

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

Affiliated with The Clinical Social Work Federation

Volume 19

Fall 1999

## President's Message:

David G. Phillips, DSW  
President



David Phillips  
NMCOP President

By the time you read this column my term as President of the NMCOP will have ended, and Bill Meyer will have taken office as President and Barbara Berger will have become President-Elect. I would like to take this opportunity, therefore, to review a couple of the important activities of the organization that have kept us all busy for the last couple of years.

One of our most important areas of work continues to be our participation in the Psychoanalytic Consortium. This group has been working for some time on the development of a draft document of standards for the accreditation of psychoanalytic training programs. This draft, printed in full elsewhere in this Newsletter, has been sent out for comments to a number of training institutes across the country. When finally completed, it is anticipated that these standards will become the basis for the formation of an independent organization for the accreditation of psychoanalytic training programs. It is of particular importance that the NMCOP, representing clinical social workers who are concerned about psychoanalysis and psychoanalytic psychotherapy, has been active as a full participant in every step of this process.

The work of our Membership Chair, Laurie Curtis, has resulted in a number of successful initiatives to develop our organization. We have contacted clinical social workers who are candidates in the training institutes of the American Psychoanalytic Association, told them about NMCOP and also emphasized that NMCOP was one of the forces that helped to open these training opportunities to them. As a result of this effort, a number of them have joined our organization and we hope to see them become active and contributing members. An additional effort is a mailing, being done in conjunction with the Clinical Social Work Federation, to the 2000 clinical social workers who are subscribers to the various journals published by the Analytic Press. We are also developing an affiliation with the Association for Child Psychoanalysis, an inter-disciplinary group of approximately 500 child analysts.

Another major project has, of course, been the organization of our 7<sup>th</sup> National Conference to be held in January in New York City. You will have received the final brochure for the Conference before you receive this Newsletter, and I hope to see all of you there. This Conference will, among other things, celebrate the 20th Anniversary and the accomplishments of the NMCOP. It is impossible to describe the tremendous amount of work done by Rosemarie Gaeta, Judy Kaplan and the Conference Committee over the last 2 years. This is a truly

*Please see President's on page 2*

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## ... from the Editor

Donna Tarver  
Editor



Donna Tarver

The Newsletter welcomes reader's letters, articles and opinions on topics of the day, clinical issues, book reviews, notices or reports of conferences, and new of interest to our membership. The Newsletter encourages social workers that have an interest in writing to use the Newsletter as a vehicle for converting their interest into the writing process.

Much of our Newsletter is devoted to highlighting the January Year 2000 7th National Conference of the NMCOP. Enclosed is an insert devoted to the daylong Pre-Conference Seminar sponsored yearly by the National Study Group on Social Work and Psychoanalysis. The co-chairs of the pre-conference Seminar, Roslyn Goldner and Gail Sisson Steger are offering us an exciting day featuring Patrick Casement and Edith Schwartz supervising psychoanalytic cases of Jessica Lehmann and Nalda Brodegaard Rothe. Following the afternoon presentation a panel consisting of Patrick Casement, Crayton Rowe, and Leon Wurmser will respond to the supervision. We are pleased to be able to profile three of the Nationally Renowned Speakers to be featured at the conference – a profile of Harold P. Blum, MD by Roslyn Goldner, a profile of Patrick J. Casement, MA by Gail Sisson Steger, and a profile of Patsy Turrini, MSS by Miriam Pierce. Thanks again to Rosemarie Gaeta, Conference Chair, and Judy Kaplan, Program Chair (and her hard working committee) for their efforts make this a special event.

I am very pleased to congratulate our Book Review Editor, Diana Siskind, on her new book, *A Primer for Child Psychotherapists*, which has been thoughtfully reviewed by Susan B. Sherman. Ellen Ruderman has given us an outstanding review of *Love and Attachment: Contemporary Issues and Treatment Considerations*, a compilation of articles on love and attachment by Carol Tosone and Theresa Aiello. All of the authors and reviewers of these books are NMCOP members who will be presenting at the January conference.

Thanks to all contributors to this issue – Roslyn Goldner, Bill Meyer, David Phillips, Miriam Pierce, Ellen Ruderman, Susan B. Sherman, Diana Siskind, and Gail Sisson Steger.

### NMCOP NEWSLETTER ADVERTISING RATES

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1/2 column (horizontal)	4 7/8" X 2 3/8"	\$150.00

### President's Message continued from page 1

outstanding Conference which will be interesting, fun, and make us all proud of the organization.

Finally, I could not take leave of this office without recognizing the work of the other members of the Board who have done so much to make the job possible and to advance our goals. Donna Tarver has done a wonderful job in both editing the Newsletter, and in putting up with the many times, including this, that I have missed her deadlines. Laurie Curtis has done a great deal to organize and develop our Membership Committee, and we are grateful to our newest Board member, Dale Dingleline, who has stepped into the job of Secretary with enthusiasm and efficiency. Terrie Baker has put in a great effort in the very tough, and often unrecognized, job of Treasurer and has managed to save us from some of our financial inefficiencies. Marga Speicher has guided the Study Group as it participated in our Conferences and published a book, in honor of Jean Sanville, which will have its "coming out" party at the January Conference. Two of our most experienced members, Peg Frank and Ellen Ruderman, were constant sources of support and creative thinking. Bill Meyer, the new President, has been a true partner in every activity that the organization has engaged in for the last two years. He spearheaded the By-Laws revision, improved communications between the Board and the Area Representatives, and has helped in other ways too numerous to mention, but for which I will always be grateful.

## 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.

# NOMINATIONS SOUGHT FOR CHAIR AND MEMBERS OF THE NMCOP STUDY GROUP

William S. Meyer, MSW, BCD  
President Elect



William Meyer

At the NMCOP 1999 Board meeting, the Board reviewed the history and function of the Study Group, which had been established by the Board as an Ad Hoc Committee. It was agreed that the entire NMCOP owes a tremendous debt of gratitude to Marga Speicher, Ph.D., who is

stepping down after years of so admirably serving as Chair of the Study Group, to her hard-working committee, and to Joyce Edward and Elaine Rose who have worked so hard as editors to bring the book, **A Social Work Psychoanalyst Casebook: Voices in Honor of Jean Sanville**, to publication. The Board further discussed the importance of the Study Group to the NMCOP and decided to establish the Study Group as a Standing Committee of the NMCOP. Its functions:

- 1) To serve as a think tank, to think through the relevant issues of the day and to maintain connection to the intellectual ground out of which the NMCOP arises;
- 2) To take an activist role, through publications, workshops, etc., to explore avenues in which these ideas can be disseminated within psychoanalysis and social work.

Toward these ends, we would like the Study Group to further explore the interface between psychoanalysis and social work with the goals of 1) Articulating social work values within psychoanalysis and 2) Keeping viable a psychoanalytic perspective within social work, especially social work education.

The Newsletter is published three times yearly in February, May and October. Deadlines for submission are January 15, April 15, and September 15.

Please address the Newsletter at:

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At present, the NMCOP is beginning a search for members to serve on the Study Group, and most importantly, for a person to Chair the Study Group. The President of the NMCOP will appoint the new Chair for a two-year, potentially renewable, term.

The Chair shall be a clinical social worker with considerable experience in the field. The Chair shall be a member of the NMCOP with a strong interest in the relationship between psychoanalysis and social work, with a perspective of depth and breadth about what constitutes psychoanalytic thinking and practice at the present time. The Chair needs to have leadership interests and abilities and experience with writing and publication. Most importantly, the Chair needs to be able and willing to devote time and energy to the work of the Study Group. This is a volunteer position for which the rewards will come as a result of working collaboratively with talented peers from across the country, and being involved in the discussion and direction of cutting edge issues in the field.

The Chair in consultation with the President and the Board will appoint members of the Study Group. The term shall be for six years. Every two years, 1/3 of the members shall rotate off the Study Group and be replaced by new members. The size of the Study Group will be between 8 and 15 members and will include psychoanalysts and psychoanalytically informed social workers from varied backgrounds. Ideally, the members of the Study Group shall consist of clinicians and academicians who represent diverse regions of the U.S.

Please make nominations for Chair or Member, of self or other interested candidates to:

William S. Meyer, MSW, BCD  
President-Elect of the NMCOP  
6 Hampshire Ct.  
Durham, N.C. 27713.

Self-nominations are welcome. Please send:

- 1) a statement saying why you are interested in the position or are nominating the candidate, and indicate that the candidate is willing to serve if appointed; and 2) yours or the candidate's curriculum vitae. Earlier nominations are especially welcome but should definitely be received no later than December 30th, 1999.

The work of the Study Group may be well known to you. If, however, you would like additional information, please contact Bill Meyer, at the above address or at [william.meyer@duke.edu](mailto:william.meyer@duke.edu), who will send you a copy of the two most recent reports of that group, which were submitted to the Board in September of 1997 and January, 1999 respectively.



Diana Siskind  
Book Review Editor

## A PRIMER FOR CHILD PSYCHOTHERAPISTS

by Diana Siskind  
Jason Aronson, Inc.  
Publisher's Price: \$40.00

Reviewed by Susan B. Sherman, D. S.W.

Although Diana Siskind calls her indispensable new book a "primer," it contains essential information for both new and experienced child psychotherapists. At base, this book is not a "how to," rather, a "how to deeply understand and transform that understanding into practice," a much more fruitful enterprise. The book reflects the good common sense we all possess, but has eluded organization and documentation before now. It is also profound and original in confronting the thorny issues of work with children, which implies the often thornier work with parents, and here we are afforded new and thorough ways of thinking. In its question and answer format of a clinician posing questions to a very experienced mentor, this unique book literally raises the sometimes delicate, oftentimes wrenching and dumbfounding questions we routinely ask ourselves in our complex and demanding work as child psychotherapists.

The book is divided into two parts; Part I, *On Beginning*, and Part II, *The Treatment Process*. As these headings suggest, Siskind first examines the evaluation process, where she outlines the basic differences between treatment of children and treatment of adults, explaining how these differences affect the crucial engagement and assessment period with a new child patient, and how we share our findings and recommendations with both the parents and the child. In Part II, Siskind takes us from the not so pragmatic (we quickly learn) task of selecting materials for the treatment room to how we begin, how we manage the myriad problems of management and the "typical" but nonetheless difficult nitty gritty dilemmas we face in our work with children. For example, how do we handle personal questions asked of us, what do we do with secrets, gifts, and the parent counterparts; e.g., what do we do when they demand advice, don't pay their bills, have values that clash with our own? Additionally, there are chapters on the special problems encountered when

parents divorce, and how termination can be best negotiated. Throughout the book, Siskind helpfully italicizes ideas that she considers basic principles and places these again in an appendix, one of the most valuable appendices a child psychotherapist could own.

Very early in the book, Siskind states a major thesis of the book: "The child therapist has to stand equidistant to child and parent. Only when positioned that way can the therapist be alert to all the subtle shifts of affect and behavior that inform and guide our work" (p. 19). She has previously stated this position in her book, **Working with Parents: Establishing the Essential Alliance in Child Psychotherapy and Consultation** (1997). So many of her examples occur in that space where we attempt to negotiate the equal distance between us, the parents, and the child, and, as all child therapists know and Siskind vividly demonstrates, this challenging part of our work is where failures in child treatment most often occur. One cause of our difficulty in maintaining our place is the inevitable countertransference that arises, frequently with parents, when we overidentify with a child, wish to rescue him or her, and fail to see the parents as our patients, too.

In the arduous task of joining the parents as allies in helping their child, Siskind recommends being as "... mindful of our communications with the parents as we are of our communications with the child" (p. 19), and in acknowledging their attitude of hope in choosing to come to us, we reflect back a belief that things can change (p.33). One of many examples she gives that stands out is a situation in which a parent asks the therapist to babysit for a younger sibling during her patient's session while the mother does errands. The therapist feels offended and demeaned by the request. Siskind shows the therapist how to transform her strong countertransference reaction into formulating a clearer and more comprehensive diagnostic picture of the mother. The therapist realizes, through their mutual discussion, that she has not treated the parent as a person in her own right, that she may have reacted differently had she been working with an adult who was her "actual" patient. Siskind explains that when we experience what feels like "inappropriate" or "social behavior" from parents, we know we need to look further. What follows is a logical and reasonable approach to this parent which comes out of a full exploration of the many facets of the case. Each question in the book is treated in the manner of the preceding example; that is, the question we pose may not be what

we are really asking: "What do I do when..... ?" How we arrive at a solution to our dilemma can never be automatic, proscribed, or general, but must take into account what is going on inside the parent, the child, and the therapist.

The parts of the book that address interventions with children offer a wealth of both sound reasoning and guidelines. Siskind first thoroughly investigates a child's need for therapy, how one assesses a child's development, his/her readiness for treatment and the parents' parallel dynamic picture. She shows how play therapy can best be presented and explained to parents and children. Especially helpful is the chapter on "The Child Therapist's Office: Selection and Use of Play Materials," which offers not only quite specific and practical advice about setting up our space, but why, and most importantly how, we safeguard the special place and time we give to a child through its sameness, reliability, predictability and safety. In her discussion of a child's first session, Siskind emphasizes evaluating the level of anxiety of the child to determine both what he/she can tell us and hear from us. Listening carefully to the first communications, protecting the child's privacy, and how we establish the therapeutic alliance are beautifully elucidated.

Management problems are a given in child work. Siskind gives an example which reflects her belief that the therapist is "...the boss of the therapy situation," and "... implicit in this principle is the goal of helping the child become the boss of her affects and behavior, a person who can think and talk instead of just acting out" (p.102). We must always be in charge of defining, protecting and facilitating the therapeutic process (p.118). She describes a five year old psychotic boy who, after a long period of therapy, has a fifteen minute battle with her about taking home a crayon. A rule about objects not being removed from the office to preserve its reliability had been established at the beginning of the treatment. Siskind would not relent, insuring the strength of her commitment to help him. At home, no one said "no" to this boy; he had great difficulty achieving inner controls. At the end of the battle, the child finally says to his therapist, "I know you never let anything leave this office because you like me to always find everything looking the same ... when I want to take something home, you always say "no," always, always, always. You're like a traffic light, green is always walk and red is always stop. I wish you were on every corner" (p, 199).

Siskind discusses some special but not unique occurrences in which her approach is, as always, deeply thoughtful and often original. Such is her example of a 16-year-old boy who, during the consultation period, revealed he had attempted suicide on two previous occasions and was probably going to attempt suicide again. His parents were unaware of these attempts. She explains her intervention, which is to tell the boy that she will have to tell his parents, and because there will be a

breach of confidentiality, she knows she will unfortunately be unable to work with him, but will refer him to a very competent colleague. She explains why she did not try to get the boy's permission to tell his parents or to try to work out the breach of confidentiality within the treatment process: the heavy demands of her practice at that time would make taking on such a patient not in his best interest or her own. Her brave and honest approach and open discussion of this case is impressive.

Siskind includes an excellent bibliography for exploring the underpinnings of her ideas. This book also speaks to the necessity, not only for reading and re-reading the works contained in the bibliography, but for our own treatment, sometimes to return to treatment when our analyzing instrument hits a wall, and the need for ongoing clinical training and supervision because, without it, our most valiant attempt to master the important thinking contained in this book and to do our best work will not succeed. This is a book to keep on our bookshelf and frequently take down, read, re-read, teach with and learn from.

Susan B. Sherman, D.S.W., has an adult practice of psychoanalysis and psychotherapy and a child practice of psychotherapy in Manhattan and Long Island. She is on the faculties of the Society for Psychoanalytic Study and Research, and the Jewish Board of Family and Children's Services Clinical Training Institute, and on the adjunct faculty of Adelphi University School of Social Work.

*Please see Book Review on page 9*

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# PROVISIONAL DRAFT STANDARDS OF PSYCHOANALYTIC EDUCATION

National Accrediting Board in Psychoanalysis

## I. SELECTION OF CANDIDATES FOR PSYCHOANALYTIC TRAINING

Selection of candidates for psychoanalytic training involves criteria having to do with eligibility and suitability.) Evaluation of these capacities and qualities will be carried out by members of the institute's faculty by a process involving at least two interviews, at least one of which will include the presentation of clinical material. These preliminary evaluations then are to be reviewed and acted upon by an admissions committee or its equivalent.

Applicants for candidacy will not be excluded on the basis of race, color, gender, religion, ethnicity, age, sexual preference, or physical disability. An anti-discrimination clause will be prominently displayed in official publications of the institute.

### A. ELIGIBILITY FOR PSYCHOANALYTIC TRAINING

Eligibility refers to the requisite educational background and to the mastery of required skills.

1. To be eligible to undertake psychoanalytic training, a candidate will possess either an M.D., D.O., Ph.D., Psy.D., Ed.D., R.N. (plus a Masters degree with Clinical Specialist certification or Ph.D.), D.S.W., M.S.W. or other mental health degrees leading to certification or licensing in a mental health profession. It is the institute's responsibility to verify the applicant's credentials.

2. The applicant will have the ability to diagnose mental disorders and be capable of making differential diagnoses. She/he will be knowledgeable about psychodynamics and relevant treatment strategies. This should include a basic awareness of organic mental pathology and pharmacological regimens.

3. Psychotherapy training, preferably with both in and outpatient populations, with adequate, close supervision is required. Some supervision of psychotherapy by psychoanalysts is recommended.

4. It is desirable that applicants have had didactic and/or practical experiences that would provide a broad understanding of the cultural, economic, ethnic, religious, and racial backgrounds of the rich diversity of patients in the American population.

5. Institutes will be responsible for providing educational and clinical experiences prior to or during the candidacy of any applicants who do not fully meet any of the above requirements (e.g. academics, residents or graduate students).

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There are to be no disruptions in candidates' analyses, courses or supervisions as institutes address these accrediting requirements.

## B. SUITABILITY FOR PSYCHOANALYTIC TRAINING

Suitability refers to the personal characteristics of the applicant deemed necessary for psychoanalytic training. A candidate will show evidence of integrity of character, maturity of personality, reasonable indication of capacity and motivation for self-reflection, psychological mindedness, demonstrable clinical aptitude, and appropriate intellectual ability. Evaluation of these capacities will be carried out through interviews with members of the institute's faculty supplemented by such additional studies and examinations as are deemed necessary.

An ethics violation disclaimer will be part of a candidate's admission procedure. If an ethical violation has ever been alleged, the institute is responsible for reviewing the allegation and its disposition.

## II. PRACTICE

Candidates of accredited institutes are not authorized to represent themselves as psychoanalysts or to conduct analysis independently until such authorization is given by their institutes. After beginning training, candidates are not allowed to tell new patients that the patients are in psychoanalysis unless authorized by their institutes; the authorization to continue to represent oneself as an analyst once granted by an institute is contingent upon remaining in good standing as a candidate or upon graduating from the institute. Permission to undertake independent psychoanalytic treatment may be granted in the late stages of training prior to formal graduation.

## III. PSYCHOANALYSIS OF CANDIDATES

It is recommended that the analysis of candidates be conducted at four or five sessions per week on separate days. The minimum requirement is three sessions per week on separate days. Analyses of candidates are expected to extend for a period of three years or more during the period of training and to begin prior to or concurrent with the beginning of classes unless there are special circumstances. An Institute will have the option of recognizing only its own members to analyze its

candidates or of allowing. Its candidates to use recognized analysts of candidates from other Consortium institutes accredited by the National Accrediting Board in Psychoanalysis.

#### IV. EDUCATIONAL PHILOSOPHY

An Institute should demonstrate an open critical approach to the ever-changing corpus of psychoanalytic scholarship and research. The atmosphere of the institute is to be that of a community of scholars, respectful of the knowledge, experience and opinions of both faculty and candidates. The Institute should resemble a university in that the body of existing knowledge is critically examined and carefully considered; students and faculties alike are encouraged to seek new understandings through scholarship and research. An established Curriculum Committee, to include candidate input, will be in place to provide for a continuous review of curriculum and faculty performance.

#### V. CURRICULUM

The core curriculum will emphasize that the process of psychoanalysis includes (1) bringing unconscious elements into awareness, (2) recognizing the importance of developmental, social, cultural, familial, and interpersonal influences in determining the personality and (3) working with resistance, transference and countertransference phenomena to widen the analyst's understanding of self.

It is recommended that the didactic curriculum be conducted for a period of four to five years with a minimum requirement of three years. It is expected that classes will be conducted for a period of thirty or more weeks a year, with a minimum of three hours a week and a total minimum of 350 hours of classes.

The didactic curriculum will contain integrated sequences covering history, theory, development, and psychoanalytic technique from Freud to the present. Conferences and continuous case seminars will be offered to broaden the student's clinical experience and further the integration of theoretical concepts with clinical practice. It is expected that candidates for adult psychoanalytic training will be exposed to the basic data of child analysis. There may be programs within applicant institutes for child and adolescent psychoanalytic training, which the Board will also accredit.<sup>2</sup>

#### VI. SUPERVISED CLINICAL WORK

It is recommended that candidates undertake the supervised analysis of at least three adult cases, with a re-

quired minimum of two adult cases, at an expected frequency of four or five times a week, with a minimum frequency of three times per week. It is required that a patient of each sex be treated in supervision except in special circumstances.<sup>3</sup>

All supervision is to be conducted by supervising analysts duly accredited by the institute. It is recommended that two cases be supervised for at least two years and one case for at least one year; the minimum requirement will be one case for two years and one case for one year of supervision. At least 200 hours of supervision are recommended with a required minimum of 150 hours of supervision. It is expected that one case be supervised through termination before or after graduation.

When possible, it is recommended that candidates receive supervision from supervisors of different orientations and from supervisors of both sexes. It is considered proper educational policy that the candidate's personal analyst not be his supervising analyst. Since experience has shown that both training analysis and supervision benefit the candidate when concurrent, it is generally expected that the candidate be in analysis during a significant period of supervisory work. These numerical standards are subordinate to the goal of receiving supervision during the major phases of an analysis and demonstrating a capacity to establish, facilitate and understand an analytic process.

#### VII. EVALUATION

The institute will be responsible for evaluating the candidate's mastery of the educational experience at each successive phase of training and as a whole. Such ongoing examination of the candidate's clinical work as observed by supervisors and in the presentation of analytic cases is crucial. A Candidate Progression Committee will monitor the progression of each candidate.

### ARTICLES IN UPCOMING ISSUE:

- ❖ Book Reviews.
- ❖ Pull Out Section advertising Institutes
- ❖ An Editorial by Janice Victor

## VIII. RECORDS

Suitable records will be kept of the candidate's educational course and appropriate provisions made to ensure their necessary confidentiality. The records are to be maintained according to local standards.

## IX. ETHICS

Psychoanalytic ethics will be a prominent and ongoing emphasis in the educational program including a course/seminar on psychoanalytic ethics for candidates. It is required that there be a mechanism to investigate and act or reporter possible ethical violations.

<sup>2</sup> Criteria for training in child and adolescent psychoanalysis are yet to be developed.

<sup>3</sup> In exceptional cases in which the candidate did not treat a patient of one sex during training, It would be expected that, post- graduation, she/he would seek supervision for a case of that sex.

## X. FACULTY DEVELOPMENT

The Institute should demonstrate how its graduates are provided opportunities to prepare themselves for future training analyst appointment, e.g., opportunities for teaching (whether of candidates and/or extension division students) supervision (e.g., supervision of students in mental health professions) accompanied by feedback and/or evaluation of such experiences. In addition, seminars or study groups that provide instruction on teaching methods and further opportunities for peer review of ongoing clinical work (e.g., through study groups) are desirable as is encouragement of scholarly activity. A positive atmosphere should prevail in regard to progression and faculty development in the early postgraduate years. The newly graduated analysts should be primarily responsible for such a program although consultation with senior faculty may be an option.

Opportunity to attain faculty status, supervise and to become a training analyst will be based solely on merit. There is to be no discrimination in regard to faculty development based on the individual's professional affiliation. A special committee dealing with faculty progression will be responsible for training analyst selection. A candidate must have suitable analytic experience to be eligible for training analyst appointment. It is recommended that an applicant have had five consecutive years of post graduation analytic experience with 20 hours of analytic work per week with cases conducted at 4 or more times a week. Minimum immersion criteria for training analyst eligibility over the same

five consecutive years is 9 hours per week with cases treated at a minimum frequency of three times per week.

The special committee will examine the applicant's background for evidence of teaching and supervisory experience and explore the extent of the applicant's judgment, ethical standards, analytic skill, professional identity and commitment. The analytic skill of the applicant is to be evaluated through case presentations.

## XI. STANDARDS AND SITE VISITS

Institutes belonging to one of the component psychoanalytic organizations of the Consortium will also meet the training standards of their Association. The Board will provide consultation to help institutes meet its standards both prior to and following successful and unsuccessful applications.

Regular site visits for initial accreditation and reaccreditation will help maintain standards and provide consultation to enhance the educational programs of all participating institutes. A primary goal of site visits is to stimulate a process of self-study and self-scrutiny through a consultative, collegial process.

<sup>4</sup> If there is an interruption in the applicant's clinical immersion s/he will be expected to have equivalent experience.

**April 14, 15, 16, 2000**

**Association for Child  
Psychoanalysis [ACP] Annual  
Meeting, Miami, Florida.**

Non-members may attend under  
sponsorship of members.

*For information, contact:*

Stephanie Smith, ACP, Liaison to the  
Committee on Psychoanalysis in Clinical  
Social Work,

at [steviesmith@email.msn.com](mailto:steviesmith@email.msn.com)

or

Nancy Hall, Executive Secretary of the  
ACP at 201-825-3138 and  
[childanalysis@compuserve.com](mailto:childanalysis@compuserve.com).

*For more information about the Association for  
Child Psychoanalysis you may access the ACP  
Web Page: <http://westnet.com/acp/>*



## LOVE AND ATTACHMENT: CONTEMPORARY ISSUES AND TREATMENT CONSIDERATIONS

By Carol Tosone, Ph.D. and Theresa Aiello, Ph.D.  
Jason Aronson, Inc. 1999.

Review by Ellen Ruderman, PhD

Therapists treating individuals and/or couples confront difficult and age-old issue—idealistic love versus romantic love, diversity and conflict, distortions and unrealistic expectations, and the pains and travails of early attachments as they are reactivated in transference-countertransference relationships.

In their book, **Love and Attachment: Contemporary Issues and Treatment Considerations**, Tosone and Aiello have compiled an excellent array of articles touching on the complicated subjects of love and attachment. Each article highlights different challenges and issues faced by clinicians in everyday practice.

Tosone's *Illusion, Disillusion, and Reality in Romantic Love*, examines the nature of romantic love, offers an excellent literature review, and moves to developmental and diagnostic concerns dealing with such considerations as transitory love, addictive love, and the pathways leading to mature object love. Tosone's well-written piece comprises a fascinating coalition of psychoanalytic opinions on the subject of love, stressing the transformative nature of love relationships in mastering past traumas, and by her sensitive case examples, establishes the therapeutic or analytic situation as the center from which past traumas can be reworked and repaired.

*Clinical Practice with Intercultural Couples* by Soncini reminds therapists to be alert not only to their countertransference but to be sensitive to the history and cultural traditions of their patients. Case examples illustrate the extreme conflict caused when more constrictive foreign customs confront the focus on individuality and liberality in the United States. Soncini examines the special issues of intercultural marriage, i.e., gender issues, raising children, and other typical areas of conflict, enhancing ones clinical knowledge of the subject.

Rubin's work, *When Fathers Take care of Their Children*, speaks to the current concern with 'the forgotten father.' Rubin notes the pressures and paradoxes of today's working parents, incorporates the interplay between psychological, political, and legislative forces in highlighting the effects on gender neutral "family leave" and reminds us that "Life is changing both at home and

at work for working parents." She refreshingly focuses on the movement from gender-specific to non-gender-specific roles with a reflection by Pruett (1987). "...It is not mother's gender that determines her usual synchrony with the infant; when father is the primary caregiver, the infant and he are similarly attuned." Rubin's case examples are pertinent for the practitioner and her section on 'treatment issues' quite helpful. Her feeling that the male in becoming the sensitive caregiver to his child is "reaching for his best, generative self" left me with a more hopeful vision for the families of tomorrow.

Introducing **Part II, Dysfunctional Attachments**, Crandall's well-written *Barriers to Intimacy in Couples* begins with a succinct psychoanalytic literature review emphasizing Freud's (1923) and later Waelder's (1936) thinking. This article omitted what I consider the center of all developing human feelings vis-à-vis intimacy, namely the pre-oedipal or earliest relationship between the child and caregiver. Despite the author's inclusion of Bergmann's (1987) statement that "...every form of falling in love draws upon earlier loves by systematically uncovering past object relationships..." there is still a missing part in that Crandall's conclusion is that "The analytic resolution of the transference, with its attendant ambivalence and incestuous nature, permits the sublimation of pre-oedipal and oedipal love into a normal and reciprocal relationship in real life." This poses more questions than it answers, and is of interest for clinicians to expand the dialogue.

Wolchok's contribution, *Sexual Function and Dysfunction in Intimate Relationships*, proceeds from an assumption that healthy sexual functioning is essential to our well being. The author reflects on immediate causes of sexual dysfunction, and explores deeper relational problems and problems with intimacy, by using a rich case (Sarah) to underscore his thesis. The works of Kaplan (1974-1979) are stressed, with an enjoiner about the need for prevention, early identification, and treatment of sexual problems associated with medical illness. While overly structured, this article provides relevant information about sexual dysfunction, but would possibly benefit from expansion and integration of case illustrations used (Sarah and Tom) to balance the dense material offered.

Two excellent contributions, by Gilman and Friedman reflect on the earliest parent-child bond as the gateway to healthy or unhealthy future relationships. Gilman's, *Trauma's influence on Love and Attachment* goes right to the heart of early child-parent attachment and its profound effects on the development of self-representation and ego functioning. After defining sexual trauma, Gilman speaks to the clinical manifestations of sexual

Please see Book Review on page 12

trauma, and the constellation of recognizable defenses one sees in this kind of symptomatic picture. The works of Bowlby (1988) "...the pattern of attachment that an individual develops during the years of infancy, childhood, and adolescence is profoundly influenced by his relationship to his parents" and Fairbairn (1943) "the moral dilemma" are at the core of her thinking. Gilman then discusses the varying forms of responses to trauma—chemical dependency, self-mutilation, eating disorders, promiscuity, etc. The author's rich case of 'Cara' illuminates the repair a good treatment can offer with a secure holding environment and a sensitive other (the therapist) who becomes a transitional object to the trauma victim to "enhance the sense of secure attachment." I have found that Alexander's (1957) "corrective emotional experience" is often misunderstood as a completely supportive treatment with little in-depth exploration. Therefore, it was refreshing that she alludes to it stating the therapeutic alliance can be a primary corrective love relationship...and can provide the trauma survivor with the opportunity for healthy love and attachment."

Ellen Friedman's *Intimacy Problems in Addiction* continues in the same vein. She reflects upon Wurmser's (1978) view that substance abuse is motivated by intense intrapsychic conflict—not developmental arrest. Addicts have problems achieving intimacy because they feel profoundly worthless, a feeling created by childhood trauma. In the Object Relations camp, Friedman reflects Guntrip (1989) and Fairbairn (1941). "When infantile needs are not met, then childhood love may become love made hungry or love made angry." Further, she utilizes the work of Krystal (1970, 1978) who also attested to the severe pathology in object relations of the addict, adding that "...addicts suffer from an inability to recognize, name, and verbalize emotions. It is this inability that prevents addicts from knowing the correct responses to their feelings and to other people." Her case vignettes amplify the author's thesis in this excellent and exceptionally helpful article.

In **Part III, Attachment in the Therapeutic Process**, we are treated to three beautifully written analytically-informed, and, for me, clinically relevant contributions, those of Sorter, Rappaport and Rosiello. In *The Significance of Infant Attachment for Later Life and Adult Treatment*, Sorter accomplishes an excellent integration of early infant attachment theories. Her case presentation of John is exquisite and lengthy enough to establish the depth and sensitivity of the therapist and the secure working relationship with her patient. One not only reads this case experience, one feels it. Most impressive is not only the stated connection the author makes between attachment theory and infant research and its provisions for her of the non-verbal dimensions of the treatment, but the manifestations of that influence on her obviously

attuned and connected relationship to her patient, John.

Rarely have I enjoyed a paper as much for its comprehensiveness, depth, flow and originality as that of Rappaport's *Maternal Love and Its Manifestations in the Therapeutic Process*. Indeed, it puzzled me why Gilman, Sorter, Rappaport and Rosiello's paper did not immediately follow Tosone's for psychoanalytically developmental consistency.

Rappaport traces the concept of motherhood in Western culture, pointing to the narrow view of the mother's role held by classical analytic theoreticians, and emphasizing her own view of the mother as her own person. Rappaport gives us a rich historical view of the "pathologies of mothering" and flows to the liberation in thinking for mothers and, women in general, with the works of de Beauvoir (1952), Kristeva (1986) and Kraemer (1996) and Benjamin (1994) who reflects on the major tasks of motherhood as the regulation of the tensions between the mothers sense of herself and the child's sense of its own agency. Rappaport's case illustrations beautifully illuminate her points, and her focus on transference issues and, particularly, countertransference awareness in working with issues of motherhood, is well taken. In her conclusion, Rappaport urges that we free mothers from the blame they have received in society, recognize the need for therapists to attune themselves to the idea of mothers as "having their own rich subjectivities that inform the mother-child dyad...and become clearer in our recognition that mutuality between mother and child is present from the beginning."

While I am not of the self-psychology persuasion, I nevertheless, found Rosiello's notions of erotic transference, in *Transference Love, Eros, and Attachment*, as a facilitating function toward therapeutic repair," and her awareness that "The reparative effect of transference love matures in the analyst's receptivity and participation in a unique mutuality of affect in the therapeutic relationship," enlightening. Rosiello aptly traces the contemporary psychoanalytic literature on erotic transference, with its focus on the "...two-person perspective as an innovative approach to cure, emphasizing the influence of both analyst and patient operating in a new relational experience..." Her examples include helpful illustrations from an AIDS group she led, as well as her treatment of June. She concludes her article by stating "...the reparative effect of transference love develops in the analyst's evocation, receptivity, and participation. In a distinctive mutuality of affect in the therapeutic relationship..." giving us a more complete vision of the analyst at work, and a beautiful and fitting end to the book.

Each contribution to this book offers a differing perspective with relevant clinical examples to amplify the

subject area. In varying degrees, each imparts, in the spirit of ongoing learning, a high degree of edification or illumination for the practitioner. My thanks, and the appreciation of many clinicians, to Tosone and Aiello for the gift of learning they have given us.

Ellen G. Ruderman, Ph.D. Encino, California  
September 1, 1999  
Training and Supervising Analyst, Los Angeles Institute for Contemporary Psychoanalysis; Chair, Southern California COP; Consulting Editor, Clinical Social Work Journal; Private practice, Los Angeles, California.

## Profiles

### PROFILE OF PATRICK J. CASEMENT

By Gail Steger, Ph.D, B.C.D.

It is fitting that Patrick J. Casement will be prominent at the Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work in January 2000. He is a social work psychoanalyst, a training analyst of the British Psycho-Analytical Society, and a world renowned educator. His work on the interactive communication inherent in psychoanalytic therapy lies on the cusp of significant psychoanalytic considerations as we approach the millennium.

We are extremely fortunate that Mr. Casement will bring his expertise to several events at the conference. He will conduct a live supervision in the morning of the all day pre-conference seminar; and, in the afternoon, he will participate in a panel which will discuss a live supervision from different orientations. He will also be a Distinguished Speaker at a plenary session and present a paper which he calls "Getting There: the Unfolding Potential of Psychoanalysis, a Personal View. "

In his remarkable book **Learning from the Patient**, now acclaimed as a modern classic, Mr. Casement tests the utility of familiar psychoanalytic theories and techniques in the clinical setting, freshly scrutinizes his own work, and evolves pivotal new concepts. Some of his significant additions to the analytic compendium of ideas are internal supervision; *trial identification with the patient, communication by impact; the dynamics of containment, the communication of hurt; the pain of contrast, and unconscious hope.*

*Social Work Today* states, "Some of Casement's observations are nothing short of brilliant." The

*International Journal of Psycho-Analysis* states "It will be of indisputable interest to those who seriously wish to find out what happens in the psychoanalytic consulting room and how clinical concepts are applied in practice."

Following is an abbreviated version of an interview conducted with Mr. Casement in cyberspace on January 5, 1999:

#### Professional Affiliation

GS. How did your training and experience as a social worker affect your work as a psychoanalyst?

PC. Having worked as a social worker it was no longer possible for me to ignore the impact of environmental influences upon peoples' lives. So, it came naturally to me to be aware of the effects of external reality in the lives of my patients; and, in the consulting room, I similarly became aware of the far-reaching effects of the analyst as 'participant observer.' We, as analysts, can quite seriously affect how a patient is experiencing us in the session. When this phenomenon is overlooked some profound misunderstandings of the patient may emerge. My attention to interactive communication is, I am sure, a direct reflection of my earlier work as a social worker.

But there were problems too from having been a social worker. For instance, in the course of my training as a psychoanalyst, it remained difficult (for years) for me to focus clearly enough upon the internal world of the patient. This became a constant struggle for me to find a proper balance between the internal and the external worlds of a patient in analysis. It remains a task, I believe, for all analysts to seek that balance.

GS. Are there other issues that relate to social workers conducting analytic work?

PC. Certainly, the wish to reassure is one major issue. We have to learn that the only person who is likely to be reassured is the person giving the reassurance. Patients are likely to read reassurance, unconsciously, as an indication that the analyst is seeking to be protected from the ongoing bad experiences that are being brought by the patient. The patients may then deduce from this that they 'should' split off those more negative experiences from the therapy.

Another problem is that of seeking to be the 'better' parent: trying to 'cure' a patient through providing better experience—and, with this, a tendency to get into trying to provide a 'corrective emotional experience.' This mode of relating may be a most seductive and compelling idea, particularly for social workers, but the risk always is that

Please see Interviews on page 14

INCLUSIONS AND INNOVATIONS:  
VISIONS FOR PSYCHOANALYSIS IN THE NEW MILLENNIUM  
**The 7th Conference of the National Membership  
on Psychoanalysis in Clinical Social Work**

Sponsored by the National Institute for Psychoanalytic Education and Research, in Clinical  
Rosemarie Gaeta, Conference Director      Judy Ann Kaplan, Program Chair

**THIS IS AN EVENT NOT TO BE MISSED!**

**CONFERENCE HIGHLIGHTS**

**Nationally Renowned Speakers (Partial listing)**

Harold Blum, Director, the Sigmund Freud Archives

Patrick Casement, Training Analyst, British Psycho-Analytical Society.

Anne Roiphe, Author, 1185 Park Avenue

Jean B. Sanville, Author, Playground of Psychoanalytic Therapy

Leon Wurmser, Author of 300 scientific articles and 8 books.

**Film: "You Call Me By My Name"**

This documentary film created by two practicing psychotherapists and a professional screenwriter is about the homeless and the complex link between physical and psychic hunger. The title "You Call Me by My Name" is taken from a line uttered by a homeless hungry man to a volunteer who offered him more than food by injecting his name. The film will be followed by a panel that will address aspects of interpersonal and intracultural dialogue.

**A Workshop on Professional Writing**

Diana Siskind, Chair

This three hour workshop on professional writing will have a dual focus. First a panel of published authors will discuss their personal journeys into the writing process: how to begin, and what it takes to get from an idea to a finished product.

Following this, a panel of book and journal publishers will talk about what they look for in manuscripts and how authors should go about approaching publishers and submitting their work.

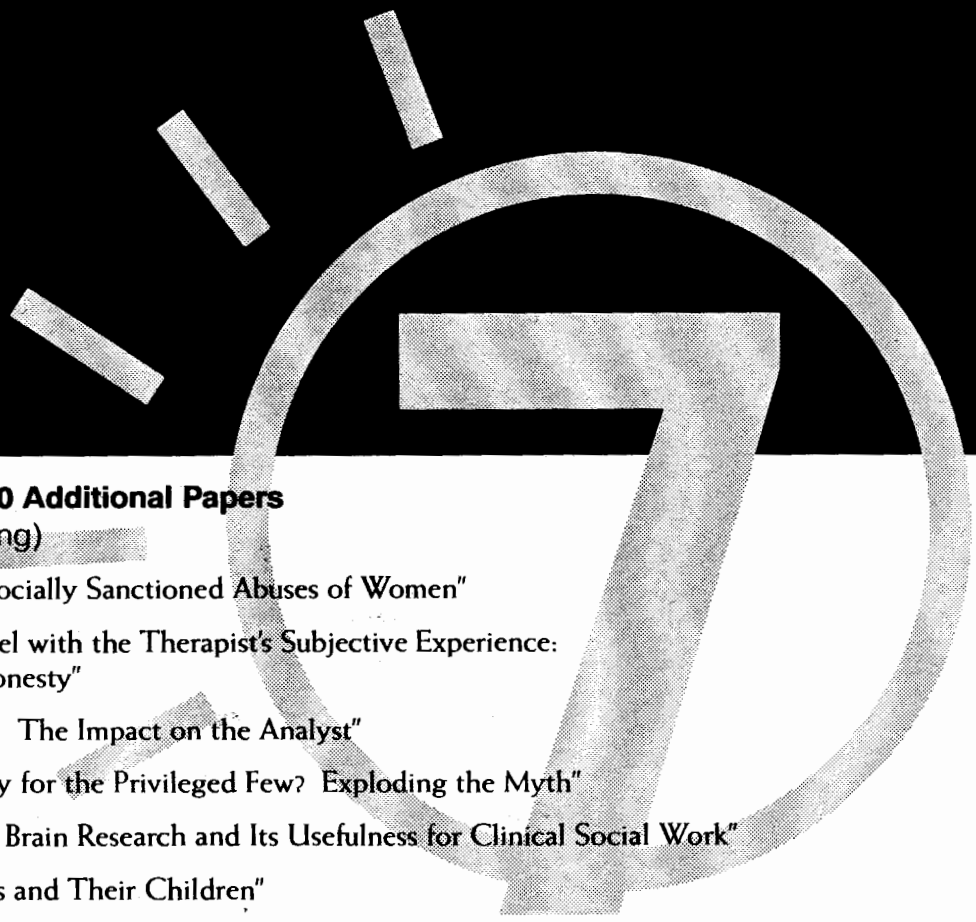
A discussion between authors, publishers and the audience will follow these presentations. All you've always wanted to ask about being published will be addressed during this discussion.

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"Is Psychodynamic Practice Only for the Privileged Few? Exploding the Myth"

"Minding the Brain: Progress in Brain Research and Its Usefulness for Clinical Social Work"

"Optimizing the Lives of Parents and Their Children"

"Using Computers in Your Professional Life"

"Love and Hate and Growing Up Female"

"Psychoanalytic Lesbian Rulers: Tools for the Millennium"

"The Life Stage of the Psychoanalyst: Its Implications for the Treatment Milieu (Illuminations and Epiphanies)"

## All Day Pre-Conference Seminar

**"Meaning & Transformation: Interplay between Supervisor and Supervisee"**

**Thursday January 20, 9AM-5PM**

Co-Chairs: Roslyn Goldner / Gail Sisson Steger

The day of training will include a morning of live supervision with Patrick Casement as supervisor. An afternoon panel with Patrick Casement, Crayton Rowe, and Leon Wurmser, who will discuss a second live supervision from different orientations.

## Conference Registration Fees

Schedule	Postmarked by:	Member	Non-Members	Thursday Pre-Seminar Day 9AM to 5PM
Pre-registration	1-7-00	\$275*	\$330**	With Conference Registration   \$100
At-the-door	1-20-00	\$300*	\$355**	Thursday Day Rate Only   \$115

\*The above tuitions include Saturday Luncheon and Thursday night reception. Please make your check out to NIPER. Mail payment to MCH Associates, 10 Plaza East, Suite 2F, Brooklyn, NY 11238. Attn: Catherine Herrera. Fax: 718-398-9518. Eml: carbkny@aol.com

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the worst in a patient's experience may then come to be by-passed rather than really worked through.

I fully agree with Robert Langs, when he says that the analytic good object is not that which is better but that which can survive being used to represent the worst in the patient's experience. This joins up naturally with Winnicott's idea of the patient's need to use the analyst to represent the bad object, needing the analyst 'to survive in his/her own right rather than through the patient's omnipotent protection of the analyst.

GS. Are there certain ideas or bodies of work that you would consider significant influences in the development of your ideas?

PC. A major influence, throughout my work has been that of Winnicott. It has often struck me that I have not really understood Winnicott's more difficult ideas, like that of the 'Use of an Object', until I have myself been grappling with similar clinical phenomena. And I have also noticed that I have not been able to apply Winnicott directly to my clinical work: it has more often been a matter of discovering what he has been writing about through my own clinical experience, when this has touched upon particular aspects of that.

Another influence, in the 1970's, was the work of Robert Langs. I have found his idea of unconscious supervision by the patient very useful, similar as it is to the ideas of Searles in his paper "The patient as therapist to his analyst." But I later parted company with him because of what I regarded as his dogmatism and his so-called scientific predictions in his work with supervisees. In my opinion, it is much too easy to use analytic theory to 'make' connections—wherever we wish to see things as connected. But it does not mean that these connections are as genuine as they may seem. Rather, I have come to prefer the non-certainty and open-mindedness that I had learned as a member of the Independent Group of the British Society.

#### Casement Ideas

GS. What would you consider to be a few of your most significant concepts?

PC. Of course I have focused upon the processes of learning from the patient, similar as they are to a mother learning from her infant, or parents learning from their children—when they are prepared to!

Also, the process of *internal supervision* is another: learning to monitor ourselves in the session, including the patient's experience of the analyst. And, as part of that, I focus upon *trial identification with the patient*

(particularly in the session with the analyst) to help us to consider the patient's possible experience of how we are with the patient, and how we are interpreting, particularly bearing in mind the patient's history and particular sensitivities. This also includes developing an awareness of the covert communication that may be contained in the manner of our interpreting: whether it be directive or deflective; blaming, critical or even contemptuous; manipulative or persuasive; encouraging or reassuring, and sometimes (by implication) also seductive; and much else. Patients are always forming their own impressions of the kind of person the analyst is.

I also believe that there is great value in being aware of a patient's *communication by impact*, in that this may help us to become aware of the communication in a patient's difficult behavior, as well as the *unconscious hope* that the analyst may be able to respond to the communication inherent in behavior rather than just reacting to it --as most others may have done.

Another idea that I still wish to write about more fully is that of the *pain of contrast*, whereby a patient may experience some good experience with a caring analyst as painful -- in that it may highlight the absence of a similar good experience in the patient's earlier life. This comparison may sometimes be so painful that a patient may seek to undermine the experience, or to spoil it, and the motive for this reaction may not always be just that of envy or that of the negative therapeutic reaction. I think that sometimes there is another dynamic operating here.

GS. How do you conduct a supervision?

PC. I like a supervisee to describe a session in sequence and I try to follow it at various 'focal lengths': the bird's eye view, to see the overall shape of things--the 'wood as well as the trees'-- and a more close-up view, to consider how a patient may be responding to the manner of the analyst's communication as well as the content. I also look for more ways than one for understanding a clinical sequence, so that we do not too readily focus upon some particular understanding that may at first occur to us.

GS. What ideas are you currently working on?

PC. In particular, I am interested in the *importance of non-certainty as compared to certainty; finding connections clinically rather than making connections from theory, refinding theory in clinical practice rather than theory being applied or 'imposed' upon clinical data.*

GS. What articles have you written since the book was published?

PC. 1993 "Towards Autonomy: Some Thoughts on

Psychoanalytic Supervision”, *J. of Clinical Psvchoanalysis*,  
Vo. 2, 3:389-403.

1994 “On the Wish Not to Know”, in *Treating Survivors of  
Satanist Abuse*, ed. V. Sinason, 22-25, Routledge.

1998 “Objective Fact and Psychological Truth: Some  
Thoughts on ‘Recovered Memory’” in *Memory in Dispute*, ed.  
Valerie Sinason, 179-184, Karnac, London.

1999 “In Whose Image?”, in *Beyond Belief: Psychotherapy  
and Religion*. ed. Samuel Stein, Kamac, London. [in press].

2000 “The Issue of Touch: a Retrospective Overview”.  
*Psychoanalytic Inquiry* [in press].

### Teaching

GS. What do you like to teach?

PC. My preferred teaching exercise is in my clinical  
workshop on “Internal Supervision in Process.” In this  
workshop I aim to teach largely through questions and  
through direct experience, as in encouraging participants to  
imagine themselves in the place of the patient (with the  
patient’s particular history and sensitivities) or in the place of  
the therapist. I like to practice with clinical vignettes,  
‘playing scales’ as in preparation for making music, inviting  
participants to consider a range of possible ways of  
understanding some clinical sequence rather than seeing only  
one. I also like to consider the contrasting implications of  
different ways of responding to a patient, considering each  
from the patients point of view.

### Other Interests

GS. I understand you are a pianist. Please tell us something  
about your involvement in music. How does that involvement  
impact your professional self?

PC. I am much involved in music, in listening to it and in  
making music. I do not regard myself as a ‘pianist’, as such,  
but I love working at and playing the piano, seeking to give  
expression to the ‘spirit of the music’. I see technique as that  
which we develop as we aim to achieve this ‘spirit of the  
music’, and therefore as secondary to the actual making of  
music. So, technique can be midwife to the music, but it  
should never become its master. As with psychoanalytic  
technique, it should be servant to the analytic process: it  
should never be allowed to dominate in our work with  
patients.

## **PROFILE: DR. HAROLD P. BLUM, M.D., KEYNOTE SPEAKER: INCLUSIONS & INNOVATIONS**

By Roslyn Goldner, DSCW, BCD

Dr. Harold P. Blum has always had a keen interest in the  
psychoanalytic understanding of human behavior. His  
name conjures up the picture of a man dedicated to the  
infinite and inclusive ideas associated not only with  
psychoanalytic theory but the way psychoanalysis has  
impacted on the ever evolving world around us. In that  
vein, Dr. Blum first proposed the recent Library of  
Congress exhibition, “Sigmund Freud: Conflict and  
Culture.” He advocated for this inspiring show and as the  
Senior Advisor helped in conceptualizing and editing the  
display that highlighted Freud’s original contributions to  
psychoanalysis. As the Executive Director of the  
Sigmund Freud Archives, housed in the Library of  
Congress, he has also worked to make these previously  
tightly guarded papers available for scholarly research.  
His talent for understanding the significance of heritage  
is also reflected in his being the Chair of the Committee  
on Archives and History of the International  
Psychoanalytic Association from 1994 to the present.

Yet, he is better known for his work as Editor-In-Chief of  
*The Journal of the American Psychoanalytic Association*  
from 1973 to 1983 and for his work on numerous other  
editorial boards. But, he is best known for his many  
wonderful papers that touch on every aspect of  
psychoanalytic theory and technique including applied  
psychoanalysis. His papers on dreams: “Color in  
Dreams,” “Notes of the Written Dream,” “Dreams and  
Free Association,” and “The Clinical Value of  
Daydreams and a Note on Their Role in Character  
Analysis” have been a veritable watershed of new ways  
of looking at this important topic. We could find equally  
great commentary on transference, counter-transference,  
defense and insight to name just a few of the themes Dr.  
Blum has explored in depth. In fact, he has written 105  
papers to date not including two currently in progress.  
He authored the book, **Reconstruction in Psychoanalysis**  
and gave new meaning to the concept. He edited four  
other major volumes including one on **Female  
Psychology** and another on **Psychoanalytic  
Explorations of Technique**.

Those who are familiar with Dr. Blum know that he is a  
gifted speaker who has been twice chosen to give the  
Plenary Address at the meetings of the American  
Psychoanalytic Association; and was thrice chosen to  
give the Freud Lectures. The latter took him to Vienna,  
London and New York. He additionally was twice given

*Please see Profiles on page 18*

# "INCLUSIONS AND INNOVATIONS: VISIONS FOR PSYCHOANALYSIS IN THE NEW MILLENNIUM"

JANUARY 20th - 23rd, 2000 AT THE NEW YORK MARRIOTT HOTEL, WORLD TRADE CENTER

A Message From The Conference Director and the Program Chair Rosemarie Gaeta and Judy Ann Kaplan

Our Conference, to be held January 20 -23, 2000, at the New York Marriott World Trade Center, is entitled, "Inclusions and Innovations: Visions for Psychoanalysis in the New Millennium." Our exciting program stresses the increasing relevance of psychoanalytic thought to the wide range of problems faced in clinical social work practice. Our overall purpose is to break new ground in the field of psychoanalytic social work. We have the opportunity to explore basic issues, such as the historical roots of our discipline, as well as innovations at the cutting edge of practice and scholarship.

Our program is deeply seated in our psychoanalytic history, (the 100th Anniversary of Freud's publication of *The Interpretation of D*), as well as in our clinical social work psychoanalytic history, (the 20th Anniversary of the founding of the NMCOP), and thereby provides the frame for a creative approach to our current and future needs. The very makeup of our program reflects a cognizance of our past, and of our future, which assures a blend of our collective memory and contemporary fresh perspectives. Our program links two spheres and rests on both, allowing for inclusions and innovations, and allowing for transitions that bind continuity and change.

We want to encourage active, critical thinking. We also want to encourage writing and publishing by psychoanalytic social workers. Now is the time when we, as clinical practitioners, must communicate our views to the field-at-large. This is imperative for the advancement of psychoanalysis as well as for the visibility of the clinical social work psychoanalyst in the new millennium.

For some clinicians, the art of writing down one's thoughts in publishable form can be a daunting, anxiety producing experience. Some clinicians have interesting ideas but feel hampered by their own insecurities and resistances. Others have little difficulty expressing themselves in written form but may feel intimidated by the process of generating original and innovative ideas within the body of psychoanalytic knowledge.

We want to encourage writing. Our Pre-conference Writing Workshops, our Conference Workshop on Professional Writing and our Luncheon Speaker, Anne Roiphe, who will address us "Writing: Art or Therapy?", will help all of us develop a critical sensibility about psychoanalytic writing.

Anne Roiphe comes to us from another realm of the world of words. She has written seven novels and a number of non-fiction works including *Your Child's Mind* (1985), co-authored with her husband, psychoanalyst Dr. Herman Roiphe, and her recent memoir, *1185 Park Avenue*.

Her discussant, Jean Olivia Roiphe, M.D., psychoanalyst and stepdaughter, is also the author of numerous publications.

As the new millennium begins, it is imperative that we keep up with the many new demands placed on our practices by being familiar with and utilizing new technology. We plan to help our Conference registrants stay abreast of the times by encouraging computer use for writing as a research tool, and as a doorway to expand communication with other clinicians. Besides an individual workshop devoted to this theme, several computer companies such as PEP CD-Rom and Psychoanalytic Connections will be in attendance at the Conference on Friday and Saturday to present an informative and exciting exhibit.

The next century will bring the advent of new, unimaginable technologies in brain intervention, as well as medications with steadily more refined modes and sites for action. Telephone treatment, e-mailing, and video conferences will be more frequent. Space-time continua are shifting where and how, psychoanalysis and its clinical impact move in these new arenas.

We want to encourage research. Psychoanalysis and psychoanalytic psychotherapy face challenges in the new millennium from many quarters, particularly from the external communities including psycho-pharmacology, insurance, and the media. The question from all these fronts is, "Is psychoanalytic treatment effective?" There is a divergence of opinion as to whether empirical research provides the answer. Come to our research panel, "Clinicians As Researchers." As clinicians we focus on practice and technique from multiple perspectives and include issues of transference, countertransference, enactments, establishment of an alliance and creation of a therapeutic holding environment.

We want to meet the challenge of psychoanalytic pluralism, the one and the many. We have included ego psychology, object relations, Klein, self psychology,



relational theory, neurobiology and developmental theory. Comparative psychoanalysis and psychoanalytic psychotherapy, its assumptive base and its implications for technique, form a continuing theme. Common ground or inclusiveness gives us cohesiveness, pluralism gives us dynamic force.

Our theme is mindful of our social work, psychoanalytic commonality, and is inclusive of clinicians practicing in a wide range of settings and on a diversity of people: children, adolescents, young adults, adults, senior adults across all life stages.

Our program includes seven papers, panels and/or workshops on Contemporary Problems of Children and Adolescents, as well as panels on Life Stages and on The Impact of Catastrophic Events on the Analyst, and issues of aging, including sexuality.

Our All Day Pre-Conference Seminar, "Meaning and Transformation: Interplay between Supervisor and Supervisee" sponsored by the National Study Group on Social Work and Psychoanalysis of the NMCOP, will offer an in-depth look at supervision with live interactions from a multiplicity of views.

Our diverse group of patients crosses the divisions of race, class, sexual orientation and physical health. This includes populations who have been severely traumatized, and who present severe pathologies such as childhood sexual abuse, family violence, substance abuse, positive HIV, depression, and eating disorders.

Our focus on sexuality includes papers on gender, age and sexual preference.

The increasing relevance of psychoanalytic thought is demonstrated by our many program elements relating to the social and political universe, such as our political panel, "Psychoanalysis and Political Action—Strange Bedfellows?" How can analysis and social work protect themselves and contribute to society in the face of growing restrictions of the private sphere?

We want to meet the challenge of cultural diversity. Our program Sunday morning "Intracultural and Intercultural Dialogue," will address these issues. Following the Plenary Speaker, Jean B. Sanville, Gail Sisson Steger will speak on "Symmetry in Cultures: A Point of Departure for Psychoanalytic Theories" and Rosemarie Perez-Foster will address "The Power of the Mother Tongue in Psychodynamic Processes." A documentary film, "You Call Me By My Name," will also be presented. It was created by Robert C. Jones, a screenwriter and editor, Sylvia Hirsh Jones and Deborah Stern. The latter two are practicing psychotherapists and psychoanalysts. Original music written by Sean Franks

captures the primitive and haunting nature of the subject. The film represents an attempt to understand how and why we live with the discrepancy between the haves and have-nots in our culture, and the impact of this discrepancy on hunger, not only literal, but also for needing, connection, and identity.

Now is the time when we as clinical practitioners must communicate our views to the field at large. This is imperative for the advancement of psychoanalysis as well as for the visibility of the clinical social work psychoanalyst in the new millennium.

The dilemmas we face and resulting innovative ideas in the second century of psychoanalysis will certainly stimulate new challenges and questions so essential to the continuing evolution of psychoanalytic thought.

The diversity of our program, papers, workshop panels and plenary presentations will provide a rich learning forum which draws from the experiences of prominent speakers - Harold Blum, Patrick Casement, Jean B. Sanville, Leon Wurmser and many more—men and women who have distinguished themselves locally, nationally, and internationally as teachers, authors and practitioners.

Our focus on the future includes the past, and the past and the future interact to make the present.

Our Conference program provides a forum where understanding joins creativity and conjures new shapes and patterns. Please join us. We look forward to your active participation in our rich and stimulating Conference.

For further information contact:  
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**Copy Deadline**  
**for our next issue is**  
**January 15, 2000**

the Mary Sigourney Award for his contributions to psychoanalysis. His other honorary lectures and awards are too numerous to mention. Besides being able to play with ideas, Dr. Blum's delivery is engaging and even electric. He wants to communicate and does. He shares his expertise as a means to stimulate alternative thought as that in turn becomes food for his mind; and, maybe even another paper.

In 1956, prior to Dr. Blum's having entered psychoanalytic training, he published his first psychoanalytic paper, "Van Gogh's Chairs in The American Imago. Just as Picasso painted Gertrude Stein the way we see her, Van Gogh's Chairs have often been taken as a focal point in discussing the mind and work of this great artist with art critics citing this significant paper. Dr. Blum's broad interest in the arts was reflected in the magnificent conference on "Psychoanalysis and Art: The Artistic Representation of the Parent/Child relationship" that was held in the Palazzo Vecchio in Florence, Italy in 1997. Among the treats that Dr. Blum helped arrange for the attendees, we were awarded with special tours of the Uffizi Museum guided by their own staff of experts.

As we look forward to having Dr. Blum as the keynote speaker, I want to share the sentiments of Anna Freud in a letter dated the 13<sup>th</sup> of November, 1978. She expressed that she was "writing to let you (Dr. Blum) know how much I enjoyed your paper on 'Insight' which I received as part of the Symposium. It is so rare now that one can read a paper by a real analyst and I cannot help feeling grateful for that." I expect we will all have similar experiences when Dr. Blum amplifies his own ideas on the Exceptions stimulated by Freud's paper, "Some Character Types Met With in Psychoanalytic Work."

## PROFILE: PATSY TURRINI, AN EARLY EXPLORER IN THE WORLD OF INFANT MOTHER INTERVENTION

By Miriam Pierce

Patsy Turrini, SW, BCD is the author of many articles as well as co-author of the book **Separation-Individuation: Theory and its Application**. She reaches, supervises and is in private practice in psychotherapy and psychoanalysis in Long Island, New York. She has been working with Mother's Centers since its inception.

Miriam Pierce, CSW, BCD is in private practice in psychoanalysis and psychotherapy in Manhattan. She is currently involved in the study of early infant-mother dyadic intervention and treatment.

*Int.* Patsy, you have been involved in promoting Mothers' Centers for many years now. In fact, since its inception in 1972. What was the inspiration for your innovative approach to exploring early developmental influences?

*Patsy* My first awareness of a need for mothers to be able to share their experiences came when I became a new mother, and I felt so uncertain and anxious. My fully prepared-for-motherhood mental image of myself (I was a social worker, I'd read, I'd taken the courses) was in complete contradiction to the uncertainty. And then there was my isolation: no job, no neighbors, no mother nearby, and no place to find out what this new mother experience was about. With the awareness of these feelings, I began to hear

### Psychoanalytic Sites on the World Wide Web

- National Membership Committee on Psychoanalysis in Clinical Social Work: [www.nmcop.org](http://www.nmcop.org)
- PsyBC: Symposia with panel discussions of psychoanalytic papers: [www.psybc.com](http://www.psybc.com)
- American Psychoanalytic Association: [www.apsa.org](http://www.apsa.org)
- The Psychoanalytic Connection - Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA and the Analytic Press. [www.psychoanalysis.com](http://www.psychoanalysis.com)

clients and friends speaking about the stress of mothering in a new way. There was similar stress.

A second factor influenced my developing interest in a Mothers' Center. When my children were small, studying developmental theory at the Institute for the Study of Psychotherapy began to provide answers to the perplexing behavior I was seeing in my own children. I became increasingly convinced of the profound importance of the ego development knowledge for the understanding of children, adults and self.

*Int.* In our discussions previously, you mention the significance of psychoanalytic research and the discoveries of Margaret Mahler and her collaborators.

*Patsy* Well yes, I am a serious student of psychoanalysis; had studied with Gertrude and Rubin Blanck. They were masters of the application of theory to practice. Mahlers' work found the key to early development and what mothers need to know about their babies. She was able to demonstrate that mothers were "the beacon of orientation" for their infants and this had profound meaning for both infant and mother.

*Int.* The Mothers' Centers are not only a national organization, but international as well. It must have taken years of devotion, but the getting started could be the challenge. How was it done?

*Patsy* You're right, lots of help came from the mothers themselves. I also had the good fortune to be working at the East Plains Mental Health Center at its inception in 1972. The medical director, Arthur Sternberg, said he was influenced by three major sources: Freud and Psychoanalysis, Buckminster Fuller and the non-linear concepts, and the Women's Movement. He wanted to develop a Community Center and approved The Mothers' Project. The Mothers' Project at that time was a three hour project for the purpose of determining the needs of mothers in the catchment area (local area), possibly emerging into a program in which prevention of mental illness could be attained.

In the fall of 1973, Wendy Kilgannon, a volunteer at the Mental Health Center, offered to conduct an adult women's program, a Body Awareness Course. The course was not approved, but Wendy agreed to work on The Mothers' Project.

Wendy, a young, gifted woman in her twenties, a

mother of four, was infused with the spirit and knowledge from the women's movement and her activities in consciousness raising. She was anxious to explore new pathways which could lead to career plans, and saw social work as one possible choice. She brought her friend, Janet Miller, a talented mother of two, and an English para-volunteer. The four of us forced ourselves to talk about all of our pregnancies, from conception through the end of the first year of the child's life. We spent about twelve hours putting together our experiences and questions, and ended up with the Post Natal Questionnaire which has about two hundred sixty questions.

We advertised:

### NEW MOTHERS WANTED

The East Plains Mental Health Center of FamilyService Association wants women to assist in a research project on the female needs during pregnancy, childbirth, first experiences with an infant and related subjects. Women participating should have delivered a child from two to four years ago. Volunteers will be asked to take part in six two-hour discussions. The project will begin when the Mental Health Center is contacted by a sufficient number of volunteers.

For the next three days, the phone rang at the Mental Health Center. Names and phone numbers were taken by the surprised switchboard staff, and then began the chaotic, intense work that has not yet stopped.

*Int.* How many Mothers' Centers are there in the U.S.?

*Patsy* It varies from over 100 to currently about 50 now.

*Int.* What is the current challenge?

*Patsy* We have been doing research at the centers. Henry Parens' work on aggression and development is being translated into information that can be passed along to the mothers. Setting limits, handling rage and temper tantrums, etc. The challenge is how to make psychoanalytic theory not only relevant to parents but to make it "user friendly." Psychoanalysis has been given bad press and is misunderstood by the general public and the media.

*Int.* That is a major problem. The work you've been

*Please see Profiles on page 20*

promoting has given us some good press.

**Patsy** It is especially important now that mothers are expected to be "overnight mothers" as hospital stays are limited and support systems are also limited by less availability of extended families.

**Int.** How are the Mothers' Centers being promoted in other countries?


**Patsy** It is different. The government may offer financial aid. For instance, in Germany there are about 300 Mothers' Centers, but that is a part of their health care system and run with a different philosophy. I've been trying to keep the richness of psychoanalytic thinking and research as the "guiding light" in how we pass along information to our parents. The Mothers' Center model holds to the principal and practices that psychoanalysis and especially the findings of separation-individuation theory provide essential information to mothers—and women—that will serve to enlighten and help them with their own families' needs.

**Int.** Parent, so there are fathers around?

**Patsy** Yes, but it has been the mothers availability to our communities that provided the energy and the creativity for mobilizing the work of the centers.

**Int.** I am looking forward to your presentation at our upcoming meeting, *INCLUSIONS AND INNOVATIONS*. I know you will be presenting along with Henry Parens. The various panels in the child track of the conference are topics of current concern for all of us working with not only children, but parents and grandparents as well. Thank you Patsy for your generosity in spending this time telling us about your work bringing the contributions of psychoanalytic discoveries and research into the larger community.

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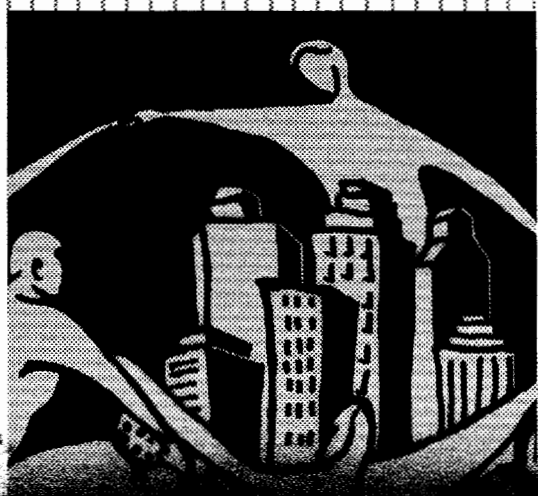
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Jeffrey Seinfeld, Carol Tosone

**PAPER FOLLOWED BY SEMINAR - MINDING THE BRAIN: PROGRESS IN BRAIN  
RESEARCH AND ITS USEFULNESS FOR CLINICAL SOCIAL WORK**

Presenter: Colnar Simpson  
Moderator: Barbara Berger

**PAPER - LOVE AND HATE AND GROWING UP FEMALE**

Presenter: Phyllis Tyson  
Moderator: Stephanie Smith

**PAPER - THE 'PLAY RELATIONSHIP' AND THE THERAPEUTIC ALLIANCE**

Presenter: Morton Chethik  
Moderator: Louise Crandall

**PAPER FOLLOWED BY PANEL - THE LIFE STAGE OF THE PSYCHOANALYST:  
ITS IMPLICATIONS FOR THE TREATMENT MILIEU (ILLUMINATIONS AND EPIPHANIES)**

Paper-Presenter: Ellen G. Ruderman  
Moderator: Chad Breckenridge

Panel-Panelists: Jeffrey Applegate, Rosalyn Benitez-Bloch, Martin Bergmann,  
Jean B. Sanville, Herbert Streat, Chair  
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**PANEL - VIOLATIONS OF HUMAN RIGHTS: SOCIALLY SANCTIONED ABUSES OF WOMEN**

Presenters: Ruth Lax, Purnima Mehta  
Moderator: Rosemarie Gaeta  
Discussant: Nancy Einbinder

**PAPER - TRAVELS INTO THE NEW MILLENNIUM - PACKING THEORIES, PRACTICES  
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Presenter: Margaret G. Frank  
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Program Schedule

8:15 - 9:00 AM

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9:00 - 9:15 AM

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Gail Sisson Steger

9:15 - 12:00 PM

Patrick Casement will supervise Jessica Lehman on psychoanalysis of a woman with a primitive structure. Mr. Casement will focus on unconscious communication between therapist and patient and the use of internal supervision. There will be ample opportunity for audience participation with the presenters.

Moderator: Gail Sisson Steger

1:15 - 1:30 PM

**WELCOME**

Judy Ann Kaplan

**OPENING REMARKS**

Roslyn Goldner

1:30 - 4:45 PM

Edith Schwartz will offer a live supervision of Nalda Brodegaard Rothe whose patient presents numerous life difficulties. A panel consisting of Patrick Casement, Crayton Rowe, and Leon Wurmser will respond to this supervision by addressing several specific questions such as the role of theoretical orientation in supervision. Audience participation will be invited.

Moderator: Roslyn Goldner

4:45 - 5:00 PM

**CLOSING REMARKS**

Roslyn Goldner and Gail Sisson Steger

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