

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

Affiliated with The Clinical Social Work Federation

Winter/Spring 2004

## From the President

I want to thank the NMCOP for the honor and opportunity to serve as your President. I thank Barbara Berger, our outgoing President, for her invaluable help and support, and I look forward to working with Marsha Wineburgh, our new President-Elect. I also look forward to continuing to work with our Board, which has a wonderfully collaborative spirit, and high level of expertise.

I. As I enter the first year of my presidency, I quote from earlier letters which I wrote to you as President-Elect. The ideas I expressed then continue to hold true, and will be among my guiding principles as I serve as your President.

*I am proud and honored to become part of a tradition of leadership which is deeply rooted in our social work and psychoanalytic history. From this tradition, we are*



**NMCOP PRESIDENT**

*Judy Ann Kaplan*

*provided with a frame for a creative approach to our current and future needs. [Winter 2002]*

*These are exciting times to be a psychoanalyst and a social worker. There is a new spirit of reconciliation of diverse theories. We can face the external challenges to psychoanalysis and social work with courage and confidence, whether they be intellectual or economic. We can also face them from within, even from within social work itself. There is a place for psychoanalytic social work, and we should expand psychoanalysis into the graduate and under-graduate social work schools. [Fall 2002]*

II. Next I would like to review the goals I set out then, and bring you up to date.

1. "Community and Communication. To function as a community we need to develop better ways to communicate with one another in a timely fashion."

We have most successfully started our listserve, which enables us to send messages to the entire

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**NMCOP —**  
*rooted in the past, focused on the present, looking toward the future*

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group using just one email address. We are now able to easily exchange professional information, communicate about referrals, psychoanalytic programs, conferences, and crises, and have creative exchanges with one another.

2. "Establishment of more short-term online workshops and/or issue-related meetings so that we can get to know each other better."

Our Area Chairs have functioned magnificently in this regard, as the following listing shows:

*Karen Baker* in Michigan has an outreach program, at the University of Michigan, for graduate social work students on the integration of social work and psychoanalysis into a meaningful social work practice.

*Ellyn Freedman* in Florida has developed a marvelous chapter program, "Couples, System and Self: Expanding the Structure of Therapeutic Impact."

*Hilde Gasirowicz* in Minnesota presented an engrossing two-part series on "Working with Dreams."

*Betsy McConnell* in Washington State, arranged a popular five-evening series, "Luminous Psyche: Selected Films of Max Ophuls."

*Sidney Miller* in Illinois has been working to create a series of reading study groups based on "Fostering Healing and Growth: A Psychoanalytic Social Work Approach."

*Ellen Ruderman* in Southern California developed a series of thought-provoking meetings, including "A Morning with Patrick Casement."

*Marilyn Schiff* in New York developed a series of excellent small workshops jointly with the NYSSCSW including: "Some Concerns About the Current Nature Of Parental Permissiveness" by Diana Siskind; "Lesbians in Psychoanalytic Theory" by Beverley Goff; "Psychoanalysis of Addiction" by John Bliss; "Expectable Aggression in Children and Adults" by Patsy Turrini.

*William Meyer* and *Terrie Baker* in North Carolina developed a successful workshop, "Reaching Across Boundaries of Culture and Class: Widening the Scope of Psychotherapy."

3. "Development of different ways to help each other in our practices."

This goal needs further exploration, as efforts to strengthen services to our members are of primary importance in the growth of our organization.

4. "Integration of the meaning and benefits of belonging to a broader psychoanalytic social work community through the Psychoanalytic Consortium, the Clinical Social Work Federation, the American Board of Examiners, academia, colleagues, and friends."

The Psychoanalytic Consortium, composed of the NMCOP, the American Psychoanalytic Association, the American Psychological Association, and the American Academy of Psychoanalysis, is a group concerned with setting and maintaining the highest criteria for the training and performance of psychoanalysts and psychoanalytic psychotherapists. The Consortium developed a document that sets the standards for training institutes, and provides the guiding principles for accreditation, and continues to work on critical political and professional issues of concern to the psychoanalytic community.

As regards the Clinical Social Work Federation, David Phillips has provided the following information:

NMCOP, which began as a specialty committee within the Clinical Social Work Federation, reorganized as an independent corporation over ten years ago. NMCOP has remained affiliated with the Federation, and we have closely observed the developments taking place within that organization. The Federation is currently coping with three major issues: loss of membership; relations between the national organization and the state societies; and the experience with the Guild.

Over the last few years the State Societies for Clinical Social Work, which make up the Federation, have lost substantial numbers of members, and concern about this loss prompted Abbie Grant, the current President of the Federation, to appoint a Restructuring Committee to review every aspect of the Federation's organization and functioning. One of the main goals of the Restructuring Committee will be to attempt to understand why this loss of membership has taken place, and determine how to respond to this trend.

The Federation hired its first national Executive Director approximately three years ago with the expectation that this will make the Federation a more effective organization and give it a much stronger voice on a national level. However, since the Federation is still an organization of individual state societies for clinical social work, the strengthening of the national body affects the relationship between the national organization and the state societies. The Restructuring Committee will determine if

these changes necessitate changes to the By-Laws.

As regards the Federation's effort to affiliate with a national Guild, this complex situation continues to evolve. The Federation Board has recently voted to not renew its affiliation with the Guild. However, since current Guild contracts exist with the individual state societies, there may be some state societies that will continue to remain affiliated and will require Guild membership. The NMCOP Board has followed this issue closely for six years, and is continuing to study the problem of recruiting members in states where individuals may have to join both a State Society and the Guild in order to become members of the NMCOP.

5. "Assistance for a new generation of NMCOP members to take their place in governance, in Conference planning, in the Study Group."

Sidney Miller, our Illinois Area Chair, has been functioning in a newly created position, New Professionals Chair.

6. "Consideration of writing a history of NMCOP."

I have appointed David Phillips to be our historian and compile our NMCOP history.

7. "Continued development of strategic alliances and expansion of our political influence to provide effective advocacy."

This effort received a tremendous shot in the arm from the success of the New York State Society for Clinical Social Workers (NYSSCSW) in passing a law for the licensing of social workers in that state. This milestone was achieved due to the decades-long work of our own new President-Elect, Marsha Wineburgh. Necessary follow-up work is being carried out as regulations to implement the law are drawn up, and linkages are forged with other states who have, or want to have, similar statutes. [See current situation with the Federation.]

8. "Development of a national media strategy."

The appointment of Ellanor Cullens as Public Relations Chair was a necessary first step toward this goal. Ellanor has been developing creative goals and strategies for Board review.

9. "Consideration of smaller, regional, or more frequent conferences, forums where we can feel comfortable discussing our clinical and theoretical concerns with our peers."

This goal falls within the purview of the Area Chairs, who are constantly energizing professionals in their regions.

10. "Opportunities and challenges for the expansion of psychoanalysis in the education of graduate level social workers and in undergraduate schools."

The 2004 Conference Committee has been exploring ways to involve graduate and undergraduate students. Our New Professionals Chair is also working on this issue on a long-term basis.

11. "Formation of alliances and increase of our 'friends' —professionals whose developmental path has brought them to psychoanalysis and psychoanalytic psychotherapy via routes other than social work."

I suggested then that we should inform our colleagues, teachers, and students who have backgrounds from other disciplines that they are welcome as friends, and I suggest now that we should continue to do so.

### III Ninth National Conference

We will all gather on March 10 - 13, 2004, at the Marriott Financial Center Hotel, in the emotional shadow of the World Trade Center, for our Ninth National Conference entitled **PSYCHOANALYSIS: CHANGING IN A CHANGING WORLD • Impact on Theory and Practice**. Our Conference title reflects an awareness of both our past and our future, allowing for transitions that bind continuity and change. The events of 9/11 dramatically changed our world, and we are still grappling with the long-term ramifications of that change, and how it affects both us and our patients. Our Conference will include in its focus, among numerous cutting edge topics, the effects of trauma resulting from the terrorist attack.

The NMCOP-sponsored Study Group will be hosting an opening night presentation at the Conference entitled, "Why am I Here? Engaging the reluctant client." In addition, the members of the Study Group, in collaboration with the NYU Social Work faculty, will be showing a training film on interviewing that has been produced for clinical training.

Our 2004 Conference program, which presents the best in today's thinking and practice in the field at large, and is comprised of outstanding scholarship and depth of clinical experience, could only have come about through the hard work of many dedicated, industrious individuals. The Conference will be led by: Penny Rosen, Conference Director; Miriam Pierce, Program Chair;

*See President's Message on page 5...*

## Reflections on Premature Termination: Is it Always Goodbye?

It has been over 15 years since I last had to terminate a practice. At that time, I believed that this was a rare event and one that was unlikely to occur to me again. Yet it did happen again. As personal life circumstances changed, I was again in the position of making a decision to terminate my practice and move to another state. Prior experience did not make this recent change easier. It may have prepared me a little better for what to expect but there also were differences. Among them was the fact that I was a much more experienced analyst, patients had been with me longer and the way in which I thought about the analytic relationship had altered for me as well as for the analytic community. What I would like to explore here are some of the ways that my thinking about, and experience of, termination changed and the way that these changes influenced the process of leaving my practice.

One change that affects many clinicians is the way that we communicate with our patients. Technology and the cost of technology allows for greater use of telephones. During my training it was considered inappropriate to speak with patients on the phone. You might have a brief phone conversation to provide support until the next session but you would also be careful not to encourage the patient to use this method of communication. Currently, telephone sessions have become another way to provide treatment. It is still a relatively new practice but more and more clinicians are sharing their experiences of conducting treatment by phone. Among the reasons for doing this is because the patient has moved or is unable to make office visits for a protracted period.

In my case, I was the one leaving my patients. Fifteen years ago when I was leaving my practice the idea of continuing by phone was unacceptable to me. At the time, my concern was that I would be holding on to patients unnecessarily and colluding with them to avoid mourning and loss (Siebold, 1991). Like many other analysts, over the past few years I have used the phone more frequently to allow continuity with patients during long breaks or when chronic illness keeps them homebound. So when I began to think about terminating with patients two years ago, I was more open to considering the idea of continuing treatment with some patients rather than feeling pressed to make sure that they all

ended. Ending treatment when I left or transferring a patient to another analyst were still options but now there was also a third option, continuing with me.

Because we now accept the telephone as another way to conduct analytic work and because I was moving within a geographic distance that allowed patients make periodic arrangements to see me, I was less sure that a premature termination was the only course. The new dilemma was to think about what would be best for each patient. Other analysts have discussed this process when illness creates a disruption in their ability to practice and they must choose who will continue and who will transfer to another analyst (Morrison, 1997). Similar written discussions by analysts who are making a geographic or career move are absent from the literature. Considering phone sessions as a viable alternative to forced termination gave me much to ponder. How would I make this offer to patients? How would I decide who could benefit from this approach? Would I be foreclosing an opportunity for the patient to mourn and to develop better

strategies for tolerating strong affect? Was I defending against my own conflicted feelings about leaving?

Just as my thinking about technique has shifted as new innovations have emerged, so too has my thinking about the analytic relationship. Early in my training, I learned the importance of mourning as a normal human process and that attachment is a biological need influencing social, emotional and cognitive development. In the intervening years, the findings by attachment researchers and my understanding of the application of these to the analytic process has been amended. One construct of attachment theory is that during the first two years of life the child forms an internalized model or models of attachment that are enduring, self-perpetuating and resistant to change (Ainsworth, 1989; Bowlby, 1984). Moreover, this model is to an object and responses from the object directly influence the internalized model that is formed (Siebold, 1999). Because the innate need to attach is to a particular person, such connection cannot easily be transferred to another person. Thinking about attachment in this way has increasingly influenced my way of thinking about the transference relationship.

In the transference, the model of relating is replicated with the analyst. Be it characterized by security, avoidance, ambivalence or disorganization, the patient connects with the analyst in a series of strategies that are his or her known way to form a connection. Models of

*See Termination on page 18...*



by Cathy Siebold, DSW

and Diana Siskind and Susan Sherman, Call for Papers Co-Chairs.

What drew me to social work, what drew me to psychoanalysis, is the guiding principle that "each and every human life is worthy of attention, of understanding, worthy of acceptance without judgment, and worthy of fine care which others in this society deem not cost-effective." It is of vital importance to uphold these values, these social work psychoanalytic values, and the NMCOP Conferences provide unique opportunities for caring professionals to deepen their understanding of and commitment to these values.

I cannot overstate how important it is for newer members of our field, such as those who have been selected to present papers, to be seen and heard at these meetings. We want to mentor our future generation. Please come, contribute, and also see and hear luminaries of our profession, for it is out of such contact that professional identification takes root. I look forward to our March 2004 Conference in New York City. Please plan to be with us. ■

**National Membership Committee on Psychoanalysis in Clinical Social Work**

... the national social work organization devoted exclusively to psychoanalytically informed practice

# from the Editor...

Donna Tarver,  
Editor



As the Newsletter goes to press our Conference Committee in New York led by Penny Rosen is busy making final preparations for our March Conference. This issue includes an interview by Sylvia Teitelbaum with Judith Wallerstein—one of our featured speakers. Please take a look at your conference brochure and plan to join us on March 11th through March 14th in New York.

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

Thanks to all contributors to this issue: Ellanor Toomer Cullens, Judy Kaplan, Marilyn Schiff, Cathy Siebold, Diana Siskind, Sylvia Teitelbaum, and Patsy Turrini. ■

## NMCOP — *rooted in the past, focused on the present, looking toward the future*

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**Therapies With Women:  
Toward Relational  
Perspectives  
with Today's Women**

edited by Jean Bovard Sanville, PhD,  
and Ellen Bassin Ruderman, PhD

International Universities Press, Inc.,  
2003, Madison Connecticut,  
328 pages

*(Reviewed by Patsy Turrini)*

This interesting book offers 14 individual papers presented in chapters that describe the lives of women in various experiences of transition. The case studies are very well written and illuminate the topics. The authors develop a focus on women's connecting, caring, nurturance and affiliation, and each provides a good bibliography. Each paper deserves a full discussion, with a discussant, and that is not possible in this form of review.

Though repeating the listing of the authors work set forth in the Winter 2002 NMCOP Newsletter, I include the papers names and authors, with a brief comment about each. In the foreword, Dr. Ellen Ruderman says: "In the wake of changes forged in the last century, we observe women assuming a greater diversity of roles and attitudes about their place in our society. The presentations, all done by analytically oriented clinical social workers, integrate psychoanalytic and socio-cultural considerations in a collectively relational approach to psychoanalysis and psychotherapy." (p. xxi) Both she and Dr. Sanville give their views on each paper in the Introduction. These two overviews are very interesting, and we can listen to their particular specialties and approaches.

Dr. Ruderman, in chapter 1 entitled "Plus Ca Change, Plus C'est la Meme Chose: Women's 'Masochism' and Ambivalence about Ambition and Success," offers interesting



perspectives. For example, she says, "My definition of the analyst-mentor is that individual (or object) who 'lends' to the patient a more benign superego, who allows wants and desires, and models a capacity to adapt to and impact on society in a vital way." Ruderman combines analytic authors with feminist thinkers; She brings in Dinerstein, and Gilligan among others. She includes in the explanation of masochism the earliest ties to the mother that expands and adds to the multiple determinants that comprise this concept. The fear of early loss of the mother is a threat that keeps a form of masochism in check and bound. There is much more in this chapter to stimulate thinking.

In chapter 2 by Dr. Sanville, entitled "Contemporary Psychoanalytic Voices in North America: The Death of Gender Stereotypes or the Birth of New Fictions of Femininity?," she provides an interesting description of The Stone Center, and selects points from Jessica Benjamin; Ruth Lax; Doris Bernstein; aspects of Jean Baker Miller's ideas; Judith Butler; Muriel Dimen; Adriene Harris, Wrye and Welles, Eva Lester, and Julia Kristeva; Magee and Miller; and A. Ungier. So the reader is treated to themes that could be overlooked or never found. Dr. Sanville is very optimistic and enthusiastic about the valuable contributions from the psychoanalytic feminist thinkers, and sees them offering increasing insights in the future.

Chapter 3, "Attachment and Women" by Dr. Pat Sable, provides

an integration of newer research in the attachment field. She brings in defensive experiences that individuals develop against fear of attachment (referred to as the fear of merger in earlier texts). On page 61, Sable offers a description of what it means to feel securely attached: "It means feeling confident in the knowledge that a chosen figure will be there and will respond appropriately if called upon for comfort and support. Adult attachment is both a mental construct that 'contributes to the maintenance of an inner state of well being' (Weiss, 1991, p. 71) and also a particular type of relationship." I was struck at how similar this definition is to the definition of Emotional Libidinal Object Constancy (ELOC). Mahler, et al., Blanck and Blanck, and Edward Ruskin and Turrini, define ELOC as a mental representation that includes a confidence in the Mother/other to be helpful, available, who knows and loves the child, and who is recognized with needs and feelings of her own. This important concept, be it discussed as attachment or ELOC, needs even more emphasis and defining of the essential human needs necessary from the holding environment. Sable continues the study.

Dr. Judith Schore continues the work on attachment in her chapter "The Development of Attachment and Affect Regulation in Infancy and Childhood with Possible Clues to Psychological Gender." She cites material with reference to gender and culture as influencing the way in which male and female children are handled early in life.

Dr. Rita Ledesma, in her chapter "Life on the Border: Latinas and American-Indian Women," spotlights the lived dimensions in which those from a unique culture learn, adapt and keep connected to their original familial roots while traversing the



new demands and strains. Bicultural skills are developed. The demands of caring for children and other family members challenges the groups she describes. Class becomes a formidable wall interfering with geographical movement and promoting internalizations of negative attitudes from the majority group. I hope more specific study will include the processes of the internalization experiences and how it would be affected by internal beliefs and psychic structure. Such food for thought.

In Dr. Amy Iwasaki Mass's chapter "Asian-American Women: Issues for Clinical Practice," we are urged to look carefully at our counter transference, and unconscious stereotypes. Whatever one's ethnicity or race, or class, there are shortfalls we can be unaware of; But she says these can be worked through. She includes Filipina Americans and Japanese as the main groups she talks about. It was fun to hear that Filipina woman giggle as a cultural experience, (often misunderstood by others) and love to dance and throughout their lives providing them with community connections.

Martha Watson, in chapter 7, discusses "Clinical Issues with African-American Women." She reminds us of the profound impact slavery had upon the roles, and internal experiences of individuals and families (house slaves felt they were superior to field hands; she describes the color bias that the lighter the skin, the more valuable the person. Such a sad commentary on the power elite, and the meaning of color. Do we understand how the unconscious charts skin color? At my first field placement in social work school, The Big Sisters, we worked with many court cases of neglected and delinquent children. I was impressed with a young dark-skinned

adolescent girl who told me that she loved her dark black skin. "The blacker the berry the sweeter the juice," she said, and while reporting to my light-skinned supervisor the great accomplishment of this young girl, Mrs. Sample said kindly to me in a calm learning tone, "But that is defensive." And so much for my beginning naiveté, and credit to my social work psychoanalytic training. Watson reports an interesting case that contains the mothers internalizations of negative cultural stereotypes that influenced her self perceptions and contributed to her projections of negativity upon her daughter, and how they worked some of this through.

In chapter 8, "Women in Midlife: Myth and Metamorphosis," Dr. Benitez-Bloch says, "[Midlife] is a time, as Robert Butler (1980-1981) once indicated, for a life review

*The Newsletter welcomes reviews of books and films relevant to membership concerns, and members who author books and/or chapters are encouraged to contact Diana Siskind, Book Review Editor, upon publication. Diana Siskind, MSW, 321 W. 78 St., Apt. 1E, New York, NY 10024 Phone/fax 212.787.6669 Dwsiskind@aol.com*

*Diana Siskind*

**BOOK REVIEW EDITOR**



process that includes the mourning of lost youth, lost opportunities, and lost loves. But it is not limited to mourning external losses, nor only for mourning. Neither is it the end of a process of internal development. Women can be encouraged to approach midlife and beyond as a space for spawning rich opportunities to reclaim what has been lost to the psyche in one's youthful past and to fulfill a sense of continuity of self."

In chapter 9, entitled "Work and Its Vicissitudes: Two women of a Certain Age Playing with Work," Dr. Somoan Barish dramatically brings out how much of our lives we spend in and at work, as well as thinking about it. "To be sure, work helps to define and organize us." She draws on Stolorow and Atwood's (1992) notion of the "myth of the isolated mind" to demonstrate that contemporary Western culture has perpetuated the false idea that we individuals exist in a sublimely independent state.... Even our experience of ourselves as having a distinct and enduring existence are contingent on specific sustaining relations to the human surround" (work being one of them). I appreciated her attention to White's "effect-ance" motive, and the intrinsic pleasure one has had in seeing that one has an impact on the self-object and is able to evoke needed self-object experiences" (effectance pleasure). She warns of surrendering to work and the problems of current work demands. Her discussion of her own pathways to finding satisfying work is of interest.

In chapter 10, entitled "Lesbian Rulers: Postmodern Tools for Relational Psychoanalysis," Magee McGee and Diana Miller offer a surprise. One assumes it will be about Lesbian lives, but rather it employs the idea of the lesbian rule or ruler, "a mason's tool made of lead which

*See Therapies With Women on page 8...*

could be bent to the curves of a molding (Old English Dictionary, 1989); and thus, figuratively, a lesbian rule became, in the words of the New Shorter OED (1993), "a principle allowing flexibility." "We believe lesbian rulers make good metaphors for the conceptual tools relational psychoanalysts, under the influence of postmodern thinking, are using in their attempts to take the measure of subjectivity."

Joan Rankin, in chapter 11 "The New Reproductive Technologies and Their Clinical Implications A Mixed Blessing," shares her personal experiences and her cases and deepens awareness of the enormous psychological and physical challenges, and the inter reverberations that infertility and the processes to undo it have for women. She captures the depression, pain and agony of effort and loss. Since infertility problems have so rapidly increased, many women we see can be confronted with these deeply emotional challenges and decision-making. Infertility brings death into life at every juncture. This chapter includes good definitions and valuable technological material. I thought her wise to mention that women had been made to feel painfully responsible for infertility by some, though I didn't think Freud had done that. That Freud did open the door to studies on somatic problems and no doubt influenced others to pursue research in this area. In a rich paper by Muriel Morris entitled "Psychoanalytic and literary perspectives on procreation conflicts in women" (1997, *Psychoanal. Review* 84:109-128), a kind concern for underlying conflicts about pregnancy is discussed. So while we make sure we are not blaming women, at the same time, we wouldn't want to deny women access to unconscious mean-

ings and conflicts that could, for some, unblock somatic inhibition. I think of a patient whose mother repeatedly told her she had such thin hips she would break like a dried chicken wishbone in childbirth.

Dr. Carol Jenkins speaks of "The Theory of Interlocking Vulnerabilities: An Intersubjective Approach to Couple Therapy." Dr. Jenkins brings a valuable look at how individuals can marry the person with the same problems they were confounded by in their first family, and her case points out how the repeating shameful and anger provoking experiences re expose couples to secondary trauma. She has some interesting prescriptions for helping the couples identify their painful inner experiences. "The third broad objective of the clinical model presented in this chapter involves the strengthening of a couple's connection through the development of shared meaning." (p. 269)

Billie Violette's chapter 13, "An Angel in the House: An Examination of Psychoanalytic Training Through the Lens of the Waves," draws upon Virginia Woolf's 1931 novel *The Waves*. The term "the angel in the house" is taken from her 1942 *Women and Writing*. "The angel is the woman's selfless attitude as she

devotes herself to the care and concerns of the other." Agreeing with Woolf that women need to find their own language, and not rely on the words males use to describe her, she says, "The problem that I am exploring in this chapter is how female and male candidates [in psychoanalytic institutes] are embedded in the 'masculine' culture." Violette offers us an important area for further study. Alessandra Stanley (New York Times, 1/02/04, Section e-1) says in her article "Sexy Women Out, Cantankerous Guy In": "There is still no sexual equality in comedy. For women, historically too easily despised and made the butt of jokes, the victory is in pulling off a comic character that is both laughable and laudable.... For men, humor lies in blurring the line between lovable and loathsome: Ralph Kramden, Archie Bunker and now Larry David." I can almost remember the day that I found the insight and freedom to disengage from male jokes against women. Even if you have read Freud's paper *On the Universal Tendency to Debasement of the Object*, and Arlow's paper on *Primal Scene Revenge*, both papers offer remarkable insight into men's (and women are not excluded from revenge motives) need to debase.

### **Psychoanalytic Sites on the Web...**

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*National Membership Committee on Psychoanalysis in Clinical Social Work*

**www.psybc.com**

*PsyBC — Symposia with panel discussions of psychoanalytic papers*

**www.apsa.org**

*American Psychoanalytic Association*

**www.psychoanalysis.com**

*The Psychoanalytic Connection — Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA & the Analytic Press*

**www.psychotherapynews.com**

*A collection of information for psychotherapists*



These papers always come to my mind when I try to fathom the restrictions and tortures placed on women in many other cultures. I find these papers are worthwhile reviewing every once in a while for the represent easily repressed material. I fear that the negative views of "male language" have sullied and stigmatized much of Freud's work and created a prejudice and thus a disregard of psychoanalysis. How can we keep our name psychoanalysis when it is defiled? Such important findings, such as unconscious, transference, identifications, mourning and melancholia, and primal scene revenge, to name just a few, will be forever lost.

In the last chapter, "Neither Too Close Nor Too Far: the Woman Analyst as Mentor," Dr. Jane Rubin brings out the important impact on the analyst as model and says, "I define the term healing relationship as one that is transformative, affectively charged, and opens new possibilities, either internal or external, and explores possible tangents." She includes mentorship as a component of the healing relationship, and mentions Greenson's work. His and other's recognition of the working alliance has the important dimension of the patients' ability to feel they are with a trusted other. Gertrude and Rubin Blanck drew on Greenson's recognition and related diagnosis of low, middle and upper borderline ego dysfunction to locate what was missing and interfered with the positive working alliance. To enable the patient to develop basic trust was one goal that had to be attained in order that treatment could proceed. Rubin reports mentorship and coaching have been found very effective in other fields and suggests that coaching can be a dimension used in psychoanalytic psychotherapy.

In conclusion, I was appreciative of the investigative work of the authors in their reach into psychic and socio-cultural class race and economic forces. The authors were forthcoming about their personal experiences, and that offers additional perspectives that allow the reader to feel experience-near with the author. I could provide only a few of the rich insights these authors provide; only reading the book will bring you up to speed. There is much left to study and to move from general theories to specific processes and this book can offer jumping off points.

I was struck by another perspective. Much of what I have used to understand the human psyche and that of women is not used by these authors. The interesting extensions and discoveries presented in these papers seemed incomplete when they didn't include what for me are the solid underpinnings of our field. I look to find ways for inclusion, rather than exclusion.

From clinical social worker (case-worker) to psychoanalyst social worker, I found such a good fit with Hartman, Spitz, Mahler, Blanck and Blanck. As you may know, in this family tree of psychoanalytic observers, environment is as central to the studies as is the individual. For Hartman each infant is born into a culture that contains the history and the works of man. "We take over from others (prototypes and tradition) a great many of our methods for solving problems.... [M]an lives, so to speak, in past generations as well as in his own. Thus arises a network of identifications and ideal-formations, which is of great significance for the forms and ways of adaptation." (p. 30) "The first social relations of the child are crucial for the maintenance of his biological equilibrium also. It is for this reason

that man's first object relations become our main concern in psychoanalysis. Thus the task of man to adapt to man is present from the very beginning of life. Man not only adapts to the community but also actively participates in creating the conditions to which he must adapt." (p. 31) (*Ego and the Problem of Adaptation*, given, 1939, published in the United States, 1958.)

The person born with unique ego capacities forms "relational" interacting experiences with others who are also examined for their typical or atypical offerings. Freud described relationships (though he didn't use that term), in many places, not limited to, but especially in his works on identifications. Then others, especially Spitz, Mahler and Jacobson continued to examine the influence of both the individuals and environment /nee culture on the individual. Certainly social workers, and psychoanalytical social workers contribute now and in the future to the greater understanding of the environment and expand insights into dynamics of culture. Knowing psychoanalytic contributions and knowledge and the processes of how outside becomes inside, and studying the fit with an environment places us in a very strategic position.

This book brings attention to varying kinds of relating, and relationships to the credit of the authors. I fear that without acknowledgment of these core observations, much will be lost to therapists trying to help infants, children, and adults. I wonder of there is a consensus amongst us on the solid underpinnings of our field?

There are a number of places that authors expressed concern that individualization is threatening respect for affiliation, caring and helping. (p. 283) I would agree, as

*See Therapies With Women on page 10...*

one author put it, that western capitalism could take over other voices. And Violette voices concern for a greater feeling or affiliation and community with an openness and respect for the imagination for new Institute members, who might find ways to solve old problems with new ideas. At the same time I want to express caution about those who seek controlling power and have run-away greed who get into power. And, unfortunately, I have not found these features absent in women. It was also striking to me that there was little if no discussion of women's hostility, jealousy, hate and destructive aggression in these papers.

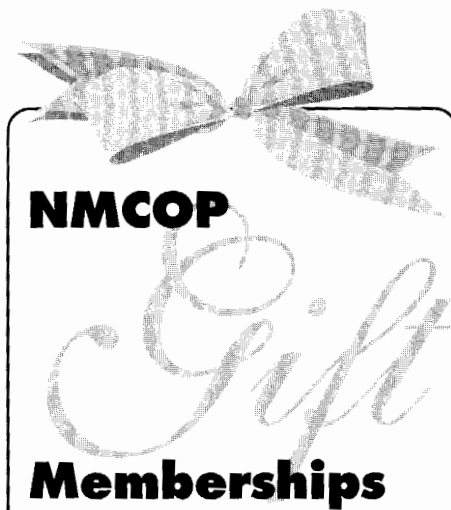
And lastly, I express a plea to understand what we Mahler students define as separation and individuation. In spite of perhaps preaching to the choir, the error in understanding what is meant is sooo great that I take this opportunity to bring home the lecture. Separation refers to the ego function that allows an infant, toddler, adult to recognize a self as different from Mother/other, and self as distinct from the outside world. This distinction mostly complete at 36 months allows the toddler to grasp, through a developing mental construct that there is a good mother who is available and helpful; and allows for the representation of self constancy. This meaning of separation has nothing to do with geographical distances between people, or the lack of need for another human being. I think of a patient I saw at a clinic who refused to look around her, or at others because she feared she would become them. This led her to experience danger everywhere, and her life was in danger when crossing the street. She had not been able to learn to drive because in the student-

driving car with dual controls, she could not tell which wheel she had control over, and she felt panic and woozy. She could not hold to her own self delineation.

And individuation does not refer to autonomy, or individualization; rather its meaning is to describe the unfolding of the unique characteristics of the infant/adult. Thus a baby or adult might be found to be humorous; dexterous, enormously curious; have good memory and recall, etc.

Language can be defined by the eye and mind of the beholder. And this problem seems to get worse. So I thought of a solution. Could NMCOP sponsor a Dictionary/Glossary to include the full representation of its members? Thus we could define, and explain, how we use a term. We could develop a dictionary to include the understandings of our members and to be used as a showcase for psychoanalytic social workers contributions. For example, we could include Ruderman's and Rubin's concept of Mentorship, Ledesma's term Border Zones, Sable's definition of attachment, et al. We could convince the schools of social work that we psychoanalytic social workers include the individual psyche; maturation and development; culture; and environment and its effects within our concerns and our work. I would actually volunteer to work on such a project. And thanks for listening. ■

*Patsy Turrini, a psychoanalyst and psychoanalytic psychotherapist in Merrick, New York, is a supervisor and on the faculty of the New York School for Psychoanalysis and Psychotherapy. She is co-author of several books, the most recent being The Inner World of the Mother.*



Looking for a unique and meaningful gift for colleagues on those special occasions—personal appreciation or professional recognition, graduation, honors, birthdays, holidays?

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The number of colleagues you may honor is unlimited. With members like you, NMCOP is well positioned to continue to grow, and we **definitely** are growing! ■

*\* Gift Memberships can be used only once per new member, who then will be invited to renew her/his membership for subsequent years.*

# Aims & Purposes of the NMCOP

- To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.
- To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.
- To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.
- To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.
- To advocate for the highest ethical standards of practice and for quality mental health care for all.

**CONFERENCE HIGHLIGHTS**

**FEATURED SPEAKER:**

**Patrick Casement**  
USING ANALYTIC SPACE

**Francine Cournois**  
PSYCHOANALYSIS  
AND TRAUMATIC  
CHILDHOOD LOSS

**Judith Wallerstein**  
RAISING CHILDREN  
BEFORE, DURING AND  
AFTER DIVORCE

**FRONTIEST PARTICIPANTS**  
(with lunch)

**Barbara Berger, Spencer  
Eth, Margaret Frank,  
Rosemarie Gaeta, Eda  
Goldstein, Judy Kaplan,  
Julian Lousada, William  
Meyer, David Phillips,  
Elaine Rose, Marga Speicher,  
Kirkland Vaughans**

**PRE-CONFERENCE SEMINAR**

RELATIONAL ASPECTS  
IN SUPERVISION  
**Lewis Aron, Gerald  
Schamess, Roberta Shechter,  
Carol Tosone**

**THURSDAY EVENING PROGRAM**

FILM: "WHY AM I HERE?  
Engaging The Reluctant Client"  
Study Group:  
**Carolyn Saari Choc,  
E. Aracelis Francis,  
Caroline Rosenthal,  
Carol Tosone,  
Carolyn Jacobs**

March 11-14, 2004

PSYCHOANALYSIS  
**CHANGING  
a CHANGING**

IMPACT ON THEORY AND PRACTICE

**PANELS**

**INFANT RESEARCH -**

The Widening Scope  
**Anni Bergman, Hillary  
Mayers, Miriam Pierce,  
Debra Schnell**

**LOVE AND INTIMACY**

**Richard Alperin, Martin  
Bergmann, Louise Crandall**

**CHANGING FAMILIES**

**Lee Crespi, Joyce Edward,  
Vivian Shapiro, Jan Warner**

**WOMEN IN TRANSITION**

**Ellen Ruderman, Jean  
Samville, Rosalyn Bloch,  
Joan Rankin, Jane Rubin,  
Billie Violette, Lisa Halotak**

**INTERNATIONAL ADOPTION**

**Kathleen Hushion, Maribeth  
Rourke, Susan Sherman,  
Diana Siskind**

**PERVERSIONS IN FILM -  
THE PIANO TEACHER**

**Claire Rosenberg, Jane  
Selditz**

**ATTACHMENT TO ABUSE**

**Edward Eisenberg, Jane Hall,  
Jeffrey Seinfeld**

**FROM TRAUMA TO  
PERVERSION**

**Sharon Farber, Louise Kaplan,  
Hadassah Ramin**

**PTSD - A SELF PSYCHOLOGY /  
INTERSUBJECTIVE VIEW**

**Joan Klein, Crayton Rowe Jr,  
Dorienne Sotter**

**HOMOSEXUALITY AND  
PSYCHOANALYTIC  
TRAINING**

**Gilbert Cole, Lee Crespi,  
Arlene Litwack, Susan  
Vaughan, Elisabeth  
Young Bruehl**

**WAR AND TERRORISM**

**Martha Bregin, Ety  
Cohen, Charles Strozier**

And more.

Postmarked by 2.21.04 At the door

Postmarked by 2.21.04 At the door

**CONFERENCE**

THURSDAY EVE 3.11.04 - SUNDAY 3.14.04 (Includes Sat. lunch

Member of NMCOP	\$ 300	\$ 330
Non-Member	340	370
Student* (without lunch/with lunch)	85/135	90/140

\* (Full-time BSW/MSW with documentation)

**SATURDAY GALA DINNER \$ 75**

CEUs will be available

**PRE-CONFERENCE**

**SEMINAR THURSDAY 3.11.04** (Includes Thursday eve program

**With Conference Registration**

Member / Non-member	\$ 110	\$ 125
Student	55	65

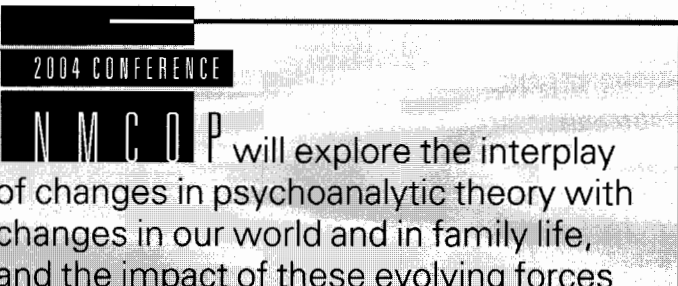
**Pre-conference only**

Member / Non-member	\$ 130	\$ 140
Student	70	80

Refunds (less \$20 administrative fee) will be sent upon written request postmarked on or before 2.21.04



ANALYSIS :  
**CHANGING in**  
**WORLD**  
 PRACTICE



The ninth conference of the **N M C O P** will explore the interplay of changes in psychoanalytic theory with changes in our world and in family life, and the impact of these evolving forces on practice.

Distinguished speakers will address:

**The broadening and integration of contemporary theories such as attachment theory, intersubjectivity, relational theory and self psychology with classical theory**

**and ego psychology. Current trends in complex adoption, technologically assisted births and new family constellations. Research and development in such areas as trauma, multiculturalism, neuro-science, infant research, psychopharmacology and technology.**

The Pre-conference Seminar will feature a demonstration of a supervisory session with emphasis on relational theory. A lively exchange between presenters and attendees will be one of our conference goals.

Conference Director **Penny Rosen**  
 Program Chair **Miriam Pierce**

The Marriott Financial Center Hotel **New York**

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For discounted hotel rate of \$129/night call Marriott  
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 and give the conference code NMCOP.

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VISA _____		Conference \$ _____	
Orange County M.C. _____		Preconference \$ _____	
		Exp. date _____	Day Dinner \$ _____



**D**r. Wallerstein is one of our keynote speakers in the upcoming conference in March 2004. She is widely considered the world's foremost authority on the effects of divorce on children. She is the founder of the Judith Wallerstein Center for the Family in Transition. She is a senior lecturer emerita at the School of Social Welfare at the University of California at Berkeley. She has authored and co-authored five books, including *The Good Marriage and Second Chances* and *The Unexpected Legacy of Divorce: a 25 Year Landmark Study*. In addition she has given many interviews and has over 100 articles in professional journals.

**ST:** I know our readership is very intrigued with the data you obtained when you interviewed a group of children in the 1970s and repeated your interviews with them over the years. You concluded that the major impact of divorce does not occur during childhood or adolescence but rises in adulthood: "the effects of a divorce crescendo," as you put it. Please tell us about this stunning result?

**JW:** The children of divorce are very frightened that their own relationships are going to fall apart like their parents relationship that failed. They are eager for love, marriage and children and at the same time they are frightened. The issue of entry in to adulthood is very complicated for these young people. We did not expect this result.

**ST:** I think you have shattered some myths about divorce. Can you tell us some of the data you discovered?

**JW:** There are a lot of myths about divorce. One is that it is a temporary crisis in the life of the child and it will go away, leaving no mark on the child's development and future. The notion of a time limited crisis is a powerful myth that obviously many people want to believe. Another myth is if the parents do not fight or litigate in the court and get along, the child is home free. You see a divorce is a divorce and that is simply not true. The home of the child is still divided. It remains a serious crisis in the life of a child with enduring effects. We found the pain and anger may remain for a long time and can even escalate with the separation. It does not come to an end as we expected. There were a lot of high expectations that no fault divorce, which became very popular in the early 70s and swept like prairie fire to the 50 states, would improve on the impact of divorce. That certainly has not happened.

**ST:** The title of your talk at the conference and your latest book is *What About the Kids: Raising Children Before, During, After Divorce*. Your findings have led you to reformulate the traditional advice provided to divorced parents. I am sure the guidelines you propose will be of great interest. I was particularly intrigued by "the hot button legal and psychological issues of today" that you plan to discuss. Would you give us a preview?

**JW:** What I tried to put in this book, and I think I have succeeded, is to address the parents and the person who is helping the parents. It is not about a group that I studied. It takes everything that I learned and it is distilled into advice to parents, including legal and psychological helpers. What I say is that the usual remedies that are proposed are not really effective. It is not true that if you have joint custody and the child maintains relationship with both parents, the child is home free.

## Judith Wallerstein, PhD

by Sylvia Teitelbaum, MSW

I go into, at great length, the issue of how to choose custody that should be suited to the child's relationship with both parents and to the temperament of the child. I argue for not making permanent decisions at the point of the breakup because when the child matures there may be changes in the child's needs. We need to look at the child at regular intervals, at each developmental stage, every three to four years and make periodic assessments. There should be some flexibility built into the child's arrangement as the child matures. The whole issue of joint custody, and there is a whole group of people who believe in and support the notion of blanket joint custody, is plainly wrong. It does not suit anything I have seen. I think I have talked to more children than anyone in America, so I can be in a position to help the parents choose the right kind of custody arrangements. I describe how to do this and I offer guidelines. Additionally, I feel the job of the parent is to explain to the youngster why the divorce happened. The current advice is, if you can't say something good don't say anything at all. I think this makes these young people feel very angry at their parents because they feel their history is being kept from them. It makes them feel it must have been so terrible that nobody can talk about it. Young people fill in with fantasy or ideas or sometimes they think they know but they don't. I don't think it's fair not to tell the

young people exactly what happened. I think it is the responsibility of the parent to say to the child, "Look. I married your Mom when we only knew each other six months. It was foolish." Or "Your father didn't respect the vows of this marriage and I couldn't live with that." If the child says they don't want to hear it, then the parents says, "Fine. Whenever you are ready." This absolutely is counter to the advice that is given today.

**ST:** The theme of the conference is "Psychoanalysis: Changing in a Changing World." I did a mini research project of my own. I looked at my clinical practice 15 years ago and compared it to my current practice. I was surprised to find that at least 30% of my current patients are involved in some way with step families. This was certainly not the case 15 years ago. I suspect other clinicians experience the same issue. What is your thinking on this?

**JW:** First of all, clinical practice reflects the changing demographics of this country. One quarter of the adults between 20 and 40 now have parents that are divorced. There is a higher divorce rate among children of divorce. Secondly, 80% of divorced men remarry and 60% of second marriages end in divorce. In addition, children from remarried families are referred two to three times more. My work is probably one of the first steps in recognizing how development has change in the divorced or remarried family. What does that mean for the therapist? We, in the mental health field have learned about child development and adult development predicated on an intact family. Relationships with parents are different if there is a divorce. The anxiety of these children growing up in a divorced family is very strong. They watch their parents like hawks as their hyper vigilance is the fear of abandonment. The children's transference is different. A central issue in the transference with children of remarried or divorced families is "are you going to leave me?" One of the implications of this in terms of psychoanalytic technique is that the therapist has to be more active, because what the silence conveys is that you are not there.

**ST:** That segues into another new event in our lives. Clinicians, particularly in the New York Metropolitan area are involved, in varying degrees, with issues in their practice related to 9/11. Does this additional stress, either felt or experienced directly or indirectly exacerbate the sense of vulnerability in children of divorce to a greater extent than in the general population?

**JW:** That's exactly right. You are looking at children for whom loss and abandonment is such a central feature. Obviously 9/11 is a catastrophe but if we think in terms of death from illness, which is the more familiar situation (although relatively rare in America compared to the rest of the world), but it does happen. The child of 9/11 knows it was involuntary, but the child of divorce knows that it was voluntary, and that is a huge difference. Obviously children, especially young children, conclude, "Had they loved me enough they would have stayed."

**ST:** A more recent social trend that has emerged is that of same sex unions. Some of these couples decided to raise children. Do you think that different issues emerge if these couples dissolve their union?

**JW:** Let me talk first about another situation, where one member of a couple in a heterosexual marriage decides they really do not belong in a heterosexually relationship and they come out of the closet. The upset is much stronger in the adult and this affects the children. The children have to deal not only with the divorce, but also come to grips with the fact that my dad is a homosexual or my Mom is a lesbian. In terms of your question, whether it is any different, we do not know. I have not had that much contact, and I do not know anybody who has.

**ST:** What shaped your interest in this area of study? How has your training, experience, and personal life influenced your work?

**JW:** Personally I have been interested in loss, and it probably goes back to the fact that my father died when I was eight years old. It is a major thread in my life. In terms of how I got into divorce in particular is related to my professional career. I was at Menniger Clinic in Topeka, Kansas, for 17 years. The Midwest was a stable community but when I relocated to California, it was a huge difference. I started to teach at the University of Berkeley, and I was consulting at a large community mental health center. We started to get questions and referrals from parents and nursery school teachers saying that children that were from divorced families were out of control. What should we do? I took myself to the library and found that nobody had done any work on this at all. So I decided this was something I wanted to do. It was a huge area that had been totally untouched and I was interested in research and that's how I got started. I was trained largely in a pretty traditional child development approach. I think the issue of which approach was less relevant because I was looking at a new field. I was on my own and it

*See Wallerstein on page 17...*

# Area Representative's Corner

The arrival of this issue of the Newsletter coincides with, even leads into, our 2004 Conference. There are a number of activities planned beyond the customary presentations, which give us opportunities to meet, “confer,” and network as members or prospective members, and thus continue our growth and development as a community of like-minded professionals. Through the power of this coalition much can be accomplished—and there is much to challenge us now as always, which is reflected throughout the weekend in the topics of the many plenary sessions and other “group” activities. We urge you to attend (and bring your lunch!) the NMCOP Membership Meeting Friday the 12th at 12:15 p.m. Although this gathering sometimes is overlooked amidst the “glamour” of the presentations it can, and should, be a vital piece in our organizational maturation: PLEASE JOIN US! Check out, too, the planned hospitality suite and avail yourself of this casual setting to meet and share your views, opinions, and even concerns with the

Board, Advisory Board, and other NMCOP leaders.

In responding to the most recent request for chapter news updates, many chairs apologized with an explanation that they felt there just wasn't much to report. But I beg to differ! We *will* have a few reports to follow, which supplement those of the last Newsletter, but we have also an overall report of the involvement of area representatives in the Conference. The tier of NMCOP leadership consistently provided by the Area Representatives/Advisory Committee is significant not only for the biennial conferences, but for the day-to-day operations of this volunteer organization. Early on representatives beat the proverbial bushes encouraging members and other colleagues in their respective communities to submit proposals, serve as readers for these proposals, attend the Conference, and then they have promoted these contributors locally in return. We also attempted to serve as resources for Diane Zalman, Chair of the Continuing Education Committee, in her/their daunting task of coordinating CEU credit for attendees from around this country — and beyond. Virtually all area representatives will serve in some capacity for the Conference presentations. In addition to their enormous roles throughout the planning and execution of the Conference, Ellie Muska

(**New Jersey**), who is treasurer of NIPER, will be a *discussant* and a *moderator* at two separate presentations; and Marilyn Schiff (**New York**), who has been very involved and active on the general Conference committee as well as on the Continuing Education and Publications/Brochure committees, will be a combined *moderator/discussant* for a paper. Cathy Krown Buirski (**Colorado**), Ellyn Freedman (**Florida**), Peg Frank (**Massachusetts**), Velia Frost (**Northern California**), Hilde Gasiorowicz (**Minnesota**), Betsy McConnell (**Washington**), and Bill Meyer (**North Carolina**) will be *discussants*. Karen Baker (**Michigan**), Ellanor Cullens (**Georgia**), Sidney Miller (**Illinois**), and Sarah Pillsbury (**Greater District of Columbia**) will step in as *moderators*. Ellen Ruderman (**Southern California**) wears the Triple Crown title as *presenter* of a paper, *coordinator* and *member* of a panel discussion, and *speaker* at the memorial honoring the late Gail Sisson Steger.

## North Carolina

William S. Meyer, MSW, Co-Chair  
919.681.6840 or [meyer017@mc.duke.edu](mailto:meyer017@mc.duke.edu)  
and/or

Terrie Baker, MSW, Co-Chair  
919.990.1227 or [tsb123@mindspring.com](mailto:tsb123@mindspring.com)

Bill Meyer sends a chapter update from **North Carolina**, as follows: “The North Carolina Chapter of the NMCOP is very pleased to announce that they will have two workshops this coming spring. The first is Dr. Eda Goldstein speaking at the UNC School of Social Work on March 6, 2004. Her topic is ‘When the Bubble Bursts: Psychotherapy and Midlife Issues.’ The second workshop on March 27th also occurs during Social Work Month, and will be held at the Lucy Daniels Foundation, 2nd Floor Conference Room. It will be presented by Carolyn O. Lee, MSW, LCSW, and is entitled ‘The Presence of Presents: Gift-giving in Psychotherapy—A Case Study.’ For more information contact Bill at [william.meyer@duke.edu](mailto:william.meyer@duke.edu).”

## Michigan

Karen Baker, MSW, Chair  
313.996.8185 or [kembaker1@comcast.net](mailto:kembaker1@comcast.net)

Although Karen Baker of **Michigan** does not have a formal report at this time, she updates us that “there has been no more movement toward licensure here in

Michigan," citing the difficulty that all social work organizations there seem to be having in motivating and involving members. Karen has been invited to present on a panel at the American Psychological Association Division 39 Conference in Miami March 18th through 21st. The presentation is entitled "The Day-to-Day Workings of Psychoanalysis: The Routine, the Exceptional, and the Uncomfortable." She is working, as are many of you, toward more teaching and presentation of her work for the future... possibly an upcoming NMCOP conference?

## Georgia

Ellanor Cullins, MSW, Chair  
404.233.7533 or [etcullins@brightpathwireless.com](mailto:etcullins@brightpathwireless.com)

In Georgia February 8th we sponsored a group activity, inviting our colleagues from other Atlanta-area psychoanalytic organizations, of attending a local production/Southeastern premiere of the play *Blue/Orange* by the British playwright Joe Penhall. The basic concept of the story is the Machiavellian personal dynamics emerging through an on-going debate between two analysts, one of whom mentors the other, about the diagnosis of the subordinate's Anglo-African patient/pawn. Penhall's dialogue and his use of dramatic process work to shift audience sympathies, posing questions about who is "crazy" [sic] and who is not, about patient-therapist confidentiality, and about the threat inherent in socio-cultural profiling. Following the matinee performance we met for tea and an enthusiastic, thoughtful discussion of this provocative work. The event was very well attended, with the NMCOP members and chapter recognized and appreciated as the peers we are by our psychiatrist and psychologist fellows! The play won the 2001 Olivier Award in the U.K. for "Best New Play," has been produced in the U.S. at the San Diego Old Globe Theatre, the Atlantic Theatre Company in N.Y.C., the Intiman Theatre in Seattle, Denver Center Theatre Company, and will be in 2004 at the Guthrie in Minneapolis. Catch it if you can...

Best wishes to you all for peace in the new year.

*Ellanor Cullens, MSW*  
*Georgia Area Chair and Member-at-Large Representative*

*Wallerstein, continued from page 15*

was a lonely field. The issue of whether you are better off using qualitative research, which I have been doing versus quantitative approach comes up. I think both methods have to be used together. I think psychoanalysts are reluctant to get into this area of working with divorced parents, who bring the child and also pay the bill. Perhaps the need to work with distressed parents as you work with the child is very hard. Psychoanalysts are reluctant to get their feet wet in the courtroom. They somehow are not temperamentally, as well as professionally trained or willing to put up with this. Additionally, we are talking about major changes in family structure. Psychoanalysts needs to make modifications. When we are working with angry parents, there is only one transference. Before they come to your office the transference is, "Are you going to be on my side, or are you going to be against me?" The idea that there is a neutral person is unacceptable.

**ST:** Dr. Wallerstein, thank you for your time and I look forward to hearing your presentation at the conference. ■

## NYIPSP THE NEW YORK INSTITUTE FOR PSYCHOANALYTIC SELF PSYCHOLOGY

invites you to an

### Open House

in  
*New York or New Jersey*

- To Learn how training in self psychology can benefit you.
- To learn how self psychology advances traditional psychoanalysis.
- To learn the important differences between Kohut's theory of the self and other contemporary self psychological theories.
- To hear a presentation of a case by Donald Wiedis, Ph.D., an advanced candidate at the institute

#### NEW JERSEY

**Date:** Sunday, April 18, 2004  
**Place:** The Marriott at Glenpointe  
100 Frank W. Burr Blvd.  
(Intersection of Rts 80 & 95)  
Teaneck, N.J. 07666  
For directions:  
201-836-0600

**Time:** 9:00-11:30 AM  
**RSVP:** 201-541-9198

#### NEW YORK

Sunday, May 2, 2004  
Offices of the NYIPSP  
230 West End Avenue, Ste 1D  
New York, NY 10023  
(Private Entrance on 70th St)

9:00-11:30 AM  
212-873-6117

Refreshments will be served

attachment are not always experienced by clinicians, however, as attempts to connect. To the contrary, it may feel like the patient is trying to push the clinician away. Responses from the analyst that are experienced by the patient as rejecting will result in increased effort by the patient to employ strategies consistent with their model of attachment. For example, the excessively silent patient who seems angry each time he or she enters your office, may have been longing to see you. In his or her experience, connection is made by silence and anger because the early object experience was with a parent who could not tolerate or welcome the infant's efforts to reach out to the parent. The analyst who responds by being excessively quiet or who questions the patient's behavior in a way that feels critical to the patient will be met with greater silence because from the patient's perspective that will sustain the connection. Thus, such interactions can become enactments in the analytic dyad.

As I was preparing to leave my practice, I was working with a number of patients who demonstrated anxious or ambivalent models of attachment. Some patients were only in the beginnings of developing a secure base of connection with me, whereas others were further along but certainly could not be said to have a secure attachment to me or anyone. Leaving them permanently seemed a rejection of them and a potential insult to their newfound attempts at intimacy. Yet not every patient could follow me, nor would each one of them be able to sustain a long distance relationship. Some patients experience the phone as too impersonal, most insurance plans do not reimburse phone contact with private practitioners, and patients have their own idea about what they want to do when their analyst leaves. Although I was aware that leaving particular patients at this point in their process with me was more detrimental than helpful, it was also clear to me that I would have to find a way to tolerate my own feelings and explore this dilemma with my patients. The following case illustrates some of the ways that my openness to continuing with a patient and trying to think about this patient's attachment to me influenced my process of geographic departure.

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*Because the innate need to attach is to a particular person, such connection cannot easily be transferred to another person. Thinking about attachment in this way has increasingly influenced my way of thinking about the transference relationship.*

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Anne had been seeing me for almost 10 years. Constriction of feeling and avoidance of intimacy were strong defensive strategies for her. She had suffered the early loss of a parent but had never been able to feel sad about her father's death. As I prepared to speak with her about my leaving my practice, my immediate thought was that my leaving might provide Anne with an opportunity to mourn a loss in the present. Such an experience might be helpful in repairing her patterns of thinking and feeling. It also occurred to me that although her model of attachment was becoming more secure, we hadn't altered it yet. Disruption of the relationship might also mean regression to an earlier more avoidant model. She might begin again but it might be difficult to sustain the trust that had been so hard won in our shared experience. In announcing my departure, with Anne and with a number of other patients who had been seeing me for years, I did not foreclose the decision about ending. I announced that I was moving, told them where I was going, and said that we had time to figure out what we wanted to do. Anne was quick to say she did not want to end and quickly began figuring out ways to continue seeing me. I neither rejected nor accepted her choice. My response was to say that I heard her request but I also suggested to her that we had time to make a decision and perhaps we could first explore her thoughts and feelings.

At first Anne did not refer much to my departure. When the subject came up, I would explore what it might mean to end with me, or to continue with me. Months after I first announced my departure, this patient began to express her anxiety and sadness about my leaving. As she was able to feel her sadness about my leaving she was able to connect to other feelings of loss. Feelings which she and I had been aware were very difficult for her to access. Feeling the sadness also allowed her to reflect on the dilemma of my leaving. On the one hand, she didn't want the work with me to stop because we had accomplished so much together. On the other hand, she did not want to foreclose the opportunity to finally feel sad and bereft about a loss. This exploration of feeling continued and ultimately she chose to keep working with me. Six months after my departure Anne's greater openness to expressions of feelings persists and she is



beginning to experience her life as more satisfying.

Clinical decisions were not the only source of confusion. Ruderman (1999) has discussed the way that terminations, be they planned or premature, arouse analysts' feelings related to their experiences of loss. Moreover, the analyst's desire to take care of his or her wishes and needs inevitably clashes at times with the wishes and needs of patients. In my case, I was confused and conflicted by my own desires as I made a major move. I was leaving and returning to the New York area. This was an exciting but also frightening process. All the reasons for leaving New York earlier in my life had to be reconciled with moving back. Concomitantly, I experienced a great loss in leaving friends and colleagues whom I had known for years. I wanted space and time to myself to integrate this loss. I would also be moving with a family this time. I felt pulled to make myself more available to them as we made this major transition. Selfishly, part of me wanted to take a break from the demands of analytic work.

My prior experience of leaving a practice heightened my awareness of what I would be experiencing in my sessions with patients. Despite my experience and knowledge of what I thought was best for patients, I wanted to quickly get through the termination or defer the discussion as long as possible. By introducing more uncertainty about who to end with, I was adding to my own internal struggles with loss and responsibility. The desire to take care of myself as the mover clashed with my desire to be a good analyst. Although I agree with the perspective that the analytic relationship is an asymmetrical one (Aron, 1991), as I prepared to leave it was harder to sustain such clinical beliefs. As I terminated I wished to be equal with my patients. It was a loss for everyone, including me. I continually struggled with my desire to believe we were equals and my knowledge that this was not so. My awareness of the implications of this loss from my own analysis and continuing self analysis helped me to acknowledge the responsibility that I carried in the relationship, to hold my patient's losses and my own and keep us talking about them rather than defending against them. But I was also vulnerable to wanting to avoid this experience.

As the time for my departure neared, I became more aware of my own vulnerability. I was so sad to think that I would be leaving so many people with whom I had shared so much. Having left a practice before, I knew how sad and guilty I had felt for some time afterward. Knowing that before hand made it easier to talk with colleagues about the complexity of my feelings but I also was much more present with my awareness that at least in part my choices and actions would impact patients in a detrimen-

tal way. As I began to struggle with these complex feelings within me and within my patients, it was harder to be sure what would be best for me and for them. Because of my own sadness, my thinking about the needs of my patients was more likely to be clouded by my own self doubts such as in the following case.

Jane had suffered a sudden traumatic loss several years prior to beginning treatment. In the course of a year with me, she was better able to experience her mourning rather than be in a continual state of agitation. But this process was still very new. She had been with several different analysts but felt that they didn't get it. They wanted to medicate or talk her out of her continued guilt and conflict over the manner of her partner's death. Because our relationship was relatively new, when I first knew of my move, I chose not to announce my departure until several months prior to my leaving. Jane took my announcement in stride. She simply asked what comes next. We agreed that she was not ready to terminate and we quickly came to the conclusion that she would accept a referral.

Although the news of my departure was another loss, it was hard for Jane to acknowledge her feelings. She appreciated the time with me and felt that it had benefited her but she was pragmatic about the move. For my part, I stayed with our initial decision to help her make a transition to another experienced analyst. My concern was that I might somehow be exploiting her perception of me as an expert who could help her. I can also say now in hindsight that my own complicated feelings of loss may have affected the degree to which I could

*See Termination on page 20...*

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accept the intimacy of my connection with some patients. Certainly, I didn't want to be in a position of being a pied piper who had patients following me. If I could transfer most of them, I could have the illusion of having done the responsible thing by transferring patients to another professional.

I cannot say that I quickly recognized that we had prematurely ended our discussion about her choices; nor did Jane raise any concerns about transferring to someone new. Jane called soon after I left to say that things hadn't turned out with the next person. As we talked, it became clearer to me that she didn't want a new analyst. She was relieved when I offered phone sessions to try to figure things out. She followed up by asking about a longer plan of continued phone sessions. As we explored what had happened, she explained that she hadn't wanted to burden me as I was leaving my practice. This opened up a new awareness for us about the way that she did not let herself speak up and that was one of the difficulties in mourning. Not wanting to burden anyone with her feelings left her very isolated.

For my part, I had wanted to dismiss my importance to this woman because the relationship was still so new. It occurred to me that I had minimized the impact of my leaving on Jane in an unconscious effort to reduce the enormity of my own loss and guilt and about leaving. As we began talking again, I acknowledged to Jane that her request made sense. Her shared experience of trauma and grief was with me. Why would she want to try to see another clinician? I also admitted that I had been remiss in not recognizing that it was too much to expect that she would want to transfer and start over. I, too, had missed something in talking with her about ending. Jane's immediate response has been one of relief that she doesn't have to change analysts. How my empathic failure will resurface, remains part of our future work together.

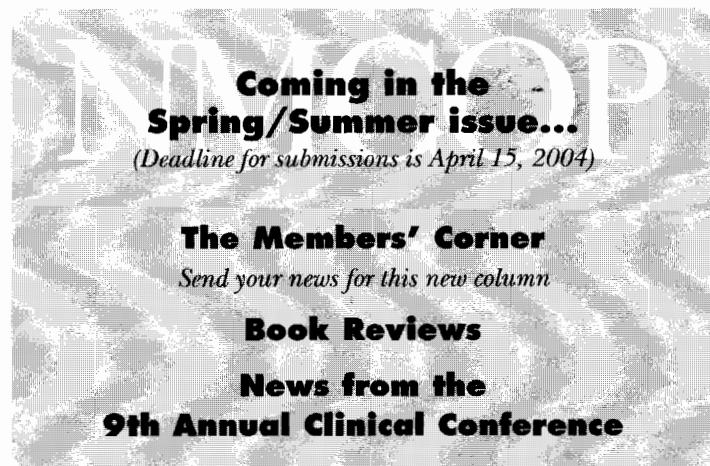
Six months after leaving, I am aware of the losses and have heard mixed responses from the people that I left. Some are able to acknowledge that the new person is good but the loss is still there. Others are going it on their own and doing fine. A few have been unable to contact me but also did not continue with the new referral. I cannot help but think that after helping them to trust me, we did not get far enough together to help them trust me in ending and to move on to someone new. As you can see, many keep in touch periodically. I can't know how this benefits them because we are no

longer able to analyze the process, but I certainly enjoy hearing from them. As I reflect on ending, I am also in the period of new beginning. I am about to start seeing new patients in a New York office. As you can imagine I have many mixed feelings, not the least of which is the heightened sense of what has gone before and how painful those losses are. ■

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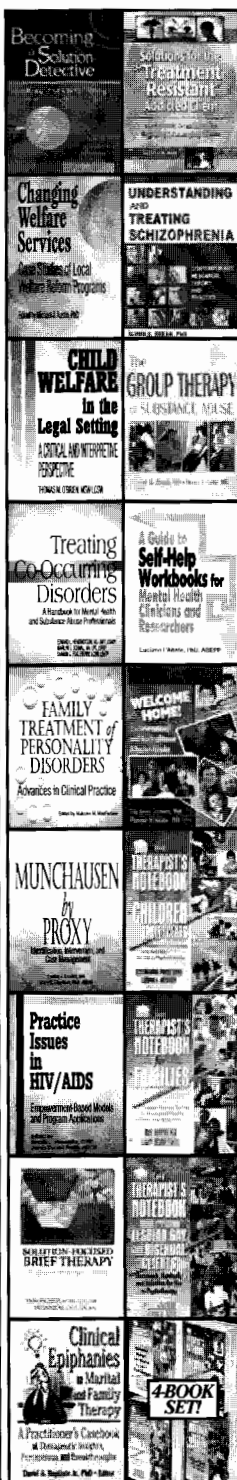
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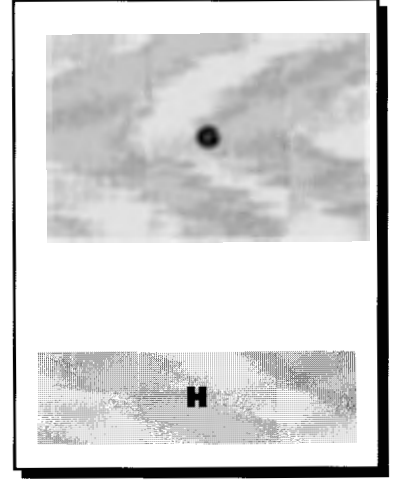
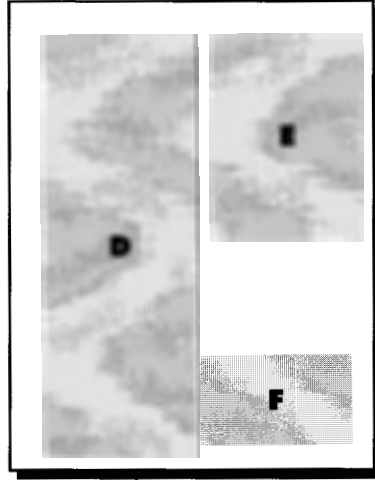
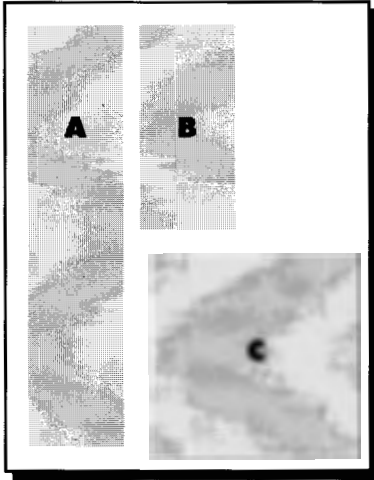
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