Rex McGehee, M.D. will present on the topic of fantasy in psychotherapy in the Twin Cities on October 18, 1997. Three highly trained therapists have agreed to be the respondents. More information including the exact title of Dr. McGehee's lecture will be announced soon.



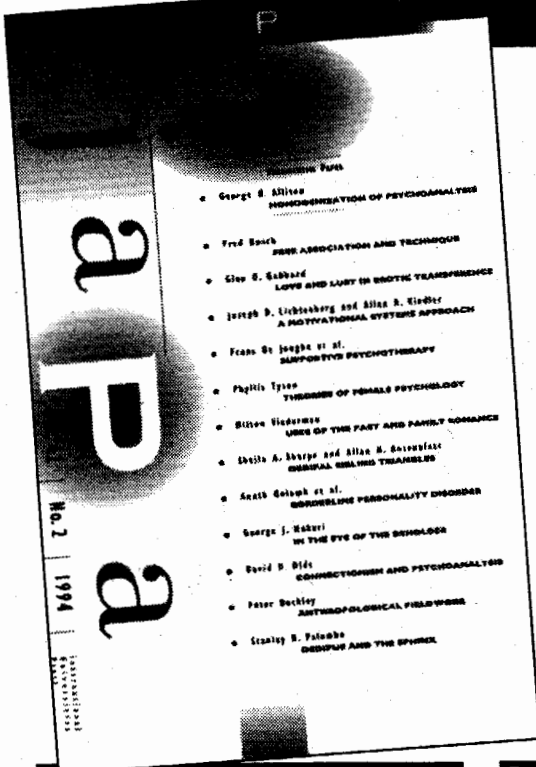
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