



# NEWSLETTER

## Committee on Psychoanalysis

A National Membership Committee of The National Federation of Societies for Clinical Social Work

VOLUME 7

SPRING 1993

### Column from the Chair

Rosemarie Gaeta, MSW, BCD



As my term in office as Chair of the Committee on Psychoanalysis draws to a close, on June 30, 1993, I take this opportunity to share with the membership a recap of where the COP has "travelled" in the past two years. This will give

you information on the current status of several issues.

In addition to the overall growth of the Committee, my term has been addressed to three principle areas: formal restructure of the COP which will give clinical social workers who practice psychoanalysis and psychoanalytic psychotherapy the protection of a stable "home" and greater empowerment; establishment of the Psychoanalytic Consortium enabling psychoanalytic practitioners of the major mental health disciplines to ally themselves in order to maximally protect mutual interests; a protest against the current waiver process utilized by the American Psychoanalytic Association which discriminates against the MSW level clinical social worker and prejudices our image in the public's view. A more detailed accounting follows.

#### PART I.

THE COMMITTEE ON PSYCHOANALYSIS BECOMES ITS OWN CORPORATION: THE NATIONAL MEMBERSHIP COMMITTEE ON PSYCHOANALYSIS IN CLINICAL SOCIAL WORK

On September 18, 1992 the Board of the National Federation of Societies for Clinical Social Work voted unanimously to

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### Fourth National Conference

Sponsored by the Committee on Psychoanalysis

October 15-18, 1992

Beverly Hilton Hotel

Los Angeles, California

*Walter Alvarez, MSW, BCD*

*New York City*

*Rosalyn Benitez-Bloch, DSW, BCD*

*Los Angeles*

*Carol Tosone, Ph.D., CSW*

*Philadelphia*

Kudos to Ellen G. Ruderman, Ph.D., Conference Director, and Mae Denton, Ph.D., Associate Director, and their tireless Conference Committee for a stellar event. The Fourth National Clinical Conference of the Committee on Psychoanalysis, a National Membership Committee of the National Federation of Societies for Clinical Social Work, brought to the COP the dazzle and class of Beverly Hills. The Beverly Hilton Hotel was a fitting site for such an event. From the Thursday night opening keynote address by Charlotte Riley, LCSW, of the Los Angeles Institute of Psychoanalytic Studies and the Institute for Contemporary Psychoanalysis, to the closing panel presented by distinguished practitioners from our own National Study Group on Social Work and Psychoanalysis, our members were provided with a never-ending array of challenging clinical presentations. Introduced by Crayton E. Rowe, MSW, Founder of the Committee on Psychoanalysis, Ms. Riley gave an outstanding paper entitled "Between Two Worlds: Hope and Despair in the Analysis of An Autistic Child."

On Friday morning, we were privileged to hear Jean Sanville, Ph.D., President of the Los Angeles Institute for Psychoanalytic

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### Rosemarie Gaeta First President of COP

Reflecting their regard for Rosemarie Gaeta's achievements, the Executive Council of the National Membership Committee on Psychoanalysis has bestowed upon her the title of First President of COP. This action takes into account the strong possibility that the final restructuring of COP (see page 2) may not be completed by July 1, 1993 when Rosemarie's term of office ends. A further honor is that her new title will henceforth appear on all future COP letterheads.

Throughout her illustrious leadership, one major theme dominates: to help advance and strengthen the identity and status of clinical social workers who practice psychoanalysis and psychoanalytic psychotherapy. Her work has clearly supported this aim. A practicing psychoanalyst herself, Rosemarie was Chairperson of the Committee on Psychoanalysis of the New York State Society for four years. On the national level, before her election to the National COP Chair in 1991, Rosemarie was National Liaison to the COP Area Committees, engaged in coordinating the activities of the Area Committees throughout the country. Among her other formidable tasks, she helped to organize the First and Second Annual Clinical Conferences sponsored by the National Committee on Psychoanalysis and co-directed the Third Annual NCOP Conference.

At an informal social gathering not so long ago, one could hear many words of praise for Rosemarie. Everyone recognized as unique and most outstanding her work in successfully negotiating a new and expanded structure for the Committee with the National Federation; and in the creation of the Psychoanalytic Consortium with

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## Column from the Chair

authorize the Committee on Psychoanalysis to become its own corporation with 501c6 tax status. This action ensures our membership a strong and permanent organizational structure that will enable clinical social workers to negotiate and compete with the other mental health professions that practice the specialty of psychoanalysis and psychoanalytic psychotherapy. The new corporation, the National Membership Committee on Psychoanalysis in Clinical Social Work, will be affiliated with the National Federation of Societies for Clinical Social Work and will represent the clinical social worker who practices psychoanalysis and psychoanalytic psychotherapy. This development represents a momentous leap forward in autonomy and organizational stability for the COP.

National visibility will be enhanced and membership is expected to grow. A model was created that will give the COP the best of both worlds: unity and empowerment.

An active debate in September on the floor of the Board of the NFSCSW reflected the dedication and determination of the Federation to strengthen the profession of clinical social work. The debate yielded substantial agreement on the shape and direction of the Federation as a whole. Specialty interest groups were given the opportunity to expand and develop.

A Contract of Agreement will be the vehicle to designate the relationship between the NCOP and the Federation. This document will specify the role that the NCOP will play on the Federation Board as well as the role of the Federation on the NCOP Board. It will also specify the relationship of the Committee on Psychoanalysis to the Foundation for Advancement of Clinical and Educational Training (FACET), a 501c3 tax-exempt subsidiary foundation also spawned by the Federation for development of educational events such as national conferences.

On May 13-15, 1994, the Federation and the NCOP will co-sponsor a two-track national clinical conference in Washington, D.C. (please see page 17). This clinical conference represents both the unity and the autonomy of the NFSCSW and its affiliate, the National Membership COP. I look forward to our future development and applaud the creative and bold approach of the Federation to the growth of specialty interest groups within clinical social work.

Once the political and structural relationships have been agreed upon, the task of developing by-laws for the new structure remains. Cecily Weintraub, Ph.D., Chair-Elect of the COP, has been designated as the Chair of the By-Laws Committee. Dr. Weintraub and her committee members will be submitting a draft of the by-laws for review by the entire membership in mid-1993. My full support and deep appreciation is given to Dr. Weintraub in her two new positions as

Chair of a new By-laws Committee as well as Chair-Elect of the NCOP.

### PART II.

#### COP EXECUTIVE COUNCIL VOTES TO JOIN THE PSYCHOANALYTIC CONSORTIUM

On January 30, 1993 the COP Executive Council voted unanimously to join a newly developing organization that promises to herald a new era of interdisciplinary cooperation of the mental health professions. This organization, the Psychoanalytic Consortium, consists of the National Membership Committee on Psychoanalysis in Clinical Social Work, Division 39 of the American Psychological Association, the American Psychoanalytic Association, and the American Academy of Psychoanalysis. It represents a unified effort to ensure the future of psychoanalysis by working together to redress the devaluation of psychoanalytic care in this country. The Psychoanalytic Consortium will act as the national organizational body that represents psychoanalysis and psychoanalytic psychotherapy to the public, state and national legislators and wherever such representation is required. The aim of the Psychoanalytic Consortium is to define, foster, and promote psychoanalytic thinking, standards of training and practice and, at the same time, recognize a difference in training needs of each profession and the autonomy of each profession to pursue its needs and to recognize its psychoanalytic practitioners. Significantly, the Psychoanalytic Consortium is the first and only national organization of mental health professions that promotes psychoanalysis and psychoanalytic psychotherapy as specialties within the respective professions. It is based on a model of parity among the professions with respect for the autonomy of each discipline.

#### DEVELOPMENT OF THE PSYCHOANALYTIC CONSORTIUM

The Consortium first formed a sub-committee on Aims & Purposes in order to write a proposal to establish a consortium. Marvin Margolis, M.D., Ph.D., of the American Psychoanalytic Association, acted as Chair of this Committee. The Committee members include: Rosemarie Gaeta, MSW, BCD, Chair, National Membership Committee on Psychoanalysis; Leopold Caligor, Ph.D., President of Division 39, American Psychological Association; and Marvin Drellich, M.D., President of the American Academy of Psychoanalysis.

The proposal prepared by the above-named members of the sub-committee on Aims & Purposes is included in this newsletter in its entirety (see page 12). The proposal was approved by the COP Executive Council on January 30, 1993.

Representing the COP on March 5, 1993 were Rosemarie Gaeta, MSW, BCD, Chair of the COP; Crayton Rowe, Jr., MSW, Past Chair of the COP; David Phillips, DSW, member of the NFSCSW Committee on Standards and President of the New York State Society for Clinical Social Work; and Adrienne Lampert, MSW, BCD, Immediate

Past President of the National Federation of Societies for Clinical Social Work.

This date is a hallmark event for psychoanalysis, representing unity, not divisiveness, among the psychoanalytic practitioners in the mental health disciplines. The field of psychoanalysis has too long suffered from petty competition and turf issues, and from devaluation of and by our psychoanalytic brothers and sisters. This devaluation, in my opinion, parallels a devaluation of psychoanalysis by the public. The public is often left confused and wary of who are the providers of quality psychoanalytic care. The insurance industry, the media, the legislators have displayed a lack of knowledge or misconceptions of the value of psychoanalysis and its trained practitioners.

In order to better acquaint our membership with the other member organizations of the Psychoanalytic Consortium, this issue of our newsletter offers a special section specifically devoted to the viewpoints and input of the various professional organizations (see page 12). Views presented by the authors of these articles are not necessarily the views of the COP Council.

This newsletter is being used as a forum to expose our membership to the thinking that takes place in ongoing negotiations where a unified consensus can somehow emerge. Your letters to the Editor and/or the Chair would be enthusiastically welcomed.

#### ACTIVITIES OF THE CONSORTIUM:

**MENTAL HEALTH REFORM.** At the time this article was drafted, the Psychoanalytic consortium was planning a joint conference with the major parent professional organizations in an undertaking to influence the Clinton Administration and the legislative debates that are certain to take place after the approval of Clinton's 100 Day Plan, to be announced May 1st. This major conference of organizations was to take place on April 24th at the Waldorf Astoria Hotel, New York City. The National Federation of Societies for Clinical Social Work will be represented of course. Representatives of NASW, the American Psychological Association, and the American Psychiatric Association will also attend this meeting by invitation of the Psychoanalytic Consortium.

This meeting of the aforementioned mental health groups is expected to be the first in a series of one-day conferences, advocating for universal quality mental health reform. Necessity may be the "Mother of Invention" and, in this case, "Necessity may be the Mother of Cooperative Effort." The public needs this cooperative effort to protect its interests. Treatment for emotional disorders deserves parity with treatment of medical disorders. The practitioners of psychoanalysis and psychoanalytic psychotherapy as well as the consumer must be mobilized to advocate for mental health services which are offered in a manner that respects the privacy of the patient and the integrity of the confidential patient/provider relationship essential for

successful treatment outcome.

#### WASHINGTON MEETING

A singularly significant event will occur on April 23 when three members of the Consortium—Rosemary Gaeta, MSW, BCD, representing clinical social work; Marvin Margolis, M.D., Ph.D., representing psychiatry; and Leopold Caligor, Ph.D., representing clinical psychology—are to meet with Tipper Gore's Task Force on Mental Health Reform. The mission is to present an eight-point proposal which represents the consensus of the four organizations in the Consortium and advocates the inclusion of psychoanalysis in the mental health package to be proposed by the Clinton Administration. A major thrust of the proposal is that psychoanalysis is the treatment of choice for some patients who should not be deprived of this form of treatment; also, that there is no need for the utilization review process when considering the efficacy of psychoanalysis. If such a measure is not possible, then a compromise solution should insure a process that is as unintrusive as possible.

#### COPA

The Consortium is strongly opposed to the National Association for Psychoanalysis (NAAP) and their American Board for Accreditation in Psychoanalysis' (ABAP) application to the Council on Post Secondary Accreditation (COPA) to become the accrediting body for psychoanalysis. Similarly, the Consortium is opposed to the ABAP's current application to the Department of Education to become an accrediting body for psychoanalysis. Lawyers from our National Membership Committee on Psychoanalysis, the American Psychoanalytic Association, and Division 39 have been coordinating efforts to effectively oppose the ABAP application. COPA's Committee on Recognition (COR) has recently advanced the ABAP application to the final phase.

As you know from Ken Adams' article in our 1992 Newsletter: "So You Think You Practice Psychoanalysis," COPA approval of the ABAP application will give ABAP the sole authority to set standards for training and practice for both psychoanalysis and psychoanalytic psychotherapy. This will impede the future development of the psychoanalytic theory and technique within the professions. We must oppose the ABAP application in order to protect the practice of psychoanalysis as a specialty within the existing professions and to preserve the right of each profession to set its own standards for practice.

#### PART III.

#### THE WAIVER ISSUE WITH THE APSAA WILL BE PURSUED

At the present time, the APsAA continues to require that masters level social workers subject themselves to a waiver process (or apply to a special national committee of the APsAA) if they wish to enter a local psychoanalytic training institute. (See page 2 of the

Spring 1992 issue of the COP Newsletter for historical background and detailed orientation of the process between the COP and the APsAA.) The COP is seriously concerned but hopeful that a resolution through political process can be attained. Our firm position is that the waiver requirement for the MSW be dropped.

Both in October 1992 and in March 1993, the members of the COP Ad Hoc Committee working on these negotiations met with the new administration of the APsAA. The Ad Hoc Committee members representing COP are Rosemarie Gaeta, MSW, BCD; David Phillips, DSW, President of the NYSCSW; Adrienne Lampert, MSW, BCD, Immediate Past President of the NFSCSW; and Crayton Rowe, Jr., MSW, Immediate Past Chair of the COP. These individuals have met with the new President of the APsAA, Bernard Pacella, M.D., of New York Columbia Psychoanalytic Association; Judith Schachter, M.D., President-Elect of the APsAA, Marvin Margolis, M.D., Ph.D., Chairman of the Board on Professional Standards, APsAA; and Phyllis Tyson, Ph.D., Chair of APsAA's Committee on Non-Medical Clinical Training.

We have met in a spirit of collegiality, encouraged by the strongly collaborative relationship inspired by the Psychoanalytic Consortium.

While we have not been successful in eliminating the waiver at this time, I am pleased to be able to report some real and concrete progress. There are signs that there has been a greater parity recognition of social workers. In an article by Jonathan Slavin, Ph.D., Immediate Past President of Division 39, APA, published in *The American Psychoanalyst* newsletter of APsAA (Vol. 26, No. 1, 1992), it is said that "some psychologists want their clinical social work colleagues welcomed equally without the waiver ritual, and without the obviously magical reliance upon a doctoral degree which in social work is usually a research degree insuring no greater clinical expertise than independent clinical license at the master level" (p. 26). In the same issue, Barbara Stennel, Ph.D., in her article entitled "Psychoanalysis in America: A Moment in Time" makes an important point: "...times have changed. Psychoanalytic ideals are beginning to prevail. Rather than preanalytic academic training, the only requirements for psychoanalytic training will be what they should have been all along—analyzability, educability, talent, and character. Psychoanalysis in America is not in danger because of this and neither are its medical practitioners. It's just a little more democratic, hence universal, much in the way Freud envisioned it" (p. 27)

The COP hopes that the continuing process of "opening up" by the APsAA to new ways of thinking will gain further momentum. In the meantime, the COP has been invited by *The American Psychoanalyst* to author an article on psychoanalysis within clinical social work in a forthcoming issue.

More and more psychoanalytic practitioners are beginning to realize that the time has come for the individual disciplines to put their heads together and work towards the true strengthening of psychoanalysis. Mutual benefit for all concerned will be the inevitable outcome.

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In summary, I would like to thank all of the members of the COP as well as all of the persons with whom I had the opportunity to work on various committees over the past few years. Fortunately for our profession, the COP has dedicated members who are committed to the advancement of the clinical social worker psychoanalytic practitioner. It has been a pleasure to be part of this group. I extend my best wishes and active support to Cecily Weintraub, Chair-Elect in her capacity as the new leader.

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#### Rosemarie Gaeta First President of COP

leaders representing the American Psychoanalytic Association, the American Academy of Psychoanalysis, and Division 39 (Psychoanalysis) of the American Psychological Association. But much more was said about Rosemarie, underscoring these and other contributions:

Crayton Rowe, MSW, the first and founding Chair of COP who was succeeded by Rosemarie, said that "she is one of the few leaders who has had the courage and dedication to confront the critical issues that have long suppressed Clinical Social Workers from achieving parity with other mental health professionals.... Rosemarie was one of the organizers of the Psychoanalytic Consortium which brings together our clinical social work psychoanalytic specialty organization with the other major psychoanalytic organizations. Our participation in these organizations is a first in the history of the clinical social work profession."

Adrienne Lampert, MSW, BCD, Past President of the National Federation of Societies for Clinical Social Work, spoke of Rosemarie's tireless dedication which "has been invaluable for Clinical Social Work but most importantly to the promotion and enhancement for the specialty of psychoanalysis and psychoanalytic psychotherapy.

"Managing this Committee Chair, within the National Federation, a national clinical social work organization that represents a wide variety of clinical practice, often very specific interests and a myriad of organizational goals, is no mean task. She always has been clear in her vision, well organized and task-oriented regarding the needs of her Committee. Her ability to recognize the need for education, cooperation, and appreciation within the Committee and the National Board of the Federation regarding organizational issues that sometimes seemed incompatible has helped move us all in a workable,

future-oriented direction both for the Committee and the National Federation. Her contribution to the National Federation ad hoc Restructure Committee has been most valuable." Applause and thanks go to "Rosemarie...for her passionate, steadfast, and generous contribution to all of us practicing psychoanalytic psychotherapy and psychoanalysis in the profession of Clinical Social Work."

Richard M. Alperin, DSW, formerly Treasurer of COP and now Area Chairperson for the New York-New Jersey Area, said that Rosemarie "is not only a strong leader but kind and caring as well and working with her has been a real pleasure." Noting her work on the restructure, Dr. Alperin commented that this should provide us with a much stronger and more democratic organization. He also remarked that the "Psychoanalytic Consortium she helped to organize...signifies that we are recognized by psychoanalysts in the other disciplines as the only organization representing the social worker psychoanalyst. Dr. Alperin added that "when a book on the history of clinical social work is finally written, Rosemarie and her accomplishments should certainly be cited."

David G. Phillips, DSW, President of NYSCSW, traces his association with Rosemarie to the beginning of his association with Crayton Rowe "whom I have known for almost 25 years ever since the early days of the New York State Society for Clinical Social Work. Over the years Crayton became concerned about the ways in which social workers were exploited in analytic institutes and realized the need to have structure which would protect the rights of analytically trained social workers to practice their specialty. I had been associated with the Postgraduate Center for Mental Health for many years and when Crayton formed the Committee on Psychoanalysis in 1980, I was one of the original group of analytically trained social workers that he asked to join.

"I first met Rosemarie . . . when she succeeded Crayton as Chair of the New York State Committee on Psychoanalysis. My main memories of her over the years have been of the extraordinary dedication, energy, and commitment she unfailingly brought to her many responsibilities. I believe it is largely due to her foresight that we have been able to open negotiations with the American Psychoanalytic Association on admission of clinical social workers, on an equal basis, to their institutes, and to sit at the table as equal partners in a Consortium of analytic colleagues from other professions."

Noting the "unbelievable efforts" required for planning a national conference or negotiating with three other professional groups, Dr. Phillips comments that Rosemarie is aware that her work on these projects would probably not benefit her personally and he remarked that "we are all fortunate that we have people like Rosemarie who have the

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*Dr. Barbara Varley, Dr. Phillis Tyson, Dr. Jean Sanville, Dr. Ellen Ruderman, Patrick Casement, Dr. Mae Denton, Margaret Frank*

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## Fourth National Conference

Studies. Those of us who travelled from afar could delight in her playful presentation, "Imagining the Other: Thoughts of Alterity in Psychoanalysis," momentarily relishing an opportunity our Southern California colleagues can enjoy with much frequency.

On Saturday, Dr. Ruderman, in her usual warm and welcoming manner, opened the morning Plenary Session by introducing Dr. Barbara Varley, President of the National Federation of Societies for Clinical Social Work. Dr. Varley gave a spirited and practical message, encouraging all clinical social workers to unify their efforts to improve the position of the clinical social work practitioner with particular reference to managed care. Dr. Varley focused on the possible climate of political change during the forthcoming national elections, and the importance of our professional activism at this time.

An outstanding, highly stimulating keynote address on "Essential Space in Psychoanalysis" was given by Patrick Casement, M.A., of the British Psychoanalytic Society. From London, England and the author of a book, *Listening to the Patient*, Mr. Casement's style and personality connected him immediately with the audience as he discussed rather than read his paper, noting "the need for there to be sufficient difference between the objective realities of the analytic relationship and the transference, and for the patient to be able to distinguish adequately between them." He focused particularly on "some of the ways in which analytic space is necessary, even essential, for the work of the analysis." Mr. Casement's in-depth presentation was enriched by case examples and responded to by an enthusiastic audience.

The Conference offered a wide range of papers, panels, and workshops on a variety of themes with full attendance by registrants. Saturday morning sessions were followed by a luncheon at which Rosemarie Gaeta, the Chair of the National Committee on Psychoanalysis, gave a most positive update on the

progress of the Committee on Psychoanalysis and reported on her recent accomplishments on behalf of the Committee at the September 1992 meeting of the Task Force on Restructure of the National Federation of Societies for Clinical Social Work. Ms. Gaeta then graciously presented Dr. Ruderman and Dr. Denton each with a gift from the National Executive Council for their outstanding organization and esprit in the planning and launching of the conference.

The Saturday luncheon keynoter was Margaret Frank, LICSW, BCD, Area Chair for the Massachusetts Area, and a member of the Massachusetts Institute for Psychoanalysis. Her talk was entitled "Facilitating Female Development in Psychoanalysis: A Navigation Between Outer World Realities and Inner Space Conflicts." This topic was indeed representative of the theme of the Conference, "Outer World and Inner Space." In a creative and earthy manner, Ms. Frank described how cultural forces interweave with female development. Her clinical examples were touching as was her empathy for her patients.

There were two Workshops with Nationally Renowned Speakers. One was Joseph Palombo, MA, of Chicago, a faculty member of the Child and Adolescent Psychotherapy Training Program of the Chicago Institute for Psychoanalysis. Mr. Palombo's paper was entitled "A Self Psychology View of Gender Formation." Phillis Tyson, Ph.D., of La Jolla, California, and a member of the San Diego Psychoanalytic Institute, discussed his paper in an equally interesting presentation, "A Contemporary Ego-Psychologist's View of Gender Formation."

The other Nationally Renowned Speaker was Crayton E. Rowe, Jr., MSW, the first Chair of the National Membership Committee on Psychoanalysis. He spoke on "Expanding Attunement: A Contribution to the 'Experience Near' Mode of Observation."

Sunday morning was devoted to a Keynote Panel presentation by members of the National Study Group on Social Work and Psychoanalysis, entitled "Psychoanalytic Theory

and Clinical Social Work: The Bridge Between." Four well-known social work clinicians described how their outer world experiences and their inner space development brought them into psychoanalysis. Elaine Rose, LCSW, who has been the chair of the National Study Group for the past two years, ably chaired this meeting and clearly framed the presentations around the social work profession and its theories and techniques, psychoanalysis and its theories, as well as the development of the professional self paralleling the personal growth of the social work analyst.

Joyce Edward, CSW, BCD, of the Smith College faculty and the New York School for Psychoanalytic Psychotherapy, was the first presenter. Her paper was called "The Best of Two Worlds: The Evolution of a Social Work Psychotherapist."

The second speaker was Jerome Cohen, DSW, Associate Dean of the UCLA School of Social Welfare and member of the Los Angeles Psychoanalytic Institute. He gave a paper entitled "Searching: Discovery of a Psychoanalytic Ego in a Social Work Self."

Barrie Biven, Ph.D., affiliated with the Michigan Psychoanalytic Institute, described his psychoanalytic development in a paper, "The Ulysses Factor: How I Jumped Ship in Vienna on My Way Home to Troy" (Troy, New York, that is).

The Study Group panel culminated in a presentation by Roslyn Goldner, MSW, BCD, Member and Faculty of the Institute for Psychoanalytic Training and Research. Her paper was entitled "On Being a Psychoanalyst of the Social Work Persuasion."

The Study Group presentations were a progressive and fitting conclusion to the Conference and were met with many questions from the audience, demonstrating the interest that clinical social workers have in psychoanalytic theory and training.

The Conference as a whole was most outstanding, a hard act to follow. The skill and particularly gifted organizational talent of our own dynamic duo brought our national meeting to new heights of professionalism and elegance. From the moment of arrival at the Beverly Hilton Hotel, a sense of excitement, positive energy, and playfulness was apparent. Beyond the scope of the high caliber clinical presentations, attendees were treated to Southern California warmth and hospitality. A particular highlight was the Friday evening Gala Party at Paramount Studios. Miriam Harriss, LCSW, Hospitality Chair, and her Co-Chair, Rosalyn Benitez-Bloch, with the efforts of their hospitality committee, provided a wonderful evening, topped off by the surprise comic performance of the talented Will Harriss.

We tip our hats to the Conference

Committee. The Call for Papers Committee, co-chaired by Jessica Lehman, Maggie Magee, and Jane Rubin, recruited over forty readers from all over the nation to blind-read and select the wonderful array of workshop presentations for the conference. The Faculty Relations Committee, co-chaired by Phyllis Rothman and Helen Ziskind, offered an organized and personal touch for the Faculty. Rosalyn Benitez-Bloch and Judith Rothman co-chaired the Continuing Education Committee, arranging for continuing education units for the large body of conference attendees. The Public Relations Committee, co-chaired by Sheila Marems and Evelyn Tabachnick, did an excellent job of reaching out across the nation and informing psychoanalytic institutes and societies of the Conference.

The Conference offered a very full, enriching group of exhibits. The Psychoanalytic Expo, co-chaired by Roberta Green and Carol Silbergeld, featured exhibits by all Southern California Psychoanalytic Institutes as well as the National Federation of Societies for Clinical Social Work and the California State Society for Clinical Social Work. Rosalyn S. Eig chaired the Organizational Expo. Wendy B. Smith, Chair of the Psychoanalytic Book Exhibits, coordinated with Psych-Editions, a rich array of psychoanalytic literature, much of which was written by social work authors who were faculty of the Conference.

Judith R. Schore, Chair of the Publicity Committee, did a wonderful job in producing national and local newsletter ads, written materials, and the Abstracts and Day-at-a-Glance materials in the Registration Packet.

The truly efficient and smooth execution of the registration at the Conference as well as the elegant touches abounding throughout the Conference site were produced by Bernice Blatt, Jennifer Abbott, and Susan Mendenhall. These three were also responsible for welding together a warm, cooperative, and extremely competent group of volunteers who contributed mightily to the Conference.

The members of the Central Planning Committee, many of whom chaired other Conference Committees, contributed many of the ideas that guided the planning of the Conference. Others on this Committee were: Ruth Bro, Ph.D., Frances Brown, LCSW, Rebecca Jacobson, Ph.D., Naomi Malin, DSW, and Jean Sanville, Ph.D.

The Conference Treasurer, Pat Sable, performed an outstanding and efficient job of monitoring the Conference finances while keeping her sense of humor.

All in all, this was a mammoth production executed with precision, grace, and charm. Again, our hats are off to Ellen, Mae, and their wonderful Committee.

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## COP Chair-Elect Cecily Weintraub, Ph.D., BCD

Speaking with me in her office, Chair-Elect Cecily Weintraub's sincerity and commitment to the growth and development of the Committee on Psychoanalysis as the voice for psychoanalytically trained social workers rang clearly. As



she reflected on the tasks before her when she assumes the position of Chair of the COP on July 1, 1993, she demonstrated an incisive grasp of the broad range of complex, long-term issues confronting the Committee.

Cess, as she is usually known to all, takes the helm of the COP at a time of major change within and outside of the Committee. In her current capacity as chair of the COP By-Laws Committee, she will be instrumental in shaping the COP's structure and policies as a newly independent, not-for-profit corporation affiliated with the Federation. This reorganization will permit the COP to have the autonomy it needs to achieve parity with other mental health disciplines and will give the membership of the COP a decisive voice in its future. Cess sees the ongoing exploratory collaboration with the Psychoanalytic Consortium, at this time composed of Division 39 of the American Psychological Association, the American Psychoanalytic Association, the American Academy of Psychoanalysis, and the COP, as an opportunity to further the identity of clinical social workers with a specialty in psychoanalysis or psychoanalytic psychotherapy. Specific issues such as mental health reform and the certification of psychoanalytic therapists are high on the Consortium's agenda. Another concern that will continue to be addressed is achieving suspension of the waiver required for clinical social workers to train at American Psychoanalytic Association institutes.

As Chair of the COP, Cess intends to play an important role in protecting and strengthening the presence and interests of clinical social work psychoanalysts and psychoanalytic psychotherapists within the Federation as well as within the larger psychoanalytic community. Just how such efforts will be formulated by the COP is a major priority. Attendance at the COP's national clinical conferences has demonstrated the high level of activities and accomplishments of social workers as psychoanalytic practitioners. The responsiveness and receptivity of members at these conferences also indicate a need to extend the Committee's activities beyond

metropolitan areas. Cess envisions addressing this need with speakers who will reach clinical social work psychoanalysts and psychoanalytic psychotherapists in less populated areas throughout the country and help them develop opportunities for networking.

Several other areas of concern to COP members call for attention as Cess prepares to lead the Committee. A major issue is the meaning of the growing intrusion of managed care into the therapeutic process and its lack of respect for or appreciation of the value and accomplishments of long-term psychodynamic treatment. The COP's position is to explore and make the public aware of issues affecting quality mental health care delivery—restrictions on choice of therapist, denial of benefits for long-term treatment, jeopardy to confidentiality, treatment decisions made by nonprofessionals, denial of membership on a provider panel—which occur as a result of the commercialization of mental health care being "managed" as a business. Cess feels it is imperative for professional clinical social workers to convey the message to consumers that "it is in their interest to be better informed and encouraged to express their views."

As part of the Committee's program, the National Study Group of the COP will compile a reader demonstrating the value, accomplishments, and cost-effectiveness of psychoanalysis and psychoanalytic psychotherapy, which will be distributed and available to social work schools, insurance companies, business people, and consumers. A second task of the National Study Group is the formulation of specific definitions for the designations *clinical social work psychoanalyst* or *psychoanalytic psychotherapist* as subspecialties of clinical social work equal to other disciplines.

These are but a few of the tasks before Cess when she officially becomes Chair of the COP. Even these few are demonstrably complicated, broad in scope, and not easily resolvable. Nonetheless, Cess's impressive professional background eminently qualifies her to face the challenges before her. Supplementing an active, multi-faceted career as a therapist working with adults and children for over twenty years, Cess has been and continues to be the author of many articles and book reviews in professional publications, on the editorial board of *Clinical Social Work Journal*, a teacher, a supervisor, and a presenter at numerous conferences. Cess has been National Liaison for the COP, participated in discussions on restructure as related to FACET and, as mentioned above, is chair of the COP's By-laws Committee.

Cess noted that one of her great pleasures this year has been her work with the By-laws Committee which has included Cathy Krown Buirski, James Engelbrecht, Margaret Frank, Crayton Rowe, Ellen

*Continued on page 22*

## Reports from Area Committees

- Richard M. Alperin, DSW**  
National Area Chairperson for the New York-New Jersey Area
- Cathy Krown Buirski, MSW**  
National Area Chairperson for Colorado
- James Engelbrecht, CSW-ACP, BCD**  
National Area Chairperson for Texas
- Margaret G. Frank, LICSW, BCD**  
National Area Chairperson for Massachusetts
- Judith D. Freed, MSW**  
Acting National Area Chairperson for Connecticut
- Laura W. Groshong, MA, BCD**  
National Area Chairperson for the Pacific Northwest
- Erica Rothman, MSW, CCSW**  
Acting National Area Chairperson for North Carolina
- Ellen G. Ruderman, Ph.D., BCD**  
National Area Chairperson for Southern California
- Carol Tosonc, Ph.D., CSW**  
National Area Chairperson for Pennsylvania
- Billie Lee Violette, MSW**  
National Area Chairperson for Northern California

### Report from Colorado

*Cathy Krown Buirski, MSW*



We continue our efforts to increase enrollment in the Committee on Psychoanalysis in this area. Last Spring, clinical social workers were invited to a meeting at the Denver University School of Social Work to hear about our activities and to encourage membership. Several months later, a similar meeting was held in Colorado Springs, hosted by Cora Lee Chittenden, one of our active members.

As a result of these meetings, our local membership has increased considerably. Several clinical social workers from Oklahoma City also joined after the Area Chair, Cathy Krown Buirski, met with them last year. Several of our members attended the COP national conference in Los Angeles. They felt enriched by this experience and returned to talk with colleagues about the COP. This growth of the Committee is encouraging and, hopefully, it will continue so that it will be possible to begin planning professional activities.

The International Federation for Psychoanalytic Education held their annual conference in Denver on November 7th and 8th. Cathy Krown Buirski was a discussant for a panel on training supervisors and at the request of the National Chair, Rosemarie Gaeta, attended the business meeting. The focus of that meeting was on the organization's objectives and future plans.

Denver University has a very large Graduate School of Social Work attended by students from several surrounding states.

Clinical social workers are being trained in psychoanalysis and psychoanalytic psychotherapy at both the Colorado Center for Psychoanalytic Studies and at the Denver Psychoanalytic (part of the American) which recently started admitting social workers. Since the last Newsletter, Cathy Krown Buirski became Director of Training of the Colorado Center which has a satellite program in Oklahoma City. Given her increasing contact with social workers, Cathy is busy communicating the need in Colorado for social worker involvement in the Committee on Psychoanalysis.

Anyone who wishes to join the Committee or participate in the Area group, please contact: Cathy Krown Buirski, MSW, 222 Milwaukee St., Suite 305, Denver, Colorado 80206.

### Report from Connecticut

*Judith D. Freed, MSW*

The Connecticut Chapter of the Committee on Psychoanalysis was launched on February 28, with a talk on "The Interface of Psychoanalytic Psychotherapy and Social Work." The discussion was led by Barbara Nordhaus, MSW, and Joan Wexler, MSW, who are on the clinical faculty of two different Yale University departments and are candidates at the Western New England Psychoanalytic Institute. Sixty people, members of the Connecticut Society for Clinical Social Work, registered for the event. It was a lively afternoon in which the attendees emphasized their interest in more theoretically based, peer group discussions to augment their individual practice of psychoanalytic psychotherapy. The Connecticut Area Committee is being organized by the acting chair, Judith D. Freed, MSW, Jean Hurwitz, MSW, and Greta Ospa, MSW.

## Report from Massachusetts

Margaret C. Frank, LICSW, BCD



The Massachusetts Area is slowly building the number of interested, if not dues-paying, members. Plans are ongoing to connect the Western part of the state with the greater Boston area. It is hoped that an April membership meeting

will attract a good attendance and that it will be possible to move forward in planning meetings.

Three members presented at and enjoyed the stimulation and congeniality of the Fourth Annual Conference in Los Angeles last October. They are: Area Chair Margaret Frank, who gave a keynote address (see Conference Report); Maria T. Miliosa, Ph.D., LICSW, who spoke on "The Psychology of Racism: A Self Psychological Formation"; and Judy Starr, with Margaret Frank, participated in a Study Group presentation on "Sexual Abuse: Assault to Body and Ego-Psychanalytic Developmental Approach to Community Mental Health Issues."

## Report from New York-New Jersey

Richard M. Alperin, DSW



Members of the New York-New Jersey Area are pleased about the incorporation of the National Committee on Psychoanalysis and its new 501(c)(6) structure. The Area eagerly awaits the By-laws currently being formulated by the

By-laws Committee with the leadership of Dr. Cecily Weintraub, the By-laws Committee Chair.

The New York-New Jersey Area is in the process of forming an Executive Board. The Area is also engaged in plans to sponsor an educational meeting October 17. Specific details will be available in the near future.

The members of the New York-New Jersey Area are very concerned about managed care and its impact upon psychoanalysis and psychoanalytic psychotherapy. Many members were present at the Town Meeting in New York City on February 13, where this concern, which is shared by the different mental health disciplines, was discussed. Crayton Rowe, Jr., Founding Chair of the Committee on Psychoanalysis,

was one of the invited speakers. Joyce Edward, also a member of the New York-New Jersey Area Committee, is currently co-chair of the Coalition of Mental Health Professionals and Consumers. The latter is a newly formed organization representing the four major mental health professions and the consumers of their services, intent upon informing and sensitizing the Clinton administration to the ways that managed care interferes with quality mental health care.

The New York-New Jersey Area is hopeful that all members of the National Committee on Psychoanalysis will join in the coordinated efforts of the Chair of the new COP Committee on Quality Mental Health Care, Alice Medine King, in the battle against managed care in order to preserve the high quality of psychoanalytic treatment to which so many have dedicated their professional lives.

## Report from Northern California

Billie Lee Violette, MSW



The Northern California Committee on Psychoanalysis is centered in the San Francisco Bay Area. The state and national part of "business" is conducted by the Area Chair, Billie Lee Violette. Velia Frost, MSW, chairs a steering

committee which attends to Local Affairs. The core members of the steering committee are: John J. Bogerdus, MSW, Lauren Britt, MSW, Muriel Brotsky, MSW, Marsha Fine, MSW, Rochelle Frankel, MSW, Helen Gallant, MSW, Penny Schrieber, MSW, Judy Schiller, DSW, and Norma Sohn, Ph.D. The focus is on sponsoring programs which is the major interest of clinical social workers in this area.

The site of the programs in 1992 was the Metropolitan Club in San Francisco. The first program featured Karla Clark, Ph.D., from the Masterson Institute, who presented on "The Effects of Sexual Abuse on the Sense of Self." The Northern and Southern California Area Committees sponsored a joint presentation. Ellen Ruderman, Ph.D., spoke on "Countertransference as an Instrument for Reciprocal Growth," and Miriam Harriss, MSW, presented on "The Birth of Self through Sensory Dominated Modes of Experience." The discussants were Dr. Norma Sohn and Jane Jordan, MSW, both members of the Northern California Area COP. Mary Ahern, Ph.D., and A.J. Malerstein, M.D., presented their "Constructivist Model of Adult Character Structure," using material

drawn from their jointly authored book on the same subject. Shirley Cooper, MSW, was the moderator. This January, Dr. Sohn presented on "Premature Termination from a Control Mastery Perspective."

A parlor group meets in members' homes between major programs for in-depth discussion of the presentations as well as other subjects requiring a smaller forum. The emphasis in Northern California is on providing a platform for local social workers to present their own work, to solidify their identity as psychodynamic social workers of any theoretical persuasion, and to meet with their peers.

Michael Johnson, DSW, Treasurer, and Billie Lee Violette have been on the Board of the California State Society and both are members of the Society's Ad Hoc Committee for the COP, of which Billie Lee is the Chair.

## Report from North Carolina

Erica Rothman, MSW, CCSW

Thanks to the energy of Bill Meyer, COP National Treasurer, a North Carolina Area COP has been formed. In quick order, eighteen people became members, and we are hopeful that many more will follow.

Erica Rothman, MSW, CCSW, in Chapel Hill, has become Acting Chair of the Committee. The COP will be collaborating with a newly formed local Division 39, with the intention of co-sponsoring clinical presentations and papers. Because our area COP is brand new, it is not yet decided what our programs and plans will be in the upcoming year.

Also, simultaneous with the formation of the group is the founding of a new psychoanalytic psychotherapy education program, the North Carolina Psychoanalytic Psychotherapy Study Center. This program, which aims to begin classes in the Fall of this year, will most likely be affiliated with the North Carolina Psychoanalytic Society. It has its own budget and multi-disciplinary steering committee, currently chaired by Chris Erskine, one of our COP members. The coalescing of this new program is one of the manifestations of the spirit of collaboration and collegiality among clinical disciplines in this area which we want to foster.



## Report from the Pacific Northwest

Laura W. Groshong, MA, BCD



The Washington State Branch of COP has expanded to include Oregon and Alaska due to interest in these states which have no branch of the Federation available to them. Our Area Committee name has been changed, there-

fore, to the Pacific Northwest branch of COP.

We are preparing for the first COP sponsored lecture in this area to be held in the Fall of 1993. Karla Clark, Ph.D., will present her paper on a developmental view of schizoid pathology with a panel response. She will also hear and comment on two cases in progress. Other groups supporting this program include the Northwest Alliance for Psychoanalytic Study, the Seattle Institute for Psychoanalysis, the Washington State Child Therapy Association, and, of course, the Washington State Society for Clinical Social Work. This exciting event promises to give our branch of COP wider recognition and, it is hoped, will broaden our membership base.

## Report from Pennsylvania

Carol Tosone, Ph.D., CSW



This is an exciting and challenging time in the history of our organization. As the National Federation of Societies for Clinical Social Work and the National Committee on Psychoanalysis are in the process of restructuring, a positive impact has been felt on the local level.

New opportunities, affiliations, and programs have become available to our members.

Specifically, collaborative planning has occurred between the Pennsylvania and the New York-New Jersey Areas. We have invited the members of the New York-New Jersey Area COP who live in southern New Jersey to participate in our activities given their geographic proximity to Philadelphia. The New York-New Jersey Area, in turn, has opened its programs to our members.

The Pennsylvania Area has had a very busy, productive year of programming. Our Spring open meeting was well attended. The featured speaker was Joyce Aronson, Ph.D., who presented on "Telephone Countertransference and Time: Treating an 'Untreatable' Anorexic." Carole Tosone was

the discussant. In the Fall, our Committee joined with the Pennsylvania Society for Clinical Social Work, the Philadelphia Center for Psychoanalytic Education, and the Philadelphia Society for Psychoanalytic Psychology in sponsoring a clinical symposium. John Gedo, M.D. was the distinguished speaker. He presented a paper entitled "Analytic Intervention: The Question of Form." Helen Rosen, Ph.D. presented a case which was then discussed by Dr. Gedo. Susan Levine, MSW, served most effectively as Program Chair for the Spring and Fall events.

The Study Group continues to meet every quarter to discuss cases, theoretical and clinical issues as well as developments in the larger psychoanalytic community. The work of J. Robin Robb, Ph.D., Research Chair for the National Federation of Societies for Clinical Social Work, also continues. Dr. Robb offers assistance to members who are interested in conducting clinical research. The major purpose is to keep clinical social work within the macro system of research and to encourage clinicians to conduct studies within their own practices. In consultation with Dr. Robb, Marsha Pilz, LCSW, MSW, obtained a matching grant from the National Institute of Clinical Social Work Advancement and funding from the Children's Home of Burlington County to study a conceptual model of group treatment for adolescent male sexual perpetrators.

The Pennsylvania Area members look forward to the Second National Clinical Social Work Conference to be held May 13-15, 1994, in Washington, D.C. Dr. Tosone and Adrienne Lampert, MSW, BCD, will Co-Chair this conference.

## Report from Southern California

Ellen Ruderman, Ph.D., BCD

The Southern California Executive Committee constitutes the Chair, Dr. Ruderman; Miriam Harriss, LCSW, BCD, and Helen Ziskind, LCSW, BCD, Co-Chairs of the Educational Program; William Noack, LCSW, BCD - Membership; Judith R. Schore, Ph.D., - Publicity; Sheila Marems, LCSW, BCD and Evelyn Tabachnick, Ph.D., BCD - Public Relations; Clare Lake, LCSW, BCD - Recorder; Pat Sable, Ph.D., BCD - Treasurer; Helen Ziskind and Lynda Share, Ph.D., BCD - liaison to the California State Society and to psychoanalytic institutes; and Lisa Aaronson, Ph.D. - Research and Legislation. There are four Board Members at large: Rosalyn Benitez-Bloch, DSW, BCD, Mae Denton, Ph.D., BCD, Elaine Rose, LCSW, BCD, and Jean Sanville, Ph.D., BCD.



The 1992 COP Conference. In addition to their local committee functions, members of the Southern California Area Executive Committee assumed vital leadership roles for the Conference. Among their many tasks, they hosted a convivial breakfast to welcome and honor the faculty and keynote speakers.

Education and Program Activities. An exciting array of psychoanalytically-oriented programs are planned for this year by the Education/Program activities Co-Chairpersons Miriam Harriss and Helen Ziskind with able assistance from Dr. Judith Schore and Rosalyn Benitez-Bloch. March 20 will launch a program, "Reflections: A Series of Psychoanalytic Papers presented at the 1992 COP Conference," with Dr. Schore speaking on "Women and Shame: A Study of Early Superego Development." Sheila Marems, LCSW, is the case presenter. On May 15, Dr. Ellen Ruderman will address "Countertransference, Gender and Parallel Process in Supervision: Overcoming Treatment Impasses." Norman Tabachnick, M.D., of the Institute of Contemporary Psychoanalysis, will discuss Dr. Ruderman's paper. Pat Sable, Ph.D. will follow in June with her paper, "Separation Anxiety and Agoraphobia, and in September, Jean Sanville, Ph.D., a keynote speaker at the Conference, will conclude the series with her paper, "Imagining the Other: Thoughts on Alterity in Psychoanalysis."

A Scientific Meeting on "Approaches to Primitive States of Mind" is planned for April 17, featuring Dr. Lynda Share of the Psychoanalytic Center and Miriam Harriss. James B. Grotstein, M.D. of the Los Angeles and Psychoanalytic Center Institutes is the discussant. A psychoanalytic reading group, led by Dr. Rosalyn Benitez-Bloch, begins in March. A professional writing group will follow, led by Dr. Sanville. Rebecca Jacobson, Ph.D., will lead a group on Object Relations beginning in September. Joint programs with Division 39 of the American Psychological Association and the Northern California Area Committee on Psychoanalysis are to be planned for late 1993 or early 1994.

COP and the California State Society. A spirit of cooperation and open communication continues between the two organizations. Ellen Ruderman and Helen Ziskind represent the Southern California COP as members of a Joint Task Force. This past November, Elaine Rose, Ellen Ruderman, Miriam Harriss, Jane Jordan, and Jean Sanville, representing COP, presented papers at the Society's Conference held in Monterey.

Managed Care. Managed Care is the all-consuming concern of practitioners of psychotherapy and psychoanalysis. A Southern California Area COP sub-committee concerned with restoring professionalism and quality mental health care in practice was established. The focus is to represent local members, to coordinate local efforts, and to collaborate with the National Committee on Psychoanalysis and with other disciplines engaged in similar efforts. On May 15, the Southern



California Area will sponsor a program to address managed care issues. Ellen Ruderman and Geri Esposito, LCSW, Administrative Director of the California State Society, will lead an open discussion.

## Report from Texas

James Engelbrecht, CSW-ASP, BCD



The Texas Area continues to prosper in close relationship with the Clinical Society. There are study groups actively meeting in Dallas, Houston, and Austin. As Texas Area Chair, Jim Engelbrecht continues to attend the quarterly

Texas Society Board meetings.

The Dallas study group recently completed a study of a Brenner work and is also studying more contemporary psychoanalytic viewpoints. As the Texas area membership increases, there may be a need for more specialized psychoanalytic programs.

## Minneapolis Area

Kicking off the COP Speaker's Bureau for the development of local COP area groups, Joyce Edward, CSW, BCD, COP Chair of the National Study Group, and Cess Weintraub, Ph.D., BCD, COP Chair-Elect, travelled to Minneapolis-St. Paul in March to participate in a day-long seminar co-sponsored by COP and the Minnesota State Society of Clinical Social Work.

Entitled "Listening, Understanding, and Intervening: A Program in Clinical Awareness," the Conference was organized by Carol Schreier, Chair of the Minnesota State Society Education Committee. Complementary presentations in the morning by Ms. Edward and Dr. Weintraub related to the topic were followed by a lively discussion. Later in the day, Anne Gearity and Peter Grant, two local members, presented process case material which stimulated a discussion interweaving the theoretical material of the earlier talks.

In addition to the pleasure of being so well received, the COP participants were delighted to have the support and the presence of Chad Breckenridge, President-Elect of the National Federation, as well as Betsy Horton, a past President of the Federation.

On the evening before the Conference, Nancy Belbas, a member of the Minnesota Society for Clinical Social Work, was hostess of a dinner meeting, providing an elegant forum for discussion of the proposed area group in Minnesota.

## Managing Managed Care A Provider-Consumer Model Advocacy for Mental Health

Alice Medine King, CSW, BCD  
Chair, Committee on Quality Mental Health Care

Recent months have been tumultuous ones for our American Society, for health care, for mental health, and more specifically, psychoanalytic therapy and psychoanalysis. Our psyches were pulled in opposite directions by two events occurring almost simultaneously. One was the abuses of managed care companies who increased their control, regulation, and restriction of the delivery of mental health services, leading to outrage, humiliation, and despair. The other was the Clinton campaign and election, promising hope for increasingly affordable quality health care for all, leading in turn to hope and cautious optimism.

An increasing number of professionals, consumers, and organizations around the country began to be concerned. The issue that became clear was the abuses, inequities, and indignities affecting both providers and consumers resulting from the practices and procedures of managed care companies (some worse some better than others). For one, compliance with their procedures results in an untenable compromise of our professional and personal codes of ethics by invading the required and heretofore guaranteed privacy and confidentiality of the patient-therapist relationship, thus hampering, corrupting, and inhibiting the therapeutic process. The need for and length of treatment would now be determined by other than professionals which would leave the practitioners hounded and challenged, to give information emphasizing the severity of problems in order to justify treatment. Patients needed to be "sicker" to get more than ten sessions. In so doing the climate of the treatment has changed, a third party is now in the room. Managed care became our supervisor. Managed care has been most aggressive in the application of their utilization review practices, leading to discrimination and harassment, incredulous inefficiency, and waste of valuable time and energy of the providers as well as staff in the administration of managed care.

As unregulated managed care companies have increased their stronghold in the insurance industry and their power over consumers and practitioners around the country, an awareness of and concern with their abuses has increased. In a Long Island, New York community, a group of ten psychoanalytic social work practitioners met informally to discuss what was hap-

pening. From this meeting, the group has grown and developed into an effective, vital interdisciplinary organization, with providers from the four major disciplines, enlisting consumers and other advocates, with a potential for a national coalition. The founding members were determined and committed to bringing together consumers, practitioners, and groups who valued psychodynamic therapy, who valued psychoanalytic therapy and psychoanalysis, who were ready to define, educate, and advocate for universal quality mental health treatment and to expose and oppose the managed care industry. Motivation increased, momentum was gained with the election of Bill Clinton, and the delegation to Hillary Rodham Clinton the task to forge and develop a systematic health care plan. Pressure mounted to take advantage of this opportunity, to have an influence, a voice with the policy makers and legislators on the national as well as local levels. Practitioners who are becoming quite alarmed began to have discussions, to establish committees and liaisons, and became more vocal and visible in their protest.

A brief outline of the history and efforts of one such group will be presented which might serve as a model, to enlighten and heighten the awareness of others, and perhaps act as an inspiration for action.

In turning to our local and national organizations to represent us in our concerns to advocate for regulation, many of us were disappointed and disgruntled by their lack of luster and passive position. We recognized the constraints of professional organizations who have multiple constituencies, vested interests and allegiances. We also recognized that we, in turn, need not be constrained in that way. A grass roots movement began to emerge, comprised of consumers, advocates, and mental health practitioners. In one instance, as noted, a Coalition of Mental Health Professionals and Consumers was organized on Long Island, NY, spearheaded by two members of the Committee on Psychoanalysis, Joyce Edward and Patsy Turrini, and joined by Karen Shore, a psychologist.

The first task of the coalition was to develop and distribute a petition to be sent to the Clinton health care task force, to Hillary Clinton, and later to Tipper Gore, describing the problems caused by managed care and asking that these issues be carefully examined and researched. It is estimated that 2,000 petitions were distributed to all parts of the United States. The initial stage was a successful one! At the present time, the coalition is being structured into a formal organization, perhaps on a national scale. Position papers concerned with values, documentation of cost effectiveness, and societal and individual need are being developed. Strategies are being planned and implemented to meet the need for educating the public and the

media, and for disseminating information to professional and consumer groups. These are among the ongoing tasks of the coalition.

The first priority issue is the inclusion of mental health services, to be given their rightful place in policies and programs. This is by no means a given. The subsequent task is lobbying for the most extensive provisions for mental health treatment in terms of both length and frequency. Another legislative priority is the practices involved in utilization review. Reference here is to regulating those who carry out the review activities in health care services and costs, whether in private companies or public agencies.

We have had such bad press, yet we have not done our homework. Mental health professionals—psychotherapists in particular—have not been active in educating the public about who we treat and for what problems, what treatment consists of, and what is the accurate cost of those services, and demonstrating what the cost is, not to provide them. Consumers/patients often stay in the shadows for fear of the stigma but we may be colluding by staying in the shadows with them.

We in the psychoanalytic community could and should have a strong voice in health care policy and its implementation. We have many and varied resources that we need to tap. Perhaps it has been antithetical for us to be activists or to be political, but it need not be. We and our patients have a lot to gain and a lot to lose in this situation.

The Board of the National Membership Committee on Psychoanalysis obviously has recognized the potential and need by creating a committee on managed care, now called the Committee on Quality Mental Health Care. What is important is that we ourselves become educated and formulate positions and mobilize ourselves to act. We need to be a more organized, cohesive, and vocal group. We could have a strong voice in a coalition.

We have a chance to make an impact on the new Clinton administration. Every one of us needs to become actively involved.

An information packet about these issues, developments, and activities is available. If interested contact:

Alice Medine King  
215 Shoreward Drive  
Great Neck, NY 11021  
576-482-2455

If you want to be active, let us know. We welcome you.

\* \* \*

## Legislative Issues and Managed Care

Dana G. Phillips, DSW



It is well known that the increasing influence of managed care is having a tremendous impact on every phase of clinical practice, including that of the nature of the professional responsibility we have to our clients. In this brief

introduction to a very complicated and fast-moving issue, I will outline what the nature of professional responsibility means in a legal sense, and then point out one of the major ways in which managed care is beginning to affect this aspect of our work.

The increase in malpractice claims against physicians has received wide attention, but non-medical practitioners are also at risk, and if they are accused of negligence in their practice, the same legal standards will be applied to them that have evolved over many years of court cases involving medical malpractice. In his valuable book on liability in work with children and families, Douglas Besharov has noted that as recently as twenty years ago, a malpractice suit against a social worker was virtually unknown, but that it is now possible to identify almost twenty-five areas of practice in which social workers have been accused of negligent practice. These areas of liability have included that of inappropriate treatment as, for instance, when a social worker oversteps the bounds of his or her scope of practice; failure to be available when needed by a client, an area of liability referred to as abandonment; and failure to prevent the suicide of a client. It is therefore important for every professional to know what constitutes the legal definition of negligent practice.

In order for a plaintiff to prove a claim of negligence against a professional, he or she must demonstrate four key points. Unless each of these points can be adequately proven, there is not a legal basis for finding the professional to have been negligent. First of all, the plaintiff must show that the professional actually undertook a professional responsibility in regard to his or her care—if there was no professional responsibility, there can be no basis for holding the professional liable for negligence. Secondly, the plaintiff must demonstrate that the care rendered by the professional fell short of what is referred to as the "standard of due care," that is, the standard of treatment which experts would agree would be expected of a duly responsible member of that profession, practicing that specialty and dealing with that type of client. In the third place, the plaintiff must demonstrate that he or she

was actually harmed—if there was no harm, then there is no legal basis for a malpractice suit, no matter how egregious the negligence of the professional may have been. Finally, the plaintiff must demonstrate that the negligent practice of the professional was the direct cause of the harm that was done, a legal concept known as "proximate cause." *One of the key factors in considering the legal impact that managed care is having on professional practice is that it is beginning to open new areas of professional responsibility, or in other words, new areas in which professionals may be held liable by their clients.*

Perhaps the most significant case in the evolving body of managed care torts is that of Wickline vs. State of California, a case described in a recent article by Sederer (1992). Even though this case did not involve psychiatric illness, it is regarded as a landmark case in utilization review. Lois Wickline, the plaintiff, had insurance coverage through Medi-Cal (Medicaid of California) and in 1976, she received utilization review approval for admission to a California hospital for surgical treatment of an obstruction of the terminal aorta. Complications developed which required additional surgical procedures and since her approval was to expire in four days, her physician requested an eight-day extension of her hospitalization. The utilization review organization granted only an additional four days which her physician did not appeal, and she was discharged from the hospital at the end of this four-day extension. There were, however, subsequent medical complications involving both infections and blood clotting and she ultimately had to undergo two amputation procedures of the right leg, first below and then above the knee.

Mrs. Wickline did not seek damages from her doctors, in spite of the fact that they had not appealed the decision of the utilization review organization, but did sue the State of California and its medical review organization. The medical review organization was held liable, and after the completion of the appeals process, she received a settlement of \$500,000. Although Mrs. Wickline did not bring action against her doctors, in its decision on the case, the court made a powerful statement which has relevance to all professionals working with third party payment systems: "A physician who complies without protest...when his medical judgment dictates otherwise, cannot avoid his ultimate responsibility for his patient's care." In effect, therefore, the court in this case is beginning to describe a new legal responsibility for practitioners working with third party systems, the expectation that they will fully exhaust all aspects of the appeals system when and if benefits are denied to their clients if they feel that the clients are in need of further services.

media, and for disseminating information to professional and consumer groups. These are among the ongoing tasks of the coalition.

The first priority issue is the inclusion of mental health services, to be given their rightful place in policies and programs. This is by no means a given. The subsequent task is lobbying for the most extensive provisions for mental health treatment in terms of both length and frequency. Another legislative priority is the practices involved in utilization review. Reference here is to regulating those who carry out the review activities in health care services and costs, whether in private companies or public agencies.

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introduction to a very complicated and fast-moving issue, I will outline what the nature of professional responsibility means in a legal sense, and then point out one of the major ways in which managed care is beginning to affect this aspect of our work.

The increase in malpractice claims against physicians has received wide attention, but non-medical practitioners are also at risk, and if they are accused of negligence in their practice, the same legal standards will be applied to them that have evolved over many years of court cases involving medical malpractice. In his valuable book on liability in work with children and families, Douglas Besharov has noted that as recently as twenty years ago, a malpractice suit against a social worker was virtually unknown, but that it is now possible to identify almost twenty-five areas of practice in which social workers have been accused of negligent practice. These areas of liability have included that of inappropriate treatment as, for instance, when a social worker oversteps the bounds of his or her scope of practice; failure to be available when needed by a client, an area of liability referred to as abandonment; and failure to prevent the suicide of a client. It is therefore important for every professional to know what constitutes the legal definition of negligent practice.

In order for a plaintiff to prove a claim of negligence against a professional, he or she must demonstrate four key points. Unless each of these points can be adequately proven, there is not a legal basis for finding the professional to have been negligent. First of all, the plaintiff must show that the professional actually undertook a professional responsibility in regard to his or her care—if there was no professional responsibility, there can be no basis for holding the professional liable for negligence. Secondly, the plaintiff must demonstrate that the care rendered by the professional fell short of what is referred to as the "standard of due care," that is, the standard of treatment which experts would agree would be expected of a duly responsible member of that profession, practicing that specialty and dealing with that type of client. In the third place, the plaintiff must demonstrate that he or she

was actually harmed—if there was no harm, then there is no legal basis for a malpractice suit, no matter how egregious the negligence of the professional may have been. Finally, the plaintiff must demonstrate that the negligent practice of the professional was the direct cause of the harm that was done, a legal concept known as "proximate cause." *One of the key factors in considering the legal impact that managed care is having on professional practice is that it is beginning to open new areas of professional responsibility, or in other words, new areas in which professionals may be held liable by their clients.*

Perhaps the most significant case in the evolving body of managed care torts is that of Wickline vs. State of California, a case described in a recent article by Sederer (1992). Even though this case did not involve psychiatric illness, it is regarded as a landmark case in utilization review. Lois Wickline, the plaintiff, had insurance coverage through Medi-Cal (Medicaid of California) and in 1976, she received utilization review approval for admission to a California hospital for surgical treatment of an obstruction of the terminal aorta. Complications developed which required additional surgical procedures and since her approval was to expire in four days, her physician requested an eight-day extension of her hospitalization. The utilization review organization granted only an additional four days which her physician did not appeal, and she was discharged from the hospital at the end of this four-day extension. There were, however, subsequent medical complications involving both infections and blood clotting and she ultimately had to undergo two amputation procedures of the right leg, first below and then above the knee.

Mrs. Wickline did not seek damages from her doctors, in spite of the fact that they had not appealed the decision of the utilization review organization, but did sue the State of California and its medical review organization. The medical review organization was held liable, and after the completion of the appeals process, she received a settlement of \$500,000. Although Mrs. Wickline did not bring action against her doctors, in its decision on the case, the court made a powerful statement which has relevance to all professionals working with third party payment systems: "A physician who complies without protest...when his medical judgment dictates otherwise, cannot avoid his ultimate responsibility for his patient's care." In effect, therefore, the court in this case is beginning to describe a new legal responsibility for practitioners working with third party systems, the expectation that they will fully exhaust all aspects of the appeals system when and if benefits are denied to their clients if they feel that the clients are in need of further services.

As clinical social workers, we come from a tradition in which advocacy on behalf of our clients is a familiar part of what we conceive to be our professional responsibility. Many of us, both individually and through our organizational involvements, have tried to take action to affect the policies and procedures of managed care systems on behalf of our clients. The impact of the Wickline case is that it is now beginning to describe a new area of legal liability for professionals working with managed care—such advocacy may not only be part of what we conceive to be our responsibility as professional social workers, but we may be found guilty of negligent practice for failure to fulfill this role.

#### References

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*Continued from page 4*

### Rosemarie Gaeta First President of COP

integrity and generosity to put in this kind of effort on behalf of the rest of us."

Marga Speicher, Ph.D., enumerated Rosemarie's many contributions to the Committee on Psychoanalysis, saying "Ro is always mindful of members' needs within the Committee, and as Chair of COP she was especially attentive to the relations of COP with organizations within the social work community and within the psychoanalytic community." Through "a tremendous amount of work . . . on the Task Force for Restructure . . . she obtained for COP a level of autonomy we need and wanted . . . within the psychoanalytic community," with equal diligence she developed "very good working relationships with psychoanalytically oriented colleagues in psychology, psychiatry, and psychiatric nursing.

"What is a basic characteristic of Ro's stance and viewpoint? She is clear in her identity as social worker and as psychoanalyst. Unshakably rooted in both fields, she is free and at ease when she speaks in either capacity. The clarity, freedom, and ease in her professional identity have made Ro the competent and successful representative of the Committee on Psychoanalysis within the COP as well as to the communities of social work and of psychoanalysis, communities in which all of us live and work."

Finally, Cecily Weintraub, Ph.D., BCD, Chair-Elect who will succeed Rosemarie, spoke informally about two of Rosemarie's "notable successes which led to growth in the organization over the past two years.

"Under her administration, the Committee on Psychoanalysis has developed into a viable organization with a national voice for the psychoanalytically oriented clinical social worker who practices psychoanalysis and/or psychoanalytic psychotherapy, the only such country-wide forum in social work. Her vision in this area led to the formation of the Psychoanalytic Consortium, an interdisciplinary professional group which brings the major psychoanalytic organizations together to discuss common concerns in which social workers are equally recognized.

"Within our own profession Rosemarie Gaeta has enhanced our position with the National Federation of Societies for Clinical Social Work. She has negotiated the mandate to incorporate as an independent entity while maintaining a mutually strengthening affiliation.

"Within the Committee on Psychoanalysis, Rosemarie has directed the formation of the National Study Group whose projects address educational issues for our members and the community at large.

In recognition of her vision of the internal workings of our group and simultaneous sight outward to external relations with other disciplines, the Executive Council has voted to bestow Ms. Gaeta the honorary title of "First President" of the new incorporated group."

### Report on the National Study Group on Social Work and Psychoanalysis of the National Committee on Psychoanalysis

Joyce Edward, CSW, BCD  
Chair, National Study Group



The National Study Group, founded and chaired by Elaine Rose, LCSW, is continuing its tasks under the chairpersonship of Joyce Edward. After guiding the group's efforts for the past two years, Elaine will continue as a member of the Group along with Barrie M. Biven, Jerome Cohen, Margaret Frank, Roslyn Goldner, Judy Ann Kaplan, Rosemary Lukton, David Phillips, Elaine Rose, Ellen Ruderman, Jean Sanville, and Marga Speicher.

One project underway is the establishment of criteria for identifying social workers who practice psychoanalysis and psychoanalytic psychotherapy. This effort is being co-chaired by David Phillips and Marga Speicher. The other members involved are Roslyn Goldner, former chairperson of this Section, and Judy Ann Kaplan. A report from this group will

be submitted to the Study Group within the next six months.

The Group's second undertaking is the compilation of a Social Work Reader featuring articles which demonstrate the use of psychoanalytic theory in contemporary social work practice. Initiated in response to the sharp decline in the teaching of psychoanalytic theory in schools of social work, the Reader is intended to provide teachers in schools of social work with a readily available teaching resource. Articles will also be included that highlight for the lay public, especially persons responsible for developing mental health services, the ways in which psychoanalytically oriented treatment can be drawn upon to meet today's pressing mental health needs. The Reader will contain both original and previously published papers.

Members of the Committee on Psychoanalysis are invited to send copies of published papers which they regard as classics and/or to submit new papers of their own. It is essential that all contributions focus on work with the kinds of clients and problems that agency social workers are serving today such as the homeless, AIDS patients, drug and alcohol abusers, violent clients, teen age parents, sexual abuse, spouse abuse, etc. Papers will be selected by readers from the Study Group on the basis of their excellence as well as on the basis of how well they fit into the overall Reader. Joyce Edward and Jean Sanville will serve as editors. They ask that three copies of papers be sent to either one of them by September 15, 1993. If you have a paper in the planning stage, you may want to contact one or the other to see if there is a need for a paper on the topic you have in mind. Writers are advised that the entire manuscript, including references, quotations, and tables, should be double-spaced. References should be arranged alphabetically in the back and referred to in the text by author and year of publication. Footnotes are discouraged. Manuscript length should conform to that outlined in the *Publication Manual* of the American Psychological Association, 3rd Edition, 1983.

Communications may be sent to Dr. Jean Sanville, 1300 Tigertail Road, Los Angeles, CA 90049, or to Joyce Edward, 102 Bellhaven Ave., Bellport, NY 11713. Please send a self-addressed, stamped envelope to ensure return of manuscripts.

\* \* \*

# Psychoanalytic Consortium

## Proposal to Establish a Psychoanalytic Consortium

1. **Introduction:** The future of psychoanalysis is threatened by a general decline in support by private and public health insurance as well as by a growing array of competitive, non-dynamic, short-term treatments. The public is either uninformed or confused about the training and expertise of psychoanalytic practitioners. The leadership of major psychoanalytic organizations have therefore come together in recent months to deliberate about a unified response to this situation and have agreed to propose the establishment of a Psychoanalytic Consortium to address the above issues. A new administration in Washington committed to an overhaul of the existing health care delivery system provides an opportunity to strengthen the position of psychoanalysis and psychoanalytic psychotherapy. Since the administration will begin to address these concerns in its first one hundred days in office, it is timely and even urgent that a consensual proposal be forwarded representing our concerns in regard to quality mental health coverage for all Americans which would include, where appropriate, a substantial measure of support for outpatient treatment on an extended basis.

2. **Mission Statement:** The Psychoanalytic Consortium, consisting of the major psychoanalytic organizations committed to high standards of training and practice in the United States, will be dedicated to the strengthening of psychoanalysis and psychoanalytic psychotherapy in this country. We will work cooperatively to assure the inclusion of psychoanalysis and psychoanalytic psychotherapy in the health care system as well as cooperate in educating the public about the value of psychoanalytic treatment. The Consortium would promote joint cooperative scientific and educational activities at national and local levels. The Consortium will organize itself on the basis of equality of its constituent organizations and be respectful of the autonomy of each group's training and credentialing activities.

3. **Constituent Organizations:** The Consortium will consist of representatives of the American Psychoanalytic Association, Division 39 of the American Psychological Association, Committee on Psychoanalysis of the National Federation of Societies for Clinical Social Work and the American Academy of Psychoanalysis. We do not contemplate adding other organizations without the unanimous consent of all participating groups.

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## The American Psychoanalytic Association—Past and Present

*Phyllis Tyson, Ph.D.  
Chair, APsAA Committee on Non-Medical  
Clinical Training*

The purpose of the American Psychoanalytic Association is to promote and maintain the highest standards in psychoanalytic education and practice, and to foster the integration of psychoanalysis with other branches of science, and to encourage research in all fields having to do with scientific knowledge and the welfare of man. It was founded in 1911, a year after the International Psychoanalytic Association was formed at the first International Congress of Psychoanalysis in Nuremberg. The American Psychoanalytic Association (APsAA) currently has a membership of about 3,000 analysts, and includes 28 accredited training institutes, 36 affiliated Societies, and 8 affiliate study groups throughout the United States. Since its inception, it has been a member of the International Psychoanalytic Association (IPA), and until 1991, the APsAA was the only regional component of the IPA in the United States.

The APsAA has undergone several transformations since it was first established. The earliest interest in psychoanalysis in the United States began when Jones (then of Canada), Jelliffe, and Brill returned from their psychoanalytic studies in Europe between 1907 and 1909 and introduced the new science to this country. The appearance of Brill's first translation of Freud's writings, and Freud's lectures in 1909 at Clark University in Worcester, Massachusetts aroused further interest. Two years later, the New York Psychoanalytic Society was organized, i.e., the same year (1911) as the APsAA was founded.

From 1911 to 1932 the Association had a rather loose organizational structure. In the early years, membership was granted chiefly on the basis of interest, and no formal training was available. Indeed, training was more or less an individual matter, and most of the early analysts travelled to Vienna to have analysis with Freud or one of his colleagues and they often joined a study group, either in Europe or when back in the U.S., with like-minded individuals. The absence of definitive standards for training unfortunately led to the rapid increase of "wild analysts" as they were known during the 1920s. These were individuals who set themselves up to treat patients psychoanalytically without adequate preparatory experience; consequently, the form of psychoanalysis practices was very idiosyncratic. The concern, not only for the rights of

patients treated by these individuals, but also for the scientific integrity of psychoanalysis, led American analysts to decide that "wild analysts" were not acceptable for membership in the APsAA. In Europe, efforts to curb "wild analysis" led to the formalization of psychoanalytic training, and an institute was established in Berlin which had the explicit objective of providing a complete curriculum for professional training in psychoanalysis. In 1925, the IPA passed a resolution that psychoanalytic training was no longer to be the responsibility of the individuals, but of societies and their Institutes. Institutes were then established in Vienna and London. Several American psychiatrists travelled to these Institutes to pursue psychoanalytic training and, on returning home, devoted their energies not only to the practice of psychoanalysis but to setting up similar institutes in the U.S.

One of the earliest and most enduring controversies within the APsAA has been over a concern for maintaining standards. The wish to contain and curb the practice of "wild analysis" led to the outlining of specific professional qualifications necessary for training and for membership in the APsAA. An anlage to this controversy was a concern in the early 1900s about the standards of medical school education in this country. Since many of the "wild analysts" were not medically trained and since standardization had finally been achieved in medical education, but not in other fields such as psychology, American analysts decided to affiliate with psychiatry, in spite of a proposal in 1919 that the APsAA be absorbed within the American Psychopathological Association. Since then, until very recently, the APsAA has been an organization affiliated with psychiatry.

In 1931, the first training organization in this country, the New York Institute, was established. By 1932, psychoanalytic societies had also been founded in Chicago and the Baltimore-Washington areas, and the "Old American," as the first association was called, was dissolved and a new association was organized with the same name, but a quite different structure. Instead of an organization of individuals, it became a federation of societies. During the period from 1932 to 1946, only one society, with its associated institute, was allowed in each city, but each constituent society had extensive local autonomy. Apart from the requirement that an individual could train only if he or she met the prerequisite requirements of training (i.e., M.D. and psychiatry residency), each Institute was responsible for setting its own standards as to training and graduation, and upon graduation, an individual was automatically conferred membership in the American Psychoanalytic Association and the IPA.

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## Division of Psychoanalysis American Psychological Association

*Leopold Caligor, Ph.D., President*

Thank you for the invitation to tell you about the Division of Psychoanalysis (39) of the American Psychological Association, its history and purpose. I speak for Division 39 but also as a founding member of the Psychoanalytic Consortium which permits psychoanalysts who are psychologists, physicians, and social workers to join in furthering the discipline of psychoanalysis.

### The Formation of Psychologist-Psychoanalytic Institutes after World War II

When Ph.D. clinical psychologists sought analytic training, they were declared unqualified as they were not physicians. Pro-active in their mental set, they refused to have their professional identity defined by another discipline (medicine). Some bootlegged their analytic training piecemeal from accredited medical analysts who would often deny their training publicly. Some were accepted for training at medical institutes as researchers in psychoanalysis and signed waivers not to practice. Some went to Europe for training.

Many European psychologist-psychoanalysts came to the United States during the Hitler years and soon thereafter. Theodore Reik, when told he could not teach at New York Psychoanalytic, founded the National Psychological Association for Psychoanalysis (NPAP). Erich Fromm, with renegade medical colleagues, Clara Thompson, Frieda Fromm-Reichmann, and Harry Stack Sullivan, founded the William Alanson White Institute, which trained psychologists and psychiatrists. And then there were American pioneers in the training of psychologist-psychoanalysts such as Reuben Fine, who was central in forming NPAP, the Institute for Training and Research (IPTAR), and the New York Center for Psychoanalytic Training.

Eventually there was a sufficient cadre of trained psychologist-psychoanalysts to form our own institutes. Their students were Ph.D. clinical psychologists who were eager to study psychoanalysis now that there was access to training. These students and faculty as well, were practitioners, but they kept strong roots in academia, research, and public service.

### The History and Development of the Division of Psychoanalysis

The Division was formed in 1939. Its purposes were: (1) to further the training of psychologist-psychoanalysts by encouraging the formation of training centers, our local chapters, where non existed; (2) to create a well informed group of psychologist-psychoanalysts through our newsletter, journal, monographs, and conferences; (3) to encourage the research mental set

and open dialogue between divergent theoretic and clinical persuasions—an extension of the university psychology model which encourages criticality and heterodoxy; (4) to legally make available psychoanalytic training possibilities for psychologists, for example, the historic lawsuit of the Group for the Advancement of Psychotherapy and Psychoanalysis in Psychology (GAPPP) which opened the doors of the American Psychoanalytic Association to psychologists; (5) to attend to practice issues such as legislation, insurance and public education; and (6) to find our place on the national and international psychoanalytic scenes.

**Psychologist-psychoanalysts believe psychoanalysis is a form of post-graduate education which draws upon the disciplines of psychology, medicine, and social work. Each discipline brings its vantage point and strengths to psychoanalytic education with benefit to all.**

As of this writing, the Division has approximately 3600 psychologists who are members. There are seven sections: Psychologist-Psychoanalyst Practitioners; Childhood and Adolescence; Women and Psychoanalysis; Local Chapters; Psychologist-Psychoanalysts Forum; Psychoanalytic Research; and Psychoanalysis and Groups.

There are twenty-six local chapters, seven sections, and one Division—a totality of thirty-four organizations. Each has a board and committee structure, and most produce newsletters and hold scientific meetings so that, in the aggregate, there are literally hundreds of psychologists who are involved in some way in the governance of the Division. It appears that part of the success of the Division has been to share its authority with sections and local chapters and that by so doing, it has given the opportunity for hundreds of its members to be active participants in its growth.

### Local Chapters

The local chapter movement is one of the premier results of the formation of the Division of Psychoanalysis. At first, it was a grass roots movement among psychologists who had been long frustrated by the psychiatry prerequisites in the American Psychoanalytic Association.

Once the Section of Local Chapters was formed in 1985, it exerted a great deal of energy in defining the requirements to become a local chapter, and actively recruited Division 39 members to form new organizations. It continues to do so.

The twenty-seven local chapters affiliated with the Division have been involved in the psychoanalytic training of psychologists and social workers. Local chapters have often started with "seed" money supplied by the Division. More important, the Division, through its Education and Training Committee, has made available visiting educators, helped arrange workshops, and given advice in structuring a curriculum.

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## The American Academy of Psychoanalysis

*Josef H. Weissberg, M.D., Past President*

The founding of the Academy in 1956 followed the conflicts that had wracked American psychoanalysis in the forties and early fifties and had resulted in the secession of several prominent members of the American Psychoanalytic Association and its component societies, and the formation of several new training institutes: the William Alanson White Institute founded by Harry Stack Sullivan, Clara Thompson, and Eric Fromm; the American Institute of Psychoanalysis founded by Karen Horney and her associates; and the institutes founded at Columbia University by Sandor Rado, Abram Kardiner, John Millet, and David Levy; and at New York Medical College by William Silverberg and Bernard Robbins.

The secessions had been prompted by several issues that could not be resolved. It was felt that free discussion of theoretical differences was not tolerated by those in power in the American Psychoanalytic Association and its most influential component society, the New York Psychoanalytic Society. The reorganization of the American in 1946 centered power in the Board of Professional Standards to impose training criteria on and to approve and certify institutes. Institute graduates had to be passed by the Board of Professional Standards before they could be admitted to membership in the American. Lastly, the American refused to consider admitting as members those analysts who were not physicians or to consider for approval institutes that trained non-M.D.s.

It is fascinating to note that the American now admits to membership and endorses training of candidates from non-medical disciplines at the doctoral level, while the Academy remains a medical psychoanalytic organization. Other major differences still exist and have had consequences in defining organizational characteristics of the American and the Academy.

The Academy exists as a national organization of about 800 members. It does not have constituent local societies. It neither recognizes nor certifies training institutes. It admits to full voting membership, that is, Fellowship, all licensed physicians who have completed training in general psychiatry and who have been graduated from an institute for psychoanalytic training. The training analysis must exceed 300 hours with a frequency of at least three sessions per week. The course work must cover certain topics and consist of at least 320 hours over a period of at least three years. At least three patients must have been treated, one to completion, with at least 40 hours of supervision for each. Additional guidelines are provided to assess training adequacy in questionable

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## Proposal to Establish a Psychoanalytic Consortium

**4. Outreach to Other Organizations:** Since each of the component organizations of the consortium has formal or informal ties with the three major mental health professions (Psychology, Psychiatry, and Social Work), it is hoped that we can enlist their support in furthering our goals. We would therefore seek to immediately begin a dialogue with the American Psychiatric Association, the American Psychological Association, and both the National Federation of Societies for Clinical Social Work and the National Association of Social Work to establish the possibility of common ground in regard to supporting psychoanalytic practice issues. We would be interested in including an additional group to represent the nursing profession. We would also hope to ally ourselves with any mental health organizations and groups representing patients and their families or broad consumer interests that would find common cause in our proposals to foster psychoanalysis and psychoanalytic treatment.

**5. Consortium Agenda:** At the present time, we would limit our joint activities to the following areas:

(a) Encouragement of insurance carriers to provide coverage for psychoanalysis and psychoanalytic psychotherapy by qualified professionals.

(b) Encouragement of federal government mental health programs to provide coverage for psychoanalysis and psychoanalytic psychotherapy by qualified professionals.

(c) Fostering communication and scientific exchange between our component organizations at both the local and national level.

(d) Coordination of our preexisting and continuing opposition to the National Association for Advancement of Psychoanalysis' (NAAP) or any other organization's request of the Council on Post Secondary Accreditation (COPA) for exclusive accreditation privileges in the area of psychoanalytic training.

(e) Education of the public in regard to psychoanalysis and the training and credentialing of psychoanalysts.

**6. Consortium's Relationship with Component Organizations:** It is understood that major initiatives will not be undertaken without first seeking prior consultation and approval of the executive bodies of the Consortium's component organizations.

Sub Committee on Aims and Purposes  
Psychoanalytic Consortium

Marvin Margolis, M.D., Ph.D., Chair  
Lee Caligor, Ph.D.

Marvin G. Drellich, M.D.  
Rosemarie Gaeta, MSW, BCD  
Helen K. Golden, Ph.D.

[This proposal was approved by the Executive Council of the COP on January 30, 1993.]

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## American Academy of Psychoanalysis

cases. All applications are required to be endorsed by two Fellows and are reviewed by the Membership Committee, which is chaired by the Secretary of the Academy. Our Fellows represent most of the training institutes in the country, and include many who also maintain membership in the American.

The Academy has several non-voting membership categories. Scientific Associates are not medical psychoanalysts but have other academic credentials and must have made substantial scholarly contributions to dynamic psychiatry. Candidate Members are psychoanalytic candidates who have been endorsed by their training institutions and by two Fellows. We have a relatively new category, Psychiatric Associates, who are trained psychiatrists whose interest in dynamic psychiatry is reflected in their practice, but who have not completed and are not currently pursuing psychoanalytic training. Many of the Psychiatric Associates live and practice in areas unserved by analytic training institutes and rely on the Academy for continuing education in dynamic psychiatry.

The Academy tries to avoid taking an institutional theoretical position, but rather is interested in serving as a forum for discussion of and contributions to the entire spectrum of dynamic psychotherapy, including but not limited to traditional psychoanalysis. We have semi-annual four-day meetings. In the Spring we meet in the city chosen by the APA on the weekend preceding APA meetings. Our December meetings alternate between New York City and warm-weather resort sites, such as Florida, Arizona, Puerto Rico, or Mexico. Each of our meetings has a theme, but also includes presentations by standing committees, such as the Committee on Intercultural Studies and the Research Committee.

We have three publications. The *Journal of the American Academy of Psychoanalysis* is a highly regarded, juried quarterly journal which frequently includes articles by prominent members of the American which may cover broader subjects than might be acceptable to the *Journal of the American Psychoanalytic Association*. The *Academy Forum* is a less formal magazine that is published four times a year, and the *Academy Newsletter*

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## The American Psychoanalytic Association - Past and Present

By 1936 the American began to grow restless by the requirement that it be subordinate in all matters of training to the International Training Commission of the International Psychoanalytic Association, and it revolted against authority from abroad, and in 1938, adopted a number of independent resolutions. Because of the continuing sentiment among leaders of U.S. psychoanalysis that the future of the field depended upon continued relations with organized medicine, the first resolution confirmed the APsaA's position against the training of laymen. Aside from exceptions made for research training, which required a specific waiver by the central organization, this restriction remained in effect for the next 53 years. The APsaA also devised its own set of "Minimal Standards for the Training of Physicians in Psychoanalysis," and adopted a resolution declaring independence from the IPA in everything except scientific cooperation. The APsaA thus stated that it no longer recognized membership in the IPA as acceptable accreditation for an American analyst.

These declarations of the APsaA to the IPA were received with some astonishment, but no action was taken. The outbreak of World War II prevented any further resolution until 1949, when, at the Congress in Zurich, the 1938 resolutions of the American were accepted by the IPA. At that time, the American was also granted the status of being the only organization that accredited psychoanalytic training in the U.S. for IPA membership.

Meanwhile, the immigration of European analysts had brought a variety of psychoanalytic views to this country. Conflicting views had led to heated controversy in some Societies and some members had resigned from their respective Society, which meant forced resignation from the national organization. Such tension within Societies brought pressure to the organizational structure of the APsaA because of its strict provision for only one Institute/Society in any one locality. In response to the agitation for change, a new organization, with a new set of by-laws, was established in 1946. These new by-laws made the Association again an organization of individual members rather than a federation of Societies. There was no longer any restriction as to the number of Societies/Institutes per locale, and the Societies became affiliates rather than constituent Societies. All members had to be physicians, graduates of approved Institutes, and all had to be screened and recommended by the Committee on Membership of the newly created Board on Professional Standards and all members voted individually to elect officers and change by-laws. Many new Institutes were

established, and there was a considerable demand for training.

The organizational structure set in 1946 is essentially that by which the APsaA operates today. An Executive Council, which consists of one voting member and one alternate from each constituent Affiliate Society, is responsible for all matters of psychoanalytic practice, psychoanalytic scientific concerns and publications, and a Board on Professional Standards (BOPS), made up of two member representatives of each of the constituent accredited Institutes, sets up and maintains standards for training, graduation, and certification of graduates.

The issue of non-medical training remained problematic to the APsaA since the 1919 decision to affiliate with psychiatry and bar training and membership to non-medical professionals. Although beginning in the late 50s, the possibility of a waiver became available for researchers, it continued to exclude all clinicians. In spite of pressure from psychology and social work clinicians, the BOPS, continuing to be concerned in attracting to psychoanalytic training those of the highest academic standards, was uncomfortable extending psychoanalytic training to other groups. This was because, while medical schools and psychiatric residencies adhered to certain uniform standards, advanced training in psychology or social work had no such universal standards. Nevertheless, after years of debate and increasing pressure from excluded groups, a landmark proposal was presented to and accepted by the BOPS in December, 1985. This so-called "Gaskill" proposal provided that with special waiver of the usual medical prerequisites, to be reviewed by the newly created Committee on Non-Medical Clinical Training (CNMCT), qualified individuals who had proven their excellence as human caretakers through psychotherapeutic clinical activities would be permitted to commence psychoanalytic training. This program proved to be enormously successful. For one, through the evaluation of applications for waivers, the CNMCT, and hence the BOPS, became familiar with educational programs other than psychiatry. Although not all member Institutes participated in the new program, those who did (24 of 28 Institutes to date) found that this new group of candidates brought refreshing new intellectual perspectives as well as a breadth of clinical experience to their psychoanalytic training. This program was so successful that in just over five years after beginning the experiment and after approximately 130 candidates had matriculated, the APsaA, in 1991, passed an "Extended Eligibility Amendment." This amendment extended eligibility to all those who had completed a Ph.D. or Psy.D. in clinical psychology, or a DSW or Ph.D. in social work. Never before in the history of the American had change come so rapidly.

Although this 1991 by-laws change reflected enormous progress, it nevertheless

continued to reflect the BOPS' concern for educational rigor and a skepticism about (and unfamiliarity with) the training of social workers as MSWs were not included in the extended eligibility list. Needless to say, many MSWs were very unhappy about the continued necessity for undergoing the arduous waiver process in order to train at an Institute of the APsaA. Therefore, the Committee on Psychoanalysis approached the APsaA with their concerns, and a Liaison Committee was established under the joint leadership of Rosemarie Gaeta, MSW, BCD, Chair, Committee on Psychoanalysis; George Allison, M.D., then President of the APsaA; and Marvin Margolis, Ph.D., M.D., Chair, BOPS. Phyllis Tyson, MSW, Ph.D., as the newly appointed head of the CNMCT, later joined this committee in October, 1991. The Committee on Psychoanalysis' first task was to inform the leadership of the APsaA about the BCD and the educational and clinical requirements leading up to an individual's obtaining a BCD. Indeed, the Committee needed to demonstrate to the APsaA the ways in which a BCD distinguishes an MSW with this credential as an individual with proven excellence as a human caretaker in similar ways that an advanced degree in other fields also distinguishes an individual. Clearly to date more work is yet to be done, and the Liaison Committee continues to meet on a bi-annual basis. There are significant issues yet to be resolved before the APsaA either abandons the waiver process and allows the Institutes autonomy to consider individuals on their own merits irrespective of prior degree, including Social Workers with BCDs in the category of those not requiring a waiver, or amends the waiver process so it becomes a less arduous one. However, with the many changes in attitudes within Institutes as they experience training non-medical clinicians, many Institutes have become increasingly open to the idea of accepting well trained social workers, especially those with a BCD, for full psychoanalytic training. For the first time in the history of the APsaA, full psychoanalytic theoretical and clinical training is available to MSWs with the appropriate educational and professional backgrounds who are sufficiently motivated to pursue the training. While the application procedure remains a rigorous one for whoever applies, medical or non-medical, and the waiver process remains an arduous task for those not included in the extended eligibility list, once accepted, most candidates find psychoanalytic training in an affiliate Institute of the APsaA a challenging and rewarding experience.

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## American Academy of Psychoanalysis

comes out semi-annually.

The officers of the Academy are the President, President-Elect, and Past-President, who serve one-year terms, and the Secretary and Treasurer who serve three-year terms that can be renewed once. They are joined on the Executive Board by nine trustees, three of whom are elected each year for three-year terms. The Committee structure is overseen by the Committee on Committees, chaired by the President-Elect. The Nominating Committee is chaired by the former Past-President who has just retired from the Board. Because the Academy does not influence the policy of training institutes, it was not involved in the recent legal action that compelled the American and its training institutes to admit qualified non-medical candidates to training and membership. Thus, we have been able to maintain our medical identification. While we have many Scientific Associates from other disciplines and our programs always include contributions from many disciplines, we feel we want to continue to have an influence on "guild" issues involving dynamic psychiatry, and that we can best do so by confining Fellowship, or voting membership, to medical analysts.

In common with analytic organizations at all levels, we find ourselves unable to replace all members lost to death and retirement with new members, and our membership has begun to shrink. We are considering several remedies. We are expanding our Psychiatric Associate category, offering courses and program components specifically directed at this growing cohort. We have recently been able to include most Psychiatric Associates in our advantageous malpractice insurance program, which has aided recruitment.

In the recent past, there has been a gratifying increase in cooperation between the American and the Academy on common issues such as the recent malpractice crisis in New York State, RBRVS and Practice Guidelines. The Academy is pleased to be represented in the newly organized Psychoanalytic Consortium which includes the American Psychoanalytic Association, Division 39 of the American Psychological Association, and the Committee on Psychoanalysis of the National Federation of Societies for Clinical Social Work. The Consortium will deal with issues requiring consensus of all organized psychoanalysis, such as problems involving certification and representations to federal and state legislatures.

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## Membership Committee Report

*Elaine A. Smith, MA, CSW, Chair*



The 1993 COP Membership Drive, which has been underway since January First, continues to produce a healthy stream of new and renewal applications into the Membership Committee Chair's mailbox on a daily basis. It appears as if the reputation of COP as the most dedicated and effective national voice for psychoanalytically-oriented social work clinicians is continuing to grow across the country. New geographic areas in which current COP members are working diligently to start local chapters are Northern New England, Florida, and Minnesota. An Area Committee has just been established in North Carolina (see page 7). Inquiries about membership in these geographical areas can be directed to the Membership Committee Chair, who will then connect interested persons with their respective area representatives.

The Spring '93 campaign, designed to encourage student analysts and psychotherapists at psychoanalytic institutes across the country to become members of the Committee on Psychoanalysis, has just begun. In addition to attracting new members, this campaign will hopefully serve to inform practitioners-in-training about the very serious issues—e.g., Managed Care, the continuing devaluation of psychoanalysis as a therapeutic technique—with which they will be confronted as they seek to build and maintain their private practice, and about the role played by the Committee on Psychoanalysis in supporting their right to practice as they have been trained.

Inquiries about membership can always be received at (718) 442-7018. Written correspondence about membership can be sent to: Elaine A. Smith, MA, CSW, 24 Clyde Place, Staten Island, NY 10301.

\* \* \* \* \*

### Know Your Board

**Elaine Ambandos Smith, MA, CSW**

Elaine is the new Chair of the National Membership Committee. She has a Masters degree in Psychology from the New School for Social Research and a Masters in Social Work from New York University School of Social Work. Elaine currently lives on Staten Island, New York, with her husband and daughter. She is Clinical Social Work Supervisor of the Prevention Unit at the Center for Youth and Families on Staten Island. Her special areas of practice are: Stepfamilies, Physical Disabilities, and Post Traumatic Stress Disorders.

Formerly, Elaine was Program Director of the Sexual Abuse and Domestic Violence Units of the Victim Services Agency on Staten Island. Her past experience also includes service as: Psychotherapist at the Hallen School, a proprietary school for learning disabled adolescents in Westchester, New York; Group Therapist for the Epilepsy Society of New York City; and Masters level Psychologist for United Cerebral Palsey of New York State.

**William S. Meyer, MSW, BCD**

Bill is the new COP Treasurer. He is the Director of Training and an Assistant Clinical Professor in the Department of Psychiatry, Division of Psychiatric Social Work at the Duke University Medical Center. He is the immediate past president of the North Carolina Society for Clinical Social Work and a Scientific Associate in the North Carolina Psychoanalytic Society. Bill is a consulting editor and a frequent contributor to the *Clinical Social Work Journal* and has a paper, in press, for the journal, *Social Work*, entitled "In Defense of Long-Term Treatment: On the Vanishing Holding Environment."



Bill has presented at numerous national conferences and has presented a clinical case as an invited guest of the American Psychoanalytic Association. Bill is also the Founder and Director of the Duke Postpartum Support Program.

\* \* \* \* \*

### Know the Editor

**Anne L. Cunynghame,  
MPH, ACSW, CAC, BCD**



Anne started her professional career with a public health degree and mental health interests. She was Mental Health Education Specialist, then Director of Manpower and Training with the New York City Department of Mental Health. In the process of administering an NIMH grant, Anne had to do some ad hoc counseling. This experience inspired her to go back to school for a masters in social work, which she acquired at New York University. Now in private practice in New York City and North Tarrytown (Westchester County), Anne trained at Postgraduate Center for Mental Health and is certified in psychoanalysis, psychoanalytic psychotherapy, and psychoanalytic group psychotherapy.

# 1994 JOINT CONFERENCE

The Committee on Psychoanalysis and the National Federation of Societies for Clinical Social Work will jointly sponsor the Second National Clinical Social Work Conference in Washington, D.C., May 13 - 15, 1994, entitled "Clinical Social Work in the 21st Century: Creative Responses to Critical Issues." This represents both a culmination and a beginning for the two organizations. The COP focus, "Vulnerable Patients, Vulnerable Practitioners: The Interplay Between Clinical Social Work Practice and Psychoanalytic Thought," dovetails with and enhances the Federation focus of "Resourceful Exploration in Clinical Social Work: Practice, Agency, Education."

Carol Tosone, Ph.D., CSW, Pennsylvania Area Chair, will assume another "hat" as COP Conference Co-Director. Her Federation counterpart will be Adrienne Lampert, MSW, BCD. Yaffa Weitzman, MSW, serves as Program Chair for the Committee on Psychoanalysis with Anne S. Evans, LICSW, BCD, holding the corresponding role for the Federation.

The newly incorporated Committee on Psychoanalysis will work as an equal partner with the Federation toward the common goal of strengthening the status of clinical social work practice while simultaneously recognizing the specialty practice area of psychoanalysis and psychoanalytic psychotherapy.

By combining efforts, especially at this time of critical social issues in mental health delivery services, our two groups will provide an increasingly broad forum, to address the clinical issues of our memberships and the populations we serve.

If you would like to work on planning this event, you will be very welcome. Please contact:

Carol Tosone, Ph.D., CSW	or	Yaffa Weitzman, MSW
Conference Co-Director		COP Program Chair
200 Locust Street, #20G		122 East 76th Street
(215) 629-9899		(212) 879-5070

**There is a Super Saver registration fee for early birds. If you register for the Conference by no later than August 31, 1993, you will enjoy a substantially reduced fee of \$225 to attend!**

Your check or money order should be made out to FACET (Foundation for the Advancement of Clinical and Educational Training), and mailed to:

FACET  
P.O. Box 3014  
Arlington, VA 22203

# A CALL FOR PAPERS

## **Clinical Social Work In The 21st Century: Creative Responses To Critical Issues**

**The Second National  
Clinical Social Work Conference  
Washington, D.C. Renaissance Hotel  
May 13-15, 1994**

Proudly Co-Sponsored by:

### **National Federation of Societies for Clinical Social Work**

Resourceful Explorations in Clinical  
Social Work: Practice, Agency,  
Education

Mail National Federation of Societies  
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**ANNE EVANS  
14 WILDE ROAD  
WABAN MA 02168**

### **National Membership Committee on Psychoanalysis**

Vulnerable Patients, Vulnerable  
Practitioners: The Interplay Between  
Clinical Social Work Practice and  
Psychoanalytic Thought

Mail National Committee on  
Psychoanalysis Papers to:

**YAFFA WEITZMAN  
122 EAST 76TH ST  
NEW YORK NY 10021**

Please submit **FOUR** copies of a full paper or draft (with identifying information on the cover only) and biographical abstracts on a separate page. Give the fullest possible description of a panel or workshop content and purpose. Papers will be returned on request if accompanied by a self-addressed envelope.

**DEADLINE: SEPTEMBER 15, 1993**

## Individuation Issues with HIV Infected and Affected Patients

Sheila Felberbaum, ACSW, RNCS



The incorporation of psychotherapy as a treatment option for HIV positive individuals has become more prevalent as diagnostic advances and aggressive medical treatments have resulted in a more prolonged life span.

No other client population so dramatically tests a therapist's creative flexibility to negotiate the patient's shifting psychodynamic treatment issues with pressing reality demands. Psychotherapeutic techniques vary according to stage of illness, ego capacity of the individual, and training orientation of the therapist. The *exclusive* employment of supportive techniques, in place of psychoanalytic psychotherapy, when patients have a limited life span is not therapeutically sound. The somatic diagnosis should not supersede and overshadow psychodynamic formulations.

A major consideration when working with patients who are confronting a life-threatening illness is their ongoing need to maintain autonomy and decision-making in the face of regressive pulls from both inner and outer worlds. This is most critically evident in those who are touched by the effects of an HIV positive diagnosis. I differentiate between infected (the physically infected) and affected (significant others, especially parents). In actuality, we are all affected: as therapists we must deal with the possibility of strong countertransference reactions as we imagine ourselves, a family member, or friend in place of the patient before us. Arlow's (1991) definition of empathy is especially helpful when we can be so easily drawn into, as he explains, not just thinking *about* the patient but feeling *with* the patient. He cautions us that an excessive lingering at identification with the patient "implies merging and can be detrimental to therapeutic work" (p. 222).

When young adults have tested positive, the negotiation of normative age appropriate individuation may be severely interrupted. Inadequately mastered issues of separation-individuation loom large for parents and progeny alike. Colarusso (1990), expanding upon the concepts of Mahler et al. (1975) and Blos (1967), describes the essential tasks of this stage as he proposes a third individuation.

the third individuation [is defined] as that continuous process of elaboration of the self and differentiation from objects which occurs in the develop-

mental phase of early (20 to 40 years) and middle (40 to 60 years) adulthood . . . at its core are object ties to children, spouse, and parents . . . the same psychological constellation that shaped the first and second individuations. . . in contrast to adolescents, young adults are usually functioning on a relatively independent level, living away from home and taking care of daily needs on their own. . . [and] are engaged in active sexual lives beyond parental purview, knowledge, or control." (pp. 181-182)

The specter of a shortened life span brought on by a disease process linked with sexual contact wreaks havoc for both generations. We see AIDS, a marriage of the two aspects of the human condition most often denied or repressed, sexuality and death (Becker, 1973). Unconscious as well as conscious fantasies of crime and punishment connected to sexual behavior abound as the individual anguishes over telling and not telling others about his or her diagnosis. The natural order in which parents die first is replaced by a world seemingly filled with chaos. In a frantic effort to repair damaged narcissism over being unable to protect their beloved offspring, parental care and concern may become confused with intrusiveness and control. The following case vignettes will illustrate the ways in which these themes emerged in clinical practice.

Gina was 22 years old when she was informed of her positive HIV status in a letter from an insurance company. She ran to her church, to confession, and was told by the priest "you kids are all doing sex." She spent the next four hours in a clinic, receiving counseling about HIV and AIDS, and was advised not to tell people who wouldn't handle it well. She told her mother but was terrified of informing her father.

If it was cancer, I'd be able to tell him, but this, it's such a dirty disease, and he doesn't even know I'm having sex. I felt as if everything was exploding at once when I told my mother because I had to tell her about the HIV and that I was having sex at the same time. I thought she would be furious about me having sex but she wasn't. It's not something I would talk to her about but because of this, I had to. She started to ask me all sorts of questions like was there anyone else, how did we make love, it was awful. I can't believe this is happening to me. I waited until I was 21 to have sex. I didn't think it could happen if you only did it with one person. All I've ever wanted was to get married and have children, now I can't imagine myself growing old or having all the things I took for granted.

She fantasized her father calling her a slut, refusing to talk to her, exploding and

becoming violent. Her mother also feared his temper but urged her daughter to tell him as the heavy burden of dealing with roller coaster emotions began to take its toll on both of them. During her once-a-week sessions I supported her right and need to make her own decision about when, how, and where to tell her father. We needed time to explore her multi-determined feelings of guilt, lack of self worth, and perfectionistic strivings. After four months she was able to tell her father and receive his concern instead of the much feared castigation. Gina had begun to view her sessions as an opportunity to understand herself more fully, not merely as another reminder that she was ill.

Patients may terminate prematurely if the therapist and psychotherapy become too strongly associated with the HIV diagnosis. Establishing a therapeutic alliance based on issues beyond the impact of the physical mitigates this common defense. Separating characterological reactions from those that are crisis-related is of ongoing importance; the patient must be made aware of those conflicts and detrimental modes of operating that existed prior to diagnosis (pre-morbid functioning). A therapeutic task is to render these modes ego-dystonic. Failure on the part of the therapist to isolate these aspects will impede the treatment and contribute to the ways in which the diagnosis can be used as a resistance.

The use of "no" in the service of autonomous strivings is evident in Gina's treatment. She was able to explore and analyze rather than just comply with her mother's wishes, she strove to maintain some sense of privacy about her sexual and personal life. Much as the 15-month-old child as described by Spitz (1965) shifts from primary to secondary process with the acquisition of the "No" gesture, so can the patient who, experiencing regressive pulls associated with illness and dependence on others, assert him or herself as a separate being. "Perhaps beginning with the severing of the umbilical connection, undoing of connections serves constructive, life-promoting, developmental processes" (Blanck, 1979, p. 45). The therapist's efforts are ego-enhancing when rightful claims to decision-making are supported without sacrificing the need to discriminate between self-assertion and self-punishing behaviors. The crises of a life-threatening illness can potentiate symptomatology related to previously poorly negotiated phases of separation-individuation. Appropriate intervention, in the form of psychoanalytically informed psychotherapy, can promote life-affirming individuation and mastery in both the HIV-infected and HIV-affected individual.

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## Book Review: The Child Patient and the Therapeutic Process. A Psychoanalytic, Develop- mental, Object Relations Approach

by Diana Siskind, Jason Aronson, Inc.,  
Northvale, NJ (1992), 316 pages  
*Patsy Turrini, MSS, Reviewer*



"Linda Small took on the task of working with a frightened and traumatized child in once-a-week psychoanalytic psychotherapy" (p. 303). This work is about the supervisor's teaching a therapist diagnosis, theory,

and technique over five months through the record of the process notes of both the patient and supervisee sessions. The text constitutes a document that demonstrates the art and science of psychoanalysis as a deep body of knowledge and an effective treatment tool, the value of the supervisor's role as facilitator of the therapist's and patient's growth, the pain and sufferings of little children and their parents, and the centrality of the need for a good object in reality, and within the inner representational world.

Seldom met in analytic writings, the author presents multiple analytic concepts (pre-oedipal and oedipal explanations) which illustrate the multiple functions of a particular behavior or thought, of the seven-year-old child named "Cleo." The author then shares her thinking about why she selects the particular dynamic focus that informs her interventions. Her perceptible insights give the reader further information on the meanings of developmental concepts, the theory of change, and intervention strategies.

Central to her therapeutic directions and her finely tuned interpretations is her understanding of the need for an internalized good object. Cleo is brought to treatment suffering from intense fears: of sleeping alone, that people might come out of the paintings in her room and take her away, and that she too would become a picture and not a real person, that her once loved stuffed animals would now hurt her. She is diagnosed as a child more neurotic than borderline, but subject to ego regression, without the ability to extract well from objects, or use her good internalized objects. Her parents were divorced when she was five and a half, after she witnessed violent marital scenes from the time she was two and a half. The mother works, and Cleo is in the care of a clearly depressed baby sitter. Cleo has given up on the object world and resorts to isolating defenses and a precocious independence. The text provides a step-by-step rationale and theory for the building of the reliable trusting object. Each intervention has a short-range and long-range effect geared to providing a safe and informative experience with the therapist, which can then be drawn upon by the patient for object connection and positive object expectation outside in the larger object world. As the author so clearly cautions, the goal is not to become a better parent than the parent, rather, it is to aid the inner conceptualization of hope and positive expectancy. The value of good object representations as central to cure is often misunderstood and highly controversial if understood at all. Problems of aggression and unconscious fantasy are emphasized, to the neglect of the importance of the dynamic structure of positive object constancy. Comparison of the treatment of Richard (Klein, 1961, *Narrative of Child Analysis*) in which sexual and aggressive wishes are interpreted, and the work of Siskind would make an interesting research study. Both children, Cleo and Richard, gain considerable health. Carstairs (1992) points out that in both the work of Mahler (which Siskind draws upon) and that of Klein, there is agreement that positive experiences with the object are essential to health.

A serendipitous event occurs in Cleo's treatment. The new baby sitter has not been informed of Cleo's treatment time, and Cleo throws a fit, and is then taken to her session. The author says, "She discovered she has executive power, that she doesn't have to fold up and make do with whatever is thrown her way" (p. 248). Here we see that the technique of building of good objects does not take away from the use of the aggressive drive; rather, it serves to enable her to become assertive and self-protective.

The text demonstrates the importance of supervision. The reader can be easily befuddled by the complexity and uniqueness of Cleo's repertoire of troubles and

*Continued on page 21*

## Some Thoughts on Writing a Book

*Diana Siskind, CSW, BCD*

The idea that the writing of a book be viewed as a developmental milestone was generated by a supervisee's casual comment.

Upon learning that I was writing a book, she responded with: "Oh, is that what happens next ...?" I asked her what she meant, and she said something like this: "Oh, you know, we get our graduate degree, work in a clinic, attend an institute, and work on establishing a private practice. Then we go on to teaching, supervising students, and presenting papers at scientific meetings...getting published in journals...and then I guess comes THE BOOK."

I remember being taken aback. I was in the early stage of book writing and the process was too novel and special to me to be viewed as just one of the many destination points along a professional roadmap...as if writing a book was some commonplace event. I told my supervisee, somewhat dryly I'm sure, that writing a book is OPTIONAL. Just recently I remembered this exchange and realized that my supervisee did have a point. There does seem to be a collective trait in our profession: the urge to grow, to expand and to seek new challenges. Perhaps she had referred to "THE BOOK" as a metaphor for the realization of a highly cathected pursuit, an outward indicator that developmental forces were operating in a productive way. After all, life would be bleak if our commitment to the development of our patients did not include a healthy concern about our own growth and satisfaction. We don't all write books because that doesn't fit everyone's realm of interests, but most of us keep growing and branching out into directions that appeal to our tastes and talents, and that satisfy some of our particular ambitions. Some of us join established professional organizations, others form new ones; some of us study for doctorates and become academics; some of us return for a second or third analysis to deepen our professional insight and the quality of our lives; many of us become ongoing seminar members and leaders; some of us branch out to apply our knowledge to education, legislation, and popular culture. Some of us even become ambassadors of psychoanalysis and travel nationally and internationally to ensure that communication within our field is not restricted by the territorial boundaries of states, countries, or continents. Some of us write books. And there is always more, but I've made my point: few of us stay still.



To me a book had always seemed wonderful and awesome—something valued but out of my reach—something too hard to do. In retrospect I realize that I had only been familiar with one book...an abstraction that I had created and admired from a distance...an idealized book...a curious fantasy that carried traces of the oedipal wish and the prohibition against it. It had nothing to do with me in the present and the book that I could sit down and write. Then, one day I had an idea that seemed so simple and natural that it transformed the notion of "THE BOOK" into the much more comfortable notion of "my book." Once the issue of time, place, and psychic territory went through this necessary transformation, I was able to sit down and write.

For those of you who want a book to be part of your development, consider this: **Write a book that you are able to write.** This is no riddle. I am talking about making the same functional rather than narcissistic choice in book writing that you would ideally make in choosing your mate, your friends, and how to live your life. Write the book that you want to write...write *your* book...a book that fits you and that has a particularity about it because you are its author.

Let's return to the idea of viewing the writing of a book as a developmental milestone. We know that development always involves change and reorganization of psychic structures. At some point in the book writing process, writer becomes author. This transformation cannot take place without a measure of self-redefinition. In the circularity that is basic to psychic processes, every psychic shift has multiple determinants and multiple consequences. The milestone aspect of the book as book, or book as metaphor, represents a unique configuration of determinants for each of us and reflects something of how we differ from each other as well as how our common ground links us to each other. I believe that we can assume that in all developmental milestones, however the confluence of mutative factors comes about, there are certain common denominators. Fantasy always plays a part; there are subtle shifts in self and object representation; the ego must harness the drives for an ascent into this new and unexplored realm, and do so with a benign nod from the superego—and so on, and so on, and so on.

*Continued from page 20*

## Book Review

actions. The inventiveness of the supervisor and therapist forcefully demonstrates that one cannot turn to a single text, or the DSM-III-R for diagnostic and intervention directions. The ingenuity of supervisor and therapist who understand the patient's unique play, dialogue, and defense/adaptive maneuvers comes from extensive practice,

life experience, study of theory, combined with wisdom. Shared goals and a common ground of theory also contribute to the partnership of therapist and supervisor. and rarely chronicled teaching method in social work. The good object-good enough supervisor promotes learning, and produces a good enough-good-object (for the patient's) treatment. Cleo says at the end session before the summer, "I know that I'm going to miss you a lot because you taught me that I don't have to be afraid. Now when I'm afraid I tell myself to think of you." The book will be refreshing to all readers at whatever level of experience, and can be used in treatment courses and in human growth courses. The material offered explains how children think and what they need. Valuable technique and theory unfold in this well-written text.

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## Spotlight

Carl Bagnini, CSW, BCD, is the first social worker to be appointed to the faculty of the Long Island Institute of Psychoanalysis. He is teaching a course he originated and designed on Object Relations Family Therapy.

Janet Droga, MSW, is presenting a paper (with Peter Kaufman, Ph.D.) entitled "The Guilt of Tragic Man," at the April 1993 meeting of the APA Division 39 in New York City. Ms. Droga is co-editing (with Dorothy Levinson, MSW) a forthcoming issue of the journal, *Psychoanalytic Inquiry* entitled, "Somatization: The Bodily Experience of Mental States."

Rosemarie Gaeta, CSW, BCD (COP Chair) will present a paper, "The Significance of Physical Defect and Child Surgery on Gender and Psychic Development: A Case Study of a Young Woman," at the International Conference for the Advancement of Private Practice of Clinical Social Work to be held June 20-24, 1993 in Santa Fe, New Mexico. Maria T. Miliora, Ph.D., LICSW, will also present at that Conference. Her paper addresses "Self-Demarcation in Women's Development: A Self-Psychological Formulation."

Charlotte Prozan, LCSW, Co-Founder with Rosemary Lukton, Ph.D., of the Northern California Committee on Psychoanalysis, has written a sequel to her book on *Feminist Psychoanalytic Psychotherapy*. Book No. 2 is called *The Technique of Feminist Psychoanalytic Psychotherapy*.

Margaret C. Frank, LICSW, BCD (COP Massachusetts Area Chair) was

appointed Program Director of the Post-graduate Certificate Program in Advanced Child and Adolescent Psychotherapy at Boston University. At the Annual Meeting of the American Group Psychotherapy Association held in San Diego, California, February 16-20, 1993, Ms. Frank was moderator and presenter in a panel on "The Adolescent Gang Phenomenon." At the same Conference, she co-chaired a Workshop with Saul Tuttmann, M.D., Ph.D., on "Dark Moments Revisited: Illumination by Object Relations Theory." As noted elsewhere, Ms. Frank was also a keynote speaker at the COP October 1992 Conference.

Carolyn Hillman, CSW, has written a book, *Recovery of Your Self Esteem: A Guide for Women*. Excerpts from the book have appeared in *Good Housekeeping*, *New Woman*, *Fitness*, and *Beauty Handbook*.

Judy Kaplan, CSW, BCD, was the Program Chair, Moderator, and speaker at a program sponsored last year by the Council of Psychoanalytic Psychotherapists on "The Future of Psychoanalytic Training: Contemporary Issues and Controversies." Ms. Kaplan's paper, "Finding One's Own Voice: Development of a Psychoanalytic Identity," will be published this Spring in *The Psychoanalytic Review*.

William G. Saur, Ph.D., BCD, with Marilyn S. Saur, Ph.D., has developed a projective test called STARR (Spiritual Themes and Religious Responses) which elicits conscious and unconscious religious and spiritual content. The Saur's are presenting a paper at the April meeting of APA's Division 39, "Transitional Phenomena as Evidenced in Prayer," slated for publication in the Spring issue of the *Journal for Religion and Health*. Another jointly authored paper, "Images of God: A Study of Psychoanalyzed Adults," appears in *Object Relations and Religion: Clinical Applications*, edited by M. Finn and J. Gertner.

Roberta Ann Schechter, DSW, presented her paper, "The Vicissitudes and Value of Training Bliss: Comments on Transference Neurosis in Training Analysis," at the November 1992 meeting of the International Federation for Psychoanalytic Education. Dr. Schechter's paper, "Voice of a Hidden Minority: Identification and Countertransference in the Cross-Cultural Working Alliance," was published in the *American Journal of Psychoanalysis*, Volume 52, No. 4, December 1992. This year, Dr. Schechter was appointed a member of the Mayor's Task Force on Family Violence, New York City.

Janice C. Warner, MS, BCD, was the keynote speaker on February 5 at a conference in Edison, New Jersey on "Multiculturalism: Can We All Get Along?" The Conference sponsors were "multi" too: The New Jersey Society for Clinical Social Work; Rutgers School of Social Work; the

New Jersey and Central District of AAMFT (American Association of Marriage and Family Therapists); and the New Jersey Chapter of NASW.

*Continued from page 6*

### **COP Chair-Elect**

**Cecily Weintraub, Ph.D., BCD**

Ruderman and Elaine Smith. Rosemarie Gaeta, COP Chair, was consultant to the Committee. Chad Breckenridge, Federation President-Elect, was liaison for the Federation and Robin Robb was consultant for the Federation.

Cess holds Diplomate status in the Federation and was named a Distinguished Practitioner of the National Academies of Practice. On the lighter side, Cess contributes a biweekly film review to the *Rockville Centre Herald*, exploring psychological themes in popular films in language easily accessible to the general movie-going public.

Clearly an all-round, accomplished woman with multiple interests and accomplishments, Cess will be a stellar spokesperson and advocate for clinical social work psychoanalysts and psychoanalytic psychotherapists during her term of office. The COP is indeed fortunate to have her become its next chairperson.

- *Micki Alperin, CSW*

*Continued from page 13*

### **Division of Psychoanalysis, American Psychological Assn.**

The local chapters have a strong voice in the Division that is heard, respected, and responded to.

Data collected in 1992 indicates that the size of chapters varies enormously; for example, from sixteen in the Potomac Society to 500 in Massachusetts. The total number of local chapter members is 2,887.

In all local chapters and institutes affiliated with Division 39, candidates participate equally, whether psychologist or social worker. The criteria are the person's talent, capacity to grow and to contribute as a psychoanalyst. Leafing through the newsletters and bulletins of many institutes and societies, I have been impressed by the contributions social worker graduates have made as teachers, supervisors, administrators, program chairs, and society presidents and the significant presence of social worker candidates.

The Division of Psychoanalysis of the American Psychological Association is delighted to join with the Committee on Psychoanalysis of the National Federation of Societies for Clinical Social Work. We look forward to our mutual participation in the Psychoanalytic Consortium and our joined efforts to further psychoanalytic education.

## **Committee on Psychoanalysis**

**A NATIONAL MEMBERSHIP COMMITTEE OF THE  
NATIONAL FEDERATION OF SOCIETIES FOR  
CLINICAL SOCIAL WORK, INC.  
(Committee Est. 1980)**

The Committee on Psychoanalysis was formed as a standing committee of the National Federation of Societies for Clinical Social Work in May 1980, in response to the need for a national advocacy group for Clinical Social Workers who practice psychoanalysis and psychoanalytic psychotherapy. Clinical Social Workers are a major provider group of psychoanalysis and psychoanalytic psychotherapy in the nation. In the past, before the formation of the Committee on Psychoanalysis, they were forced to look to psychology and medicine for standard setting and clinical identity as psychoanalytic practitioners. The Board of the National Federation voted in October 1985 to expand the scope of the Committee to allow all interested members of State Societies of Clinical Social Work to join the Committee directly. Annual dues and contributions are used exclusively by the Committee for its work.

Major goals: In addition to ensuring parity for Clinical Social Workers as psychoanalytic practitioners and educators, the Committee's goals are to provide:

1. A national specialty identity for clinical social workers who practice psychoanalysis and psychoanalytic psychotherapy
2. National standards for psychoanalytic training and practice by Clinical Social Workers
3. National educational conferences
4. Forums for specialty interests
5. Area conferences
6. Publications

Who may become members? Any individual of a State Society for Clinical Social Work who is interested in working toward achieving the goals of the Committee may become a member. If you are a member of a state Society for Clinical Social Work, we will send you information regarding membership in the State Society in your area. Your Society must be a member of the National Federation.

# Membership Application

## COMMITTEE ON PSYCHOANALYSIS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (Office) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Highest Degree \_\_\_\_\_ Date \_\_\_\_\_

University \_\_\_\_\_

State Society Membership \_\_\_\_\_

License or Cert. No. \_\_\_\_\_

State \_\_\_\_\_

*Please Enclose \$35.00 dues for 1993.*

In addition to the enclosed dues I wish to contribute:

\_\_\_\$200 \_\_\_\$100 \_\_\_\$50 \_\_\_\$25

DUES AND CONTRIBUTIONS ARE TAX DEDUCTIBLE FOR MEMBERS OF THE PROFESSION.

*Check should be made payable to The National Federation of Societies for Clinical Social Work, Inc.*

I would be interested in working on:

A. National Standards\_\_\_ B. National Conferences\_\_\_\_\_

C. Local Conferences\_\_\_ D. Legislation\_\_\_\_\_

E. Public Relations\_\_\_ F. Newsletter\_\_\_\_\_

G. Other\_\_\_\_\_

*Please return to: Committee on Psychoanalysis, c/o Elaine Smith, MA, CSW, Chair, Membership Committee - 24 Clyde Place, Staten Island, N.Y. 10301*

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### A Call for Newsletter Volunteers

If you are interested in assisting in work on the 1994 Edition of the COP Newsletter, please get in touch with the Editor at the above address.