

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

in cooperation with The Clinical Social Work Federation

Fall 2004

## From the President

Ever since we were school children, the fall season has traditionally been a time of new beginnings, and, in that spirit, I am pleased to announce a number of changes within our organization.

First I would like to express my thanks and appreciation to Carolyn Saari, who is stepping down as chair of the National Study Group of the NMCOP.

Dr. Carolyn Saari, renowned educator, author, and editor, has served as chair of the study group for the last two years. In that role she has given generously of her energy and wisdom regarding professional concerns. Among the many issues of clinical social work important to Carolyn, has been the opening of a dialogue with MSW programs and CSWE regarding clinical education. Under her chairmanship, and with the support of the study group and NYU, Carol Tosone and Caroline Rosenthal Gelman were able to produce an instructive video



### NMCOP PRESIDENT

*Judy Ann Kaplan*

entitled *Engaging the Reluctant Client*. The video, which was purchased by CSWE, is now being used to educate MSW students across the country about clinical process. I am further grateful to Carolyn for her production of the pre-conference program at the Ninth National NMCOP Conference in New York, 2004. She brought an outstanding array of speakers, presenting a full day and evening of education and stimulation. While Carolyn will no longer be chair of the study group, I am delighted that she has agreed to continue as a participant. She is valued for all of her contributions to psychoanalysis and clinical social work. On behalf of the NMCOP board and general membership, I offer Carolyn our heartfelt appreciation for a job well done.

It gives me great pleasure to introduce and welcome our new co-chairs of the National Study Group, Eda Goldstein and David Phillips.

Eda G. Goldstein, born and raised in Chicago, Illinois, received both her BA and MSW from the

*See President's Message on page 16...*

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

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We are pleased to welcome and to introduce to you new members of our Board serving in both old and new positions. These changes bring an infusion of new ideas and serve to energize us all.

The newsletter welcomes reader's 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: Bob Adams, Rena Bushman, Ellanor Toomer Cullens, Joyce Edward, , Judy Kaplan, Eda Goldstein, Sidney Miller, David Phillips, Penny Rosen, Susan Sherman, Marilyn Schiff, Cathy Siebold, Diana Siskind, Patsy Turrini, and Marsha Wineburgh. ■

***It's Never Too Early to Save the Date!***

*The 10th National Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work will be held in Chicago March 9-11, 2007 (Pre-Conference on March 8).*

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

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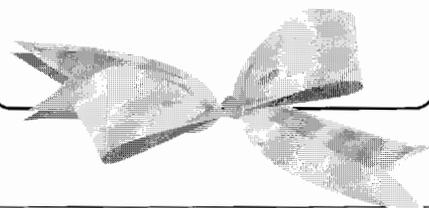
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The number of colleagues you may honor is unlimited. With members like you, NMCOP is well positioned to continue to grow, and we **definitely** are growing! ■

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



# FROM THE PRESIDENT-ELECT

Marsha Wineburgh, DSW

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## Licensing Psychoanalysis: Impact on Clinical Social Work

I admit I have been having a struggle over writing an article for this newsletter since my election as president-elect. I just wasn't sure what would be an interesting contribution. The fabulous March 2004 National NMCOP Conference offered an opportunity to research and present material about those states which have regulated psychoanalysis and what impact this may have on clinical social workers who practice psychoanalysis and/or psychoanalytic psychotherapy. As the current NMCOP legislative chair, I had some ideas about what to look for and so this article was born.

How might state regulation of psychoanalysis impact on clinical social work, one of the four and the largest traditional mental health profession? Only three states currently have statutes regulating psychoanalysis: Vermont, New Jersey and New York. Legislation has also been introduced in Pennsylvania but it is only at the beginning of its journey through the state legislature. This article will focus on three aspects of this issue: the historical background pertinent to psychoanalytic training which influences regulation, the significant points of each state's statute for clinical social work and the implications for protecting the practice of psychoanalysis by clinical social workers in states which may consider licensing in the future.

### Background

There appear to be two themes which inform the issues around legal recognition of psychoanalysis. The first is historical, and traces its most respectable roots back to Freud's position published initially in 1926 in his persuasive pamphlet *The Question of Lay Psychoanalysis*. The second references modern public health policy and state licensing of the mental health professions to protect consumers from unscrupulous and/or untrained practitioners. Both of these themes contribute to a dialogue about the status of psychoanalysis as an independent profession and, consequently, what constitutes the proper educational background of candidates for analytic training?

### Freud & Lay Psychoanalysis

Let's begin with *Freud's support of lay analysts* (i.e., non-medical) and the contemporary situation derived from his position. Psychoanalysis from Freud's perspective is an independent profession. He did not believe that the study of medicine was an essential foundation for the study of psychoanalysis. Consequently, he encouraged a number of his followers to forego traditional medical education and move directly into psychoanalytic training. This group included his daughter, Anna Freud, and Theodor Reik. In fact, it was a lawsuit for quackery brought against Theodor Reik, as an analyst without a medical background, that was the immediate catalyst for Freud's paper "The Question of Lay Analysis." The lawsuit against Reik was eventually dismissed, but aspects of the controversy that the law suit stimulated continue today.

Freud, a physician himself, asserted that lay people (i.e., non-medical practitioners) did not need a medical education to become responsible and effective analysts. Although he consistently recognized the importance of a potential analyst first being examined by a physician, he asserted that it is unjust and inexpedient to compel a person who wants to liberate another from the torment of a phobia or an obsession to take the tour of medical study.... In short, we do not consider it at all desirable to have psychoanalysis swallowed up by medicine and to find its place of deposit in the textbook of psychiatry.

Who was the group who advocated medical education as an essential condition for psychoanalytic training? American physicians. By the 1920s, American physicians had enthusiastically embraced psychoanalysis but only as a specialty of medicine. This presented two major problems. They were not the only ones who aspired to be psychoanalysts. There were others who claimed to be practicing analysts but had no medical education. Then there was the problem of adequate training for both physicians and non-medical practitioners. It was not uncommon at this time to read a book on psychoanalysis and presume it was sufficient training to be qualified to practice as an analyst.

American physicians, particularly members of the New York Psychoanalytic Society, were outraged about what they believed were untrained and "fraudulent" practitioners. Because this was a time when "qualified

*See Licensing Psychoanalysis on page 4...*

medical psychoanalysts” were searching for their own respectability, the New York Psychoanalytic Society was insistent that a qualified psychoanalyst must have a medical degree. In the United States medical school became the minimum standard for entrance into the sanctioned Institutes training psychoanalysts until the 1940s.

It is safe to say that today psychoanalysts of all persuasions agree generally that training in psychoanalysis requires specific education, supervision of psychoanalytic treatment, and the experience of a personal analysis. However, the debate over what constitutes the requisite educational background to enter a training institute continues. Current arguments against *training psychoanalysts who do not hold advanced degrees in traditional mental health fields* are remarkably similar to those made by American physicians in the 1920s when they argued successfully to require medical education as a minimum standard for entrance to training, a position that kept non-physicians out of the majority of psychoanalytic training institutes for several decades.

However, times did change. World War II marked a watershed in mental health policy which led to an enormous expansion of mental health services beyond the chronically mental ill. These changes were influenced by the surprisingly large number of mentally ill identified through screening procedures during the war draft, the large numbers of military suffering from post-traumatic stress after the war, the discovery of psychotropic drugs and then the subsequent movement to deinstitutionalize the chronically mental ill. Outpatient care replaced the majority of inpatient treatment. The market for psychological services broadened beyond the chronically mentally ill to include those with emotional problems of daily living and treatment for the addictions. Most important for this discussion, there was a severe shortage of psychiatrists. To fill the increased need to provide mental health services, non-medically educated mental health professionals in psychology and clinical social work began to be trained to provide outpatient services. Federal monies became available for training these non-medical mental health professionals and training institutes began appearing to meet the demand.

Not surprising then, in the late 1940s, a few radical medical psychoanalysts broke away from their psychoanalytic training institutes and, with the help of federal funds, formed their own psychoanalytic institutes which opened their doors to non-medical candidates. The Postgraduate Center for Mental Health in New York City, founded by Louis Wolberg, MD, opened psychoanalytic

training to professionals in social work and psychology, non-medical but nonetheless mental health professionals. Theodor Reik, trained by Freud and a member of the Vienna Psychoanalytic Society, came to the United States to escape Nazi persecution. Following in the tradition of psychoanalysis as a separate profession, he founded the National Psychology Association for Psychoanalysis (NPAP) in 1938. This institute was opened to all non-medical candidates, including those without mental health educational backgrounds.

In subsequent years, intervening economic factors led to downsizing of class size in the medical-only analytic training programs and a successful lawsuit by the American Psychological Association opened medical psychoanalytic training programs to qualified psychologists and doctoral level social workers. Today the dialogue about medical versus lay analysts has been transformed into analysts trained in the mental health disciplines (MDs, Psychologists and clinical social workers, and sometimes nurses) versus those with no mental health background. These are candidates with advanced degrees in other areas such as philosophy, sociology, or English literature. These are the same people Freud would have encouraged to eschew medical (mental health) education and moved directly into psychoanalytic training.

### ***Legal Regulation***

What is the importance of state regulation/credentialing of the professions, the second theme influencing the legal status of psychoanalysts? Credentialing is a generic term encompassing two categories: title protection or title certification and scope of practice licensing.

*Title certification is a voluntary registration* of professionals who are engaged in practice. Only those professionals who meet certain qualifying criteria established by the State can use the title, i.e., certified psychoanalyst. These criteria might include completing a State approved educational program and/or passing a State-selected examination.

*Scope of practice licensing* is the process by which a government agency grants permission for an individual to engage in a given profession by determining that those who are licensed have obtained a minimum degree of competence to insure that the public health, safety and welfare will be reasonably protected. Minimum requirements may include education, experience, supervision, and on-going education. *Anyone who wishes to engage in this profession MUST be licensed.*

Licensing is viewed as a “charter of autonomy” to a professional group. The state acknowledges that the

members of this profession or occupation have specific expertise to perform a service to the public that is not available through other sources. So it has important economic implications. It defines a select group as qualified to do what the scope of practice describes and only they can do it. No other groups can do what the licensed group can do unless they are exempt from the statute.

### ***Certification & Licensing Laws for Psychoanalysis***

With regard to regulating Psychoanalysts, there are only three states that currently regulate practice.

1) Vermont passed a law in 2003 creating the title "certified psychoanalyst" and established specific standards for education, experience and personal analysis. Clinical social workers are exempt from this law and providing they have met the same standards for psychoanalytic training can call themselves "psychoanalysts" and practice as such.

2) New Jersey passed a law in February 2004 creating the title "state certified psychoanalyst" and established standards for education, experience and examination. Regulations, however, are being developed by the Psychology State Board and have not yet been approved. There are categories of exempted professions or occupations and the Director of this Certified Psychoanalysts Advisory Committee can issue a State certification to any applicant who holds an equivalent endorsement to practice psychoanalysis. The complication for clinical social workers in New Jersey is that "psychoanalysis" is not in their scope of practice for Licensed Clinical Social Work (LCSW), so the regulations for state certified psychoanalysts must be carefully reviewed with an eye to protecting the right to practice of LCSWs who are qualified psychoanalysts.

3) New York State has created a scope of practice license for psychoanalysts that will go into effect in January 2005. This statute exempts LCSWs and other professionals, establishes the title "Licensed Psychoanalysts," and includes specific standards for education, experience, personal analysis, and examination. Licensed clinical social workers can practice psychoanalysis and may call themselves "psychoanalysts" providing they have the appropriate education. Further protection is provided by the LCSW scope of practice which specifically mentions psychoanalysis as an area of practice for clinical social work.

Most recently, the Board overseeing the new licensed profession of psychoanalysis considered restricting the

supervision of candidates in psychoanalytic programs to only "licensed psychoanalysts." Should this have happened, analysts in the tri-disciplines of psychiatry, psychology and clinical social work would not have been able to supervise lay psychoanalytic candidates. Because the knowledge base of psychoanalysis intersects many areas of study, excluding any major group from the supervision of analytic candidates seems extraordinarily shortsighted.

4) Pennsylvania's legislation is in an early stage and appears to offer title certification. At this point, the bill creates the title "state-licensed psychoanalyst," a State Board of Psychoanalysts, standards for education and examination. Although there are categories of exempted professions or occupations, the Director of this Certified Psychoanalysts Advisory Committee can issue a State certification to any applicant who holds an equivalent endorsement to practice psychoanalysis. LCSWs in Pennsylvania will need to follow the course of this legislation carefully to insure they can continue to practice psychoanalysis when properly trained.

In summary, in New York and Vermont, where there are regulations in place, clinical social workers who are qualified to practice psychoanalysis are not impacted by new laws regulating psychoanalysts. A social worker who can demonstrate state-approved psychoanalytic training can call themselves a "psychoanalyst" and practice as such. Both New Jersey and Pennsylvania, however, are at different stages in the process of legal regulation. Each requires that the draft of legislation for licensing psychoanalysis and/or drafts of regulations to implement the statutes be reviewed by LCSWs to protect their rights to practice.

The best practice protection for clinical social work is to have a license for clinical social work in which psychoanalysis is specified as a function in the scope of practice. For those states who already have regulations for the social work professions without specifying psychoanalysis, the best protection is to ensure that clinical social workers who are qualified psychoanalysts are exempt from any statute regulating those psychoanalysts and can, at a minimum, call themselves "psychoanalysts." ■

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

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

INTRODUCING...

# Eda Goldstein and David Phillips

*New Co-Chairs of the National Study Group*

When Crayton Rowe started the National Membership Committee on Psychoanalysis in Clinical Social Work in 1980 his initial goals were to defend the right of social work psychoanalysts to practice the specialty in which they were trained, and to see that clinical social workers, who constituted the majority of students in psychoanalytic institutes, had equal opportunities to progress in those institutes and to be considered for appointment as supervisors, teachers, administrators, and training analysts. These goals are no less important now than they were then but as the NMCOP has developed, its educational focus has become increasingly central to its functions and identity. These educational activities began in 1988 with the first of a series of well-attended and successful national conferences.

Many of the clinical social workers who have both attended these conferences and presented their work did not have formal psychoanalytic training, and were not focused on the specialized, and somewhat narrow, world of psychoanalytic training institutes. These professionals often worked in traditional social work settings, and/or, taught in graduate schools of social work. They were interested in the interface between psychoanalysis and social work, the application of psychoanalytic concepts to social work practice, and the content of the curriculum in social work education.

The leadership of the NMCOP also recognized the usefulness that psychoanalytic concepts have for clinical social workers in a variety of settings, and was increasingly concerned with the way in which clinical content was being reduced in graduate schools of social work. These were some of the factors which led, in 1990, to the formation of a "spin off" group; the National Study Group on Social Work and Psychoanalysis. The mandate of this group is to serve as a "think tank" which would both contribute to the articulation of social work values and perspective within psychoanalysis, and, contribute actively to the continuing expression and influence of psychoanalytic ideas within social work education and practice. Important achievements of the Study Group have included the publication of two books: *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*, published in 1996, and *The Social Work Psychoanalyst's Casebook*, published in 1999. These books were intended to give examples of work with the types of clients who might be

seen in social work agencies, and to illustrate psychoanalytically oriented ideas and techniques which might be useful to clinical social workers in agency practice.

The factors that led to the formation of the National Study Group in 1990 are, if anything, even more urgent in the current environment. Clinical social workers have achieved legal recognition for their right to practice in many states, but the practice content of their graduate education does not always give them adequate preparation for the responsibilities they will face as professionals. Newly emerging fields such as Mental Health Counseling and Marriage and Family Therapy are beginning to achieve licensing, and practitioners from these groups are competing for traditional social work positions. Prospective employers and administrators of insurance networks are starting to consider these practitioners as having clinical training which is the equal of, or even superior to, that of clinical social workers. As Crayton Rowe anticipated almost twenty-five years ago, clinical social workers are well on their way to full acceptance in the psychoanalytic community and, in all probability, will become the major group of professionals practicing psychoanalysis in this country. But while clinical social workers have achieved tremendous success in the world of psychoanalysis, it has never been more important to focus our attention on social work practice and education. The knowledge base in clinical social work comes from a number of sources, but as always, the insights and treatment methods of psychoanalysis are one of the most important of those sources.

It is obvious that a traditional psychoanalytic treatment cannot take place in a brief treatment controlled by the limitations of managed care, but the ability to utilize core concepts such as the recognition of transference, and the need to understand and work actively with problems of resistance are even more important in a short term treatment situation. In an environment which is influenced by a world filled with psychological tension and economic insecurity social workers deal more than ever with clients who are financially disadvantaged, emotionally troubled, and insecure about their lives and their futures. But even though these clients may be economically disadvantaged or members of groups which are discriminated against, that does

*Continued on following page...*

not mean that their internal life is any less meaningful or rich. No matter what the primary focus of the social work contact is with these clients, their emotional life must be responded to by clinical practitioners who are both respectful and knowledgeable.

The newly appointed Co-Chairs of the National Study Group, Drs. Eda Goldstein and David Phillips, are both individuals with experience in the world of psychoanalysis, in traditional social work settings, and in graduate social work education. It is our intention to continue the important work that this Group has accomplished for almost fifteen years; to further conceptualize how social work values and concepts may affect psychoanalysis as clinical social workers emerge as the major group practicing this specialty in the United States; and to continue to illustrate ways in which the concepts and techniques of psychoanalysis can enrich the training and practice of clinical social workers in all settings. ■

INTRODUCING...

## Cathy Seibold

### *New Education Chair*

I am pleased to be offered this opportunity to encourage continuing education of psychoanalytic theory and practice within the clinical community. As someone who has experience teaching and training social work clinicians, I have seen how important it is to provide an educational presence following the completion of graduate training.

Historically, it has been an important function of The National Membership Committee on Psychoanalysis to provide continuing education to our membership and to other interested clinicians. Although our bi-annual national conference has become well known for its high quality sessions on various aspects of analytic practice, it is only one way to provide training to our membership. As education chair, I will be attempting to develop small state or regional programs and book parties, and will support other forums that provide continuing education to our members. Some area chairs have already been providing such activities locally, and it is my hope that we can expand on their ideas and interests to create similar experiences in other areas of the country. We have also had an ambassador program that facilitates bringing speakers to areas. I hope that I can help organize this existing program and provide better communication among the membership.

One of the first tasks that I see for myself as education chair is to gather information about our members' interests. Another is to organize a listing of members who have a particular expertise and are interested in offering programs for NMCOP. Finally, I am also looking to build collaborative relationships with organizations that can provide support in developing small programs. I appreciate any feedback from the membership about your interests or existing programs. You can contact me by email at [c.seibold@att.net](mailto:c.seibold@att.net). ■

*Cathy Seibold, DSW, is a graduate of the Massachusetts Institute for Psychoanalysis. She is a faculty, training analyst, and supervisor at the Psychoanalytic Psychotherapy Study Center and faculty at the New Jersey Training Institute for Psychoanalysis. She is currently a member of the Study Group of NMCOP and is past area chair for Maine. She has been an Associate Professor of Social Work at the University of Southern Maine where she taught courses on practice, Human Behavior in the Social Environment, psychopathology, ethics and research. She has given post-graduate trainings in Clinical Supervision and Psychoanalytic Practice. Dr. Seibold is on the editorial board of the Clinical Social Work Journal. She has written a book and articles on a number of subjects including hospice, termination in analytic practice and clinical applications of attachment theory. She maintains a practice in psychoanalysis, psychotherapy and consultation in New York City and continues a part-time practice in Massachusetts.*

### **Ambassadors Program**

If your area wishes to have a speaker, or if you wish to be a speaker (if you will be in an area where we have members and you are interested in presenting during your stay), please contact:

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NMCOP President  
*Attention Ambassadors Program*

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## The Inner World of the Mother

edited by Dale Mendell and Patsy Turrini

Psychosocial Press: Madison, Conn.  
2003.

(Reviewed by Susan B. Sherman, DSW)

Winnicott said, "There is no such thing as an infant" (p.39), suggesting that the infant does not exist without a mother. Likewise, there is no such thing as a mother without an infant. However, little attention has been paid to how infants live in the mother's psyche. For a long time, mothers were primarily viewed in psychoanalytic and popular literature as a cause of pathology. The mother is seen as having great power to shape and mold her children; she is idealized or demonized. At last, Mendell and Turrini's book gives us the opportunity to look inside and explore the rich universe of the mother's inner world from multiple perspectives. In my own life, I have been awed by my experience as a mother: its surprises, joys, difficulties and challenges, its many layers and depth. I find that mothering is the focus of most discussions among women who are mothers, from their pregnancies through late life. Indeed, the fantasy of being a mother begins at any early age in little girls.

The themes of the book are rich and take many original forms, but can be roughly divided into chapters that explore: (1) *The concept of maternal development*. Blos's ideas about the three generational intrapsychic world of the mother: the mother herself, the mother's mother and the new child; Mendell and Turrini's discussion of the maternal ego ideal and the concept of maternal ego functions emanating from the pre-oedipal stages; Parens's thoughts on the mother's emotional investment in

# Book Film

R E V I E W S



her child and the development of her capacity to love. (2) *The internalization of the mother and its impact on her mothering, and the influence of the mother's relationship to her own mother*. Balsam's paper on "the mother within the mother"; Hollman's chapter regarding two patients' ambivalence about mothering as a consequence of maternal loss. (3) *Maternal fantasies and mental representations*. Lax's thoughts on the mother's fantasy of being "the mother she wanted to have," and its impact on her actual mothering experience; Mendell's

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**BOOK REVIEW EDITOR**



exploration of three typical maternal fantasies: Cornucopia (mother as omnipotent giver), Parthenogenesis (mother as the one and only parent) and one-body (child as a physical part of mother) and how these manifest in some of her patients, shaping their experience with their children; Turrini's discussion of the capacity to cure. (4) *Special conditions of mothering*. The challenges of being the mother of twins, particularly the deprivation to those mothers of a one-to-one relationship presented by Ainslie; Kupferman's examination of the complex fantasies of infertile adoptive mothers who longed for a biological child. (5) *Hate and "The Bad Mother"*. Edward's chapter on the normative experience of the mother's aggression toward her child; Oliner's description of different kinds of "bad mothers" whose notions of themselves may derive from such sources as fertility problems, disturbing impulses toward their babies, wishes which conflicted with a perfectionistic ideal of motherhood, and the deprivation of the experience of becoming a mother; Weinstein's paper on conscious infanticidal wishes of mothers. (6) *Aspects of the environment necessary for a mother to grow* (Bernardez). (7) *A review and critique of attachment theory and its contributions to the broadening scope of psychoanalysis* (Diamond and Kotov).

Finally there is a chapter which summarizes recent research on this fascinating subject, including references to work on the mother's psychological separateness and her child's sleeping patterns, midlife mothers and their adolescent children, lesbian mothers, and the meanings of transitional objects to mothers.

It is impossible to present the full range of the beautiful work pre-

See *Mother* on page 10...

## **Playing Hard at Life: A Relational Approach to Treating Multiply Traumatized Adolescents**

by Etty Cohen

The Analytic Press: Hillsdale,  
New Jersey, and London.  
2003, 230 pages.

*(Reviewed by Rena Bushman, CSW)*

Etty Cohen describes to us her interest and success in working with traumatized patients using a relational approach. She describes a relationship in which she gives of herself. She may answer personal questions; reveal her feelings; give supplies (e.g., snacks for the group sessions); allow the patients to use the phone during the sessions to make difficult calls to parents; at times provide physical comfort or add in extra time to make herself available for spontaneous meetings with group members after the group session has ended. In these ways, she breaks the boundaries of traditional psychoanalytic psychotherapy. She uses her wide breadth of clinical experience to illustrate various theoretical concepts by focusing on two distinct groups of patients: soldiers traumatized in a beleaguered country and adolescents traumatized in a beleaguered family life.

She writes of her experience with Israeli soldiers while she served in the Israeli army and describes how their wartime experiences stir up an early familial experience of abuse and neglect. Here she describes the way we typically think of the effects of trauma in adult life: the current upheaval stirring up unresolved conflicts in the past. She discusses the analysis of dream material and describes the way in which the soldiers used dreams to re-discover early trauma and to work through

the current trauma. The adolescents, however, offer a different model: they are repeatedly traumatized by misfortune, often without having first established a stable foundation. There is no “good enough mothering” experience for these patients. They developed physically, but their current resources are based on primitive defenses. It is the adolescents with whom she focuses most of her attention

Her book is replete with illustrations that give the reader a full measure of the way that these adolescents relate to a therapist. She brings to the fore, the counter-transference reactions that are stirred up in the therapist by a patient with early disturbances. These adolescents have tremendous burdens with which to cope. They are severely beaten up by the worst of what life has to offer: parents sick and dying of AIDS; sexual abuse, by those closest to them; fathers in jail or otherwise rejecting or absent. Conceived under the most unfavorable circumstances, they have experienced harsh treatment from the get go. Their early experience has been impoverished and yet they are expected to have the supplies to care for others and themselves. So it goes from one generation to the next, in a vicious progression. This is evident as Dr. Cohen presents her case material. She describes her traumatized adolescent patient and then describes the trauma filled history of the parent. The abuse repeats itself as we understand it would from Freud’s concepts of the repetition compulsion and identification with the aggressor. However, we now have the complication of drugs and AIDS: the violent deaths, the physical and psychological destruction that comes to a child born of a crack-cocaine addicted or HIV positive mother.

*See **Playing Hard** on page 11...*

## **A Serious Case of Neglect: The Parental Experience of Child Rearing** *Outline for a Psychological Theory of Parenting*

by Alice van der Pas

Eburon Publishers: Delft, Netherlands. Available November 2004.  
348 pages.

*(Reviewed by Patsy Turrini, LCSW)*

Alice van der Pas brings together a wide array of observations and offers many insights into the “work floor” of parenting—defined as the daily activities, both physical and mental that are the lot of all parents. Her studies exclude parents who are clearly dysfunctional. Yet, on occasion, she offers optimistic views about how a child’s behavior could set off a parent who has a psychotic proclivity and how that parent can be helped to get back on psychic course. In this view, she emphasizes how the child effects the parent—not the parent’s pathology. (It is worth thinking about). The book provides both specific theory that she has developed, as well as a critique of contributions from prior researchers. Much of her discussion of prior research was beyond my knowledge base; for example, she says, “Writers about parenting seem to shy away from the mechanics of ordinary daily child rearing, as an analysis of Belsky’s often-cited 1984 study on determinants of parenting illustrates” (p. 25). I have not studied J. Belsky’s work, and thus could not position myself as to her criticisms. There are many other researchers discussed. Given such an assemblage (there are 500 citations in the bibliography), her reach into comprehensive literature and research is impressive. It makes me want to ask the Council on Social Work Education to promote separate

*See **Neglect** on page 19...*

sented in this book, so I have chosen to focus on a few chapters that I found especially resonant and relevant for my work.

Of particular interest in the work presented on maternal development is Mendell and Turrini's chapter. They trace the beginnings of maternal identifications to very early phases in the female child's development. They point out that in the first year of life a "symbiotic dual unity fantasy" emerges out of which comes the idea that what one needs will be supplied. The "bad mother" is ejected, creating the maternal ego ideal which becomes part of the adult maternal structure. Gradually, as threats to the symbiotic union inevitably occur, the good and bad mothers are separated. Because of the pain of having to give up the dual unity, Mendell and Turrini suggest that some women, when they become mothers, will project the badness onto the infant in order to protect the maternal ego ideal, a normal phenomenon that may be transient or become part of a pathological structure. Caretaking functions also emanate from pre-oedipal development as the mother is internalized and the child begins to develop empathy. Again, this becomes part of a lifelong maternal attribute. This chapter underscores the normative experience of mothers and is useful clinically in understanding depression and frustration in mothers deriving from perfectionistic maternal expectations that begin very early and are reinforced by societal idealizations about "good mothers."

Patsy Turrini further expands her ideas about maternal caretaking functions occurring early in life in her chapter "The Capacity to Cure: Inevitable Failure, Guilt and Symptoms." She shows how the capacity to

cure begins as a mental representation in the infant that arises because of her experiences of having pain relieved by her mother. Magical thinking emerges and continues in maternal development, and disappointment and guilt are often the consequences. She uses both Anne Sexton's biography and two clinical cases to illustrate what can happen in pathological situations when mothers hate a child or are overwhelmed by their failure to cure; often a child internalizes this failure, dramatically influencing her ability to care for and "cure" her own child.

Balsam, in her chapter "The Mother Within the Mother," discusses patients who are new mothers and their transferences onto the therapist. She observes that while it can be an extremely productive time for treatment, the work is slower and patients wish not to regress. They are less self-reflective, talking more about their own mothers than themselves; they either present little fantasy or idealized fantasies that act as a defense against being a "bad mother". She discusses the impact of maternal internalization for female development. Patients often wish for the therapist to admire the baby and/or be its caretaker. In most of the cases presented, the mother's own mother is present and becomes part of the transference to the analyst and an important part of the work. I had the good fortune to read this chapter when a patient of mine had just given birth and was returning to treatment. Many of Balsam's ideas were reflected in my work with my patient, such as the move away from exploration of the self and the use of perfectionistic fantasy. However, my patient behaved differently in regard to my seeing her infant. She needed to *not* bring her baby. At first I was quite surprised and disappointed. When explored, my

patient's fear of having further attention taken away from her emerged, as well as a concern that I might admire the baby more than I admired her. She felt that having a baby meant losing me. While this patient may have had more narcissistic pathology than those described by Balsam, her need to keep her infant out of the room reflected a variation of the new mother/analyst transference in which the mother longed to be the analyst's baby, not unlike what Weinstein describes in her chapter. While my patient did not manifest conscious destructive wishes toward her baby, she communicated the powerful threat her new infant posed for her.

Joyce Edward, in "A Mother's Hate: A Catalyst for Development," and Bea Weinstein, in "Women with Conscious Wishes of Infanticide," exquisitely address the inevitable hate toward one's child that arises in mothers. Edward discusses how hate can emerge when the mother experiences her child as a representation of her own childhood bad mother or her own childhood bad self. Similarly, a mother can experience herself as her once bad mother or child and then may perceive her child as a hated part of herself. She offers suggestions to the clinician about how to help mothers expand their capacity to tolerate hate toward their children. She demonstrates how the parents can be guided to view hate developmentally as a necessary part of separation/individuation. She shows how we can also facilitate the repair of parts of the patient's maternal self-image that may have become distorted, allowing her to see her own mother in a new light.

While infanticidal wishes in mothers may be universal, they are usually repressed. Bea Weinstein presents two cases in which such wishes were conscious. She suggests

that this occurred because the regressive needs of these mothers so overwhelmed them that their hostility could not be defended against. While her two patients were quite different from one another developmentally and diagnostically, Weinstein precisely lays out how both longed to be the baby, not to be the baby's mother, and were unable to cathect their babies as real objects.

Teresa Bernardez's, in her paper "The 'Good Enough' Environment for the 'Good Enough' Mother," describes what *the mother* requires in order to achieve her greatest potential as a mother. She reviews how mothers exist in the unconscious and in society: both magical and potentially destructive. She outlines what we as therapists and what society needs to provide to help mothers, thereby helping children. These include the absence of violence or abusive treatment toward mothers; available help to mothers, both concrete and psychic; the provision of a welcoming environment to children; and a significant other or others to share in this awesome, creative endeavor.

Bernardez ends her chapter on a hopeful note. We have our work cut out for us—as mothers, grandmothers, citizens, friends, and therapists. One can give no higher praise to a professional book than that it unearths new terrain, advances understanding, and provides help for the helper. *The Inner World of the Mother* succeeds in doing all this and more. ■

*Susan B. Sherman, DSW, is on the executive board of the Society of Psychoanalytic Study and Research, is a faculty member of the Psychoanalytic Study Center and the Advanced Training Program of the Jewish Board of Family and Children's Services, and is a member of the National Study Groups of NMCOP. She is also a member and Distinguished Practitioner*

*of the National Academy of Practice. She has a private practice, which includes adults and children, in New York City.*

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.....  
*Playing Hard, continued from page 9*

Dr. Cohen writes with a great deal of feeling for her patients. She identifies with them and refers to her own traumatic experiences. She appears to be a very sensitive therapist and so she feels the stings and arrows of their outrageous fortune from which they try to steel themselves.

It is extremely difficult to be the therapist of these patients for, as Dr. Cohen describes, action, not words is the major vehicle of communication. These adolescents tell their life story, not in words that would surely enlist compassion, parents dying of AIDS, incest and other abuse, etc., but rather they tell their story through injecting the therapist with countertransference feelings. In an identification with the aggressor, the patient is able to inject the same feelings of inadequacy and rejection into the therapist that she has experienced. Dr. Cohen gives such vivid reports of being battered around by her patients, and so much information that the reader may be left feeling deluged as well.

As she describes her attempt to provide a corrective emotional experience for these girls, she appears to be someone in a position of someone trying to repair a ship wreck under conditions of a continued storm. In her work with her adolescent patients she attempts to create a supportive environment with

adolescents who, for the most part have developed in an environment that has been unsupportive or even actively hostile to their positive development. She is warm where some other therapists may be cold: a coldness that may be associated with the classical psychoanalytic techniques of abstinence, and neutrality. She nurtures these starving girls, and they derive benefit from her caring for them. She notes that interpretations are ineffective and often counterproductive and gives examples of how her empathic reflection of their dilemma is much more effective. At times she seems to be saying two opposite things when she recognizes that we must be able to tolerate ambiguity and remain in an untenable situation for long periods of time, but then works too hard to do the "right" thing. She does not want to fail them, and does her best to be available, reliable and nurturing to contrast with their experience of an unpredictable world. However, they cannot help but repeat the experience of being disappointed and she cannot help but disappoint them and evoke their wrath. Almost all of their experiences have been disappointing at best and markedly destructive, even life threatening at worst. That these girls have physically survived to adolescence is a remarkable achievement. I agree with her comments that mere intellectual interpretation is of little value and hopefully it is not just the relational approach which appreciates that. However, a reflection of feeling, without attempting to fix it is an important part of the work in these cases. ■

*Rena a Bushman, CSW, is a practicing psychoanalytic psychotherapist in Greenwich Village, Manhattan. She is a former board member for the Society of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis.*

# Bringing a Psychoanalytic Perspective to Schools of Social Work

Joyce Edward, CSW, BCD, in collaboration with Dr. Jerry Floersch, Assistant Professor, Mandel School of Social Work

Members of the NMCOP have long been concerned about the decline in the teaching of psychoanalytic theory in our schools of social work. At our 2002 NMCOP conference in Chicago, a meeting was held to consider ways we as an organization, and as individuals, might encourage schools to include this perspective in their curricula. In the intervening time, a major contribution has been made to this effort by Caroline Rosenthal Gelman and Carol Tosone, through their development of training videos which teach and demonstrate the use of contemporary psychoanalytic concepts in social work practice. One of their videos, *Why Am I here? Engaging the Reluctant Client*, was shown at our 2004 NMCOP conference. The video is being distributed by the Council on Social Work Education (CSWE), and the CSWE is planning to fund additional productions by Dr. Gelman and Dr. Tosone.

As we applaud Dr. Gelman and Dr. Tosone's work, we remain challenged to find additional ways of bringing psychoanalytic theory back into social work education. As part of this effort I reported two years ago (in this Newsletter) on a small project that I had embarked upon at my own alma mater. For the past two years, I have asked that my annual contribution to the Mandel School of Applied Social Sciences be used to employ psychoanalytically trained social workers to teach a case seminar in psychoanalytic approaches. Thanks to the diligent and creative efforts of Dr. Jerry Floersch, Assistant Professor, and the support of David Schrader, Assistant Dean of Development and External Affairs, two such seminars have been conducted. Twelve students have enrolled each year in a series of five, two-hour classes. The first seminar was offered by Virginia Kerr, LISW and child analyst at the Hanna Perkins Center for Child Development, and students had the opportunity to follow the case of a latency age girl. A second seminar was led by Denia Barrett, LISW, a psychoanalyst also affiliated with the Hanna Perkins Center. Twelve additional students participated in this seminar which focused on the psychoanalysis of an adolescent.

Students have been asked to evaluate these seminars by contrasting before and after conceptualizations of psychoanalytic social work. Comments after the seminars suggest that they have gained a first-time, deeper expo-

sure to the psychoanalytic perspective.

Here are a few comments from the student evaluations:

"This case presentation redefined for me the nature of the client-analyst relationship. As Ms. Kerr presented the case, I became keenly aware that the analytic relationship is the linchpin of the treatment, a key element in psychoanalysis. The case presentation is an ideal way to demonstrate this, as we were able to see the various shifts in the relationship of Ms. Kerr and her client, and importantly, how Ms. Kerr then interpreted these shifts. A final note about the case presentation. This is definitely something I would encourage for a couple of reasons. To me, this method offers another way of helping clients realize their full emotional/psychic/psychological poten-



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tial. And is that not what social workers aim to do? I think that the form of the case presentation is extremely helpful in that it demonstrated very well how theory is put into practice”

“This seminar clarified the role of the ‘clinician as human being’ in furthering client recovery, and encourages me to take a deeper look at my sincere reactions to my clients. In terminating with a group I did as an intern, I was able to express how much I had learned about life from them and how I had learned from their teaching. It had an empowering effect on them, and was a result of Ms. Barrett’s willingness to acknowledge learning from her own client and her commitment to therapy as a two-way process of development.”

“After this seminar, I would describe the social work psychoanalytic method to be about understanding how a client has interpreted their earlier experiences and relationships, and how that impacts on who they are today.”

On the basis of the success of these seminars, Dr. Floersch is now proposing that the Mandel School offer a three-hour credit course that would feature case presentations by faculty, community practitioners, and students as part of the regular curriculum. It would be a capstone course in the last semester. One seminar would be devoted to psychodynamic case studies. Other seminars would feature cognitive behavioral and family systems approaches. Dr. Floersch is also considering providing a course that focuses on how psychoanalytic theory can help students do the difficult work of client engagement, goal setting, and termination. Until the latter curricular changes are included in the curriculum, I shall continue to fund a seminar for next year. This time the focus will be on the psychoanalytic *psychotherapy* of an adolescent patient.

The students at the Mandel School are fortunate in that the school is interested in expanding student knowledge of psychoanalytic theory. They are also especially fortunate to have a professor like Dr. Floersch on their faculty, who has been willing to devote the interest, the time, the effort, and the creativity to develop the changes suggested.

My experience leads me to believe that there are other schools that would be responsive to their alumni’s interest in encouraging the teaching of psychoanalytic theory. Most of us in the NMCOP learned about psychoanalysis when Schools of Social Work typically taught this perspective. And today we can attest to the value of it in our clinical work. We need to remind our schools of the usefulness of this approach. We need to remind them of how much clinical work depends on using the relation-

ship as well as understanding to produce change. We need to urge them to include contemporary psychoanalytic theory in their program. One way of fostering this interest, as I have discovered, is to use one’s financial contributions to initiate and support psychoanalytic projects. I would urge others to explore such an approach. If anyone wishes further information, please feel free to contact me at [JoyceED95@aol.com](mailto:JoyceED95@aol.com). ■

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“I have been transformed by my experience at ICSW. My patients, my agency and my self have all benefited. I now feel part of both a tradition and a clinical community.”

LEAH ZONIS, MSW  
ICSW Student

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There are a number of changes amongst the chapters to report for this issue. From Seattle and Washington State we hear that Betsy McConnell and family are returning to the east coast, relocating to the Boston area. Prior to this opportunity and subsequent change, Betsy and recently announced co-chair Sal Ziz were working together to lead the chapter; Sal now is looking for a 'new' co-chair to step in! Emery Gross, who has a private practice in the New York City area, is transitioning to move and begin a practice in Boston—and will work with Peggy Frank to co-chair that group. And we have many changes occurring within the New York chapter, as you will see in their report to follow.

**New York State**

Marilyn Schiff, MSW, Co-Chair  
212.255.9358

and/or

Penny Rosen, MSW, Co-Chair  
212.721.7010 or [rosenpmsw@aol.com](mailto:rosenpmsw@aol.com)

Marilyn writes: "I am pleased that Penny Rosen, Director of our 2004 Conference, is joining me as Co-Chair of the New York chapter. I am sure Penny will bring to the New York State Area many of the leadership skills she used so well in developing our most successful conference to date.

"At this time I am also accepting the President's appointment as Funding Resources Chair [a new NMCOP Board position]."

Penny adds, "It was exciting to be the director of the NMCOP 2004 Conference [*Psychoanalysis: Changing in a Changing World*]. Now, I am glad to become the New York area co-representative with Marilyn Schiff. Through educational programs and other means, we will continue to expand our membership as well as enhance the significance of NMCOP in the community of psychoanalytically minded clinical social workers and in the psychoanalytic community at large. Our goals and accomplishments as an organization will need to be made known to many who are not affiliated with us. I want to thank the Board for giving me this new opportunity to work on our mission together. I hope the energy we experienced at the 2004

conference will inspire all of us to work on the new challenges that lie ahead."

We thank you, too, Penny—and want to share a little information about you for those who did not have the chance to spend time with you at that wonderful long weekend in New York this past March. Penny is a graduate of The Hunter College School of Social Work, as well as a graduate of the *Training Institute* of The National Psychological Association for Psychoanalysis (NPAP) in New York City. As an Advanced Candidate, she also completed recently the *Training Institute* of The New York Institute of Psychoanalytic Self Psychology. Additionally, Penny is a supervisor, training analyst, and faculty member at NPAP, and is active on committees of the Institute and NPAP Association. Penny has a private practice of psychotherapy and psychoanalysis in New York City, and has worked extensively with inner city adolescents.

**Illinois**

Sidney Miller, Chair  
312.443.1194 or [MILPRP@aol.com](mailto:MILPRP@aol.com)

Illinois area members are getting ready to plan the next national conference in '07, under Barbara Berger's direction. Expect to hear more information soon.

A study group, focused on the psychodynamic treatment of individuals involving patients and/or their families with substance abuse disorders is now meeting monthly. Additional groups are being discussed.

Save the date of December 2 for the annual after-work Members Holiday Gathering. Please contact Sidney if you would like to assist with arrangements.

.....  
Most other chapters were just getting their program years started as the *Newsletter* deadline arrived, but we hope to hear more in the coming months.

Best wishes to you all,  
Ellanor Toomer Cullens, MSW  
*Georgia Area Chair and  
Member-at-Large Representative*



As the 2004 Conference Director, I am very pleased to thank the members of the Planning Committee for their ceaseless dedication, energy and industriousness. Starting with Miriam Pierce, Program Chair, I'd like to present the rest of the resourceful and creative team: Richard Alperin (Public Relations Chair), Samoan Barish, Louise Crandall, Rosemarie Gaeta (Past President and Past Conference Director), Roslyn Goldner, Judy Ann Kaplan (President), Dianne Heller Kaminsky (Entertainment Co-Chair), Helen Krackow (Hospitality Chair), Peter Kroll (Exhibits Chair), Adrienne Lampert, Arlene Litwack, Ellie Muska (Treasurer), Harriet Pappenheim (Entertainment Co-Chair), David Phillips (Past President), Myrna Ram (Volunteers Co-Chair), Marilyn Schiff, Roberta Ann Shechter, Susan Sherman (Call for Papers Co-Chair), Cathy Siebold (Faculty Relations Liaison), Diana Siskind (Call for Papers Co-Chair), Carol Thea (Volunteers Co-Chair), Denise Zalman (Continuing Education Chair and Secretary). In addition, I wish to acknowledge subcommittee members Rena Bushman, Anne Marie Dooley, Kathleen Hushion, Caroline Rosenthal Gelman, Hadassah Ramin, Yvonne Young along with the many Readers from across the nation for their contributions.

I also want to thank Past Presidents Barbara Berger,

William Meyer, and Crayton Rowe for their support and advice. Acknowledgements are also due to Donna Tarver, Editor of NMCOP Newsletter; Ann Gearity, Membership Chair; the NMCOP Board; and the Area Representatives for promoting the conference. In addition, I express my appreciation to Carolyn Saari, Chair of the Study Group and Editor of the Clinical Social Work Journal, who continues to support the efforts of the conference, as one special issue will be devoted to papers presented at the conference.

**Ninth NMCOP Conference  
March 11 through 14, 2004**

**Psychoanalysis:  
Changing in a Changing World**  
*Impact on Theory & Practice*

I am honored to have worked with everyone who contributed. With this superb team, it is not surprising that the feedback we received about the conference was highly positive. In fact, we accomplished our mission to explore the interplay of changes in psychoanalytic theory with changes in our world and in family life. We are now looking forward to the 2007 conference in Chicago with Barbara Berger as Conference Director. ■

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University of Chicago. After moving to New York City, she worked as a social work practitioner and received her doctorate in social welfare from Columbia University. She has had extensive experience in mental health settings, notably, the New York State Psychiatric Institute and the New York Hospital-Cornell Medical Center-Westchester Division, where she was assistant director for staff development of the Social Work Department, and co-investigator of research on borderline disorders with Dr. Otto Kernberg.

Dr. Goldstein is currently a professor and the director of the Post Master's Certificate Program in Clinical Practice at the New York University School of Social Work, where she teaches courses on clinical practice and contemporary psychoanalytic theories. A member of the NYU faculty since 1981, she has been director of the PhD Program in Clinical Social Work, and chairperson of the Social Work Practice Curriculum Area.

Dr. Goldstein is consulting editor to numerous professional journals, including the *Clinical Social Work Journal*, *Psychoanalytic Social Work*, and the *Journal of Gay & Lesbian Social Services*, and has published extensively, authoring over fifty publications. Currently she is working on *When the Bubble Bursts: Treatment of Narcissistic Vulnerability in Midlife*, which will be published by the Analytic Press.

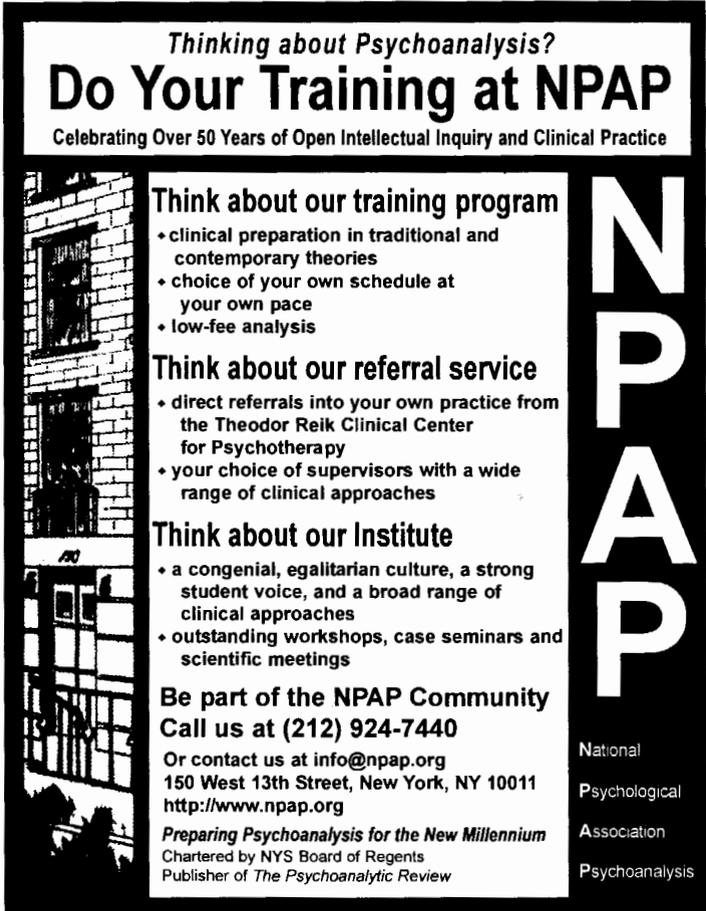
In recognition of her professional contributions, Dr. Goldstein was named as a distinguished social work scholar by the National Academies of Practice, elected to the Alumni Hall of Fame of the Columbia University School of Social Work, and made a diplomate in the New York State Society for Clinical Social Work. She is a member of numerous professional organizations, is on the coordinating committee of the Association of Psychoanalytic Self Psychology, and was very active in the coalition that worked to obtain licensing for clinical social workers in New York State. She has maintained a private practice with individuals and couples in New York City since the late 1970s.

David G. Phillips received his BA at the University of Chicago, and his MSW and DSW at the Adelphi University School of Social Work. He has a Certificate in Psychoanalysis and Psychotherapy from the Psychoanalytic Institute of the Postgraduate Center for Mental Health, and is still active at the postgraduate center as a member of the faculty and as a training and supervising analyst. He has been an adjunct associate professor for many years at the Wurzweiler School of Social Work, Yeshiva University, where he has taught in both the

master's and doctoral programs. He has also taught in the doctoral program in the Fordham University School of Social Work, and in the master's program in the Ehrenkranz School of Social Work, New York University.

Dr. Phillips is a past-president of the New York State Society for Clinical Social Work and of the NMCOP. He was a member of the National Study Group on Psychoanalysis and Clinical Social Work from the time of its formation in 1990 until 2000. While on the national study group, he chaired the committee that drafted the position statement on accreditation of psychoanalytic training programs that was later adopted by the NMCOP. He is the former co-chair of the Committee on Professional Standards of the Clinical Social Work Federation, and has worked on the drafting of a number of codes of ethics for both that organization and other professional groups.

Dr. Phillips has published a number of articles on issues in professional ethics, and co-edited a book, with Dr. Richard Alperin, titled *The Impact of Managed Care on the Practice of Psychotherapy*. His current writing interests relate to legal and ethical issues in professional practice;



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the integration of psychoanalytic theories, and; the relationship between psychoanalysis and clinical social work. He is in private practice in New York City and Morristown, New Jersey, and is a distinguished practitioner in social work in the National Academies of Practice.

It is also my pleasure to introduce a new member of our board of directors, Bob Adams, our New Professionals chair, and I am pleased to announce that Marilyn Schiff has assumed the new board position of Development/Funding Resources chair.

Bob is a 1995 graduate of Loyola University Chicago School of Social Work. He is a 2000 graduate of the Chicago Institute for Psychoanalysis Adult Psychoanalytic Psychotherapy program.

Bob was the legislation chair for the Illinois Society for Clinical Social Work from 1998 to 2002. He is currently the New Professionals chair for NMCOP and is on the committee for the 2007 Conference in Chicago. He works in private practice in the western suburbs of Chicago and is an adjunct professor of social work at Loyola.

Bob is a Vietnam combat veteran and his one-man

play about those experiences, "Place of Angels," was performed in Chicago in 2000. Bob is married to LauraLee, stepfather to Kelli, Jesse, Tara, and Mac, and Truman's grandpa.

He writes: "Greetings from the New Professionals Committee. This is an experience I'm really looking forward to. Not only will I get a chance to work with our wonderful area chairs to develop programs that meet local needs, I will also have the opportunity to help develop programs for new professionals nationally, both for the 2007 conference in Chicago and on an ongoing basis.

"You will be getting an email or phone call from me shortly to find out what you'd like to experience as a new professional, both in terms of the educational and the social. The more we connect and stay involved with each other, the more energized we will become.

"We want to provide mentoring, supervision groups, and peer support. We want to provide quality education experiences, traditional and otherwise, and movie and book discussions, in each area and nationally. And we can have some fun doing it!

"Lots of ideas are rolling through my head, and I need your help to know what you really want. I am looking forward to your responses."

Marilyn takes on the task of exploring sources of funding beyond membership dues and conference fees. Her success will be priceless, so I wish her the best of luck, and hope all NMCOP members who have knowledge of potential funding resources will assist Marilyn as much as possible.

Some of you may know that psychoanalytic psychotherapy is Marilyn's second career. Prior to earning her MSW from Hunter College School of Social Work in 1986, she served as: administrative executive to the American Group Psychotherapy Association, 1962-1970; special assistant for legislation to Barbara Blum, the assistant administrator of the New York City Human Resources Administration's Division of Special Services for Children (now ACS), 1971-1973; executive director of the New York State Conference on Children's Rights (New York State Senate) 1974, and of the New York State Association for Human Services, 1975-1978; special assistant to Governor Carey's program staff, with various responsibilities, principally case management of hard-to-place children, at the New York City regional office of the New York State Office of Mental Retardation and Developmental Disabilities, 1979-1989.

Following her MSW, CSW, and several years at the Postgraduate Center for Mental Health, Marilyn began

*See President's Message on page 18...*

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- **Adolescent Series** - Spring, 2005

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- Adolescent Drop-In Group (1st Sat. of month)

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her private practice in New York City. She is a fellow of the New York State Society for Clinical Social Work, was chair of their committee in psychoanalysis from 1996 to 2003, and chair of the nominating committee and elections committee in 2000.

Her NMCOP activity includes chair of the Psychoanalytic Expo at the 1995 conference; assistant to the program chair of the 2000 conference; New York area chair, 2000 to present; member-at-large, board of directors, 2001 to present; and 2004 conference planning committee.

Marilyn is certainly well qualified for the task she has undertaken, and again, I wish her all the luck in the world.

Finally, I would like to welcome Penny Rosen, who will join Marilyn Schiff as New York area co-chair. Many of you know Penny as the chair of the Ninth National Conference, held in New York, *Psychoanalysis: Changing in a Changing World Impact on Theory and Practice*. Penny's hard work, dedication, extraordinary resourcefulness, constant availability and unflagging energy guaranteed that our conference was a success, and I have no doubt that she will bring these same qualities to bear in her new position as New York area co-chair. You can read more about Penny in the area representatives section (see page 14) of this newsletter.

Well, there you have it: changes at the top of the National Study Group, an enthusiastic newcomer as New Professionals chair, a new area co-chair, and an outside-the-box effort to attain better financial footing for the NMCOP.

As you can see, the NMCOP continues to grow and evolve. As I enter my last year as your president, I am delighted, thinking about the possibilities these changes can bring. It's a portentous time for all of us. Let us all work for a stronger NMCOP. Let us support Eda, David, Bob and Marilyn, as well as all of our board members, and committee and area chairs. Let us each find one new member, help create an educational forum, participate in conference planning, and work to protect our legislative gains. Please call or email me, or any of the officers and chairs listed on the back cover of this newsletter, with your ideas and suggestions. We all look forward to hearing from you, and working with you to find new and exciting ways to reach our collective goals. ■

## Psychoanalytic Sites on the Web...

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### **www.psybc.com**

*PsyBC — Symposia with panel discussions  
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### **www.apsa.org**

*American Psychoanalytic Association*

### **www.psychoanalysis.net**

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studies on parents in all of the schools. Analytic institutes like the Freudian Society have added special two year studies about parents and child development. This book would offer 6 months of study in a course. There is much to learn from her book; yet there is much that can be controversial, and needs further studies.

I'll bet you think I read Dutch.

Fact is, I do not. This book is written in English, and Alice Van der Pas studied in the United States. Her first experiences with parents was at a Child Guidance Clinic in Amsterdam in the late 1950s. She studied at the University of Groningen, undergoing psychoanalysis during those years, and that "laid a basis" for her post graduate program at Smith College School of Social Work. Here she also studied family therapy at the Family Service of Philadelphia.

Returning to the Netherlands in 1967, she studied more family therapy. She found gaps in the theory and understanding of parents. She quotes Taffel (1990): "If family therapy were a book about child rearing, the pages would be just about empty"—a sentiment I bear witness to.

She says, "As I shall argue in various chapters, the knowledge base of developmental psychology, psychoanalysis, pedagogy regarding parenting lacks sophistication." I feel cautionary about those remarks since I believe that each of the aforementioned fields are continuing to research and study through their lenses, and that much of the findings in even Mahler's work, well known by some, is yet to be understood by others and mined for deep and extended aspects and potentialities (For example, I do not think we yet understand the deepness of the

experience of oneness, also known as symbiosis, and its necessity and impact over the life cycle. I have had valuable experiences in culling from object relations, developmental theory, study of the ego and its defenses, examination of the id, and superego patterns to help me in understanding the needs and experiences of the mother.

Not to tarry with my observations, I next cover two central concepts that I found intriguing and assume would be useful in understanding and studying parenting. These two constructions as well can extend the overview of parenting dimensions for anyone, and for students who need to learn a comprehensive appreciation and non-judgmental understanding of the parent functions and experience. In some ways, her contributions are deceptively simple, for if we have parented we know well of what she writes. It reminds me that Freud said it was his fate to discover what every nursemaid knew. She has discovered what every parent knows, though often cannot articulate or accept about themselves.

The first is the aforementioned concept of the work floor. "The term work floor is chosen for its associations with its manual labor and physical exertion, with learning a trade" (p. 25). Here is an example of what she means: "Whether they are young or old, at home or at work, driving a truck or presiding over a meeting, parents can hear the call of duty at any moment, and the practitioner should never cease to be aware of this" (p. 58). Awareness of the intricacies of parent responsibility, attachment and devotion to keeping children alive and in a good state of being is a constant. If the parent is in therapy, time outs from therapy can be frequently needed to take a sick child to the doctor; stay home with

a sick child; attend a teacher conference, or child's concert, etc. These events are not necessarily resistances. Therapists who can bend to this need, especially with families who cannot afford to pay for child care serve to provide a deeper understanding to the parent of their need to attend and to the child's needs for them.

In another example of the experiences on the work floor, she describes emotions. "Child rearing triggers aversive reactions from the child. Work-floor demands, rules and limits call forth strong reactions in the child. These are expressed in a great variety of ways (tears, whining, howling, sulking, fear, reproach, pouting, shouting, door banging, feet stamping, clinging, silence, stubbornness, passive resistance, smirks, hateful looks, acting pathetic, threats, bribery attempts, hitting, biting and sometime more 'grown-up' forms of physical aggression. Such reactions in turn, stir up unpleasant emotions in parents" (p. 195). I hope you don't mind me presenting the long quote above which might seem redundant; for me, it so captures the vicissitudes of daily, yearly, and for decades watching and experiencing children and grandchildren. And if the student would just listen to the volley of sounds and tensions she describes, it might help develop empathy for the parent. In the article "Maternal Lines of Development," Mendell and I posit "the myth of ease" experienced by toddlers in doll play; the doll does everything the child wants, reinforcing the fantasy of the pleasurable easy act of parenting. So powerful is this unconscious perception and belief that it might be said that all adults think parenting is easy based on this early formed mental error. This error could be partly responsible for the neglect of

*See Neglect on page 20...*

the study of parenting dynamics (the title of her book), and further more help explain the neglect in public policy supports for parents. Even NYC teachers, with a strong union over the years, are still only allowed six weeks off for a delivery. Thus, this book might offer an antidote to adult blind spots.

I am having trouble ending her descriptions of the work floor. I want to add another and another of her ideas, lest you not read her book and miss the riches. Here is the last one for now. Paraphrasing, she describes that children are always changing, often in seemingly minor ways, as one day the child can reach the doorknob and open it. "Such events

signify a definite farewell to the child who was; they also signify that new behavioral mixes are required, new rules, new deliberations whether the parent is ready for it or not. With each new developmental step of the child, the parent loses the by-then-familiar child that was" (p. 196).

Notice the complex psychic work she is describing that parents must do. I hope you will read her book; her description of function and phylum (biological classification) are useful in detecting psychic patterns. Her writing can evoke nostalgia and an understanding of what happened back then and a re-appreciation of one's personal past, making this book valuable on another level.

Alice, who I am now calling by her first name from the familiarity of

finding her material so empathetic, also says that there is an infinite variety of parent responses to these emotional work floor experiences of the child.

Leaving aside many other of her important observations on the daily work floor, I turn to her concept of what is a parent. In chapter 2, 'Parent'—a definition," she states, "I attempt to grasp the quintessential feature of being a parent by proposing a definition which reflects the experience of parents themselves" (p. 39), and "I define a 'parent' as a person—usually an adult—who has an awareness of being responsible for a child. This awareness, and its all-or-nothing quality—being unconditional and without a limit in time—distinguish a 'parent' from

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those persons with children who are not parents” (p. 40).

I find this definition also intriguing as it sidesteps some of our complex diagnostic language, and concentrates on parenting “awareness” of being a parent. She then focuses on the “ethical quality of the parental stances vis a vis a child that delineates ‘the terrain for work with parents and the study of problems of parenting. It broadens the word ‘parent’ to encompass non-biological parents and parents who do not themselves bring up their child., while it uncouples ‘parenting’ from biological ties, procreation, and child rearing proper, good enough or not good enough” (p. 41). “The postulate of an awareness of being responsible allows for parents to falter and fail, but does not allow for compromise by professionals on this issues” (p. 57).

I would like to thank Alice for her hard work—her vast understanding, her commitment to study the literature and to bring in our basic social work concerns and understanding. There are many comments about the intricacies of various cultures and the culture in a specific time regarding child rearing expectations. She contributes her wisdom and has lived through interesting social work and theory building history both in the Netherlands and U.S., and this alone makes the book valuable. Chapter 9 is entitled “The Interrelatedness of Child Rearing and Context.” She begins with the Agta foragers of the Philipines, shifts to the first 10-12 months of a San Marcos infant, and then looks into the subject of “Developmental contextualism—towards a wider field of observation” (p. 235-36). Seems to me that is where I began in social work, and these deserve to be brought into the foreground in understanding for our fellow travelers.

And I would thank her for this excellent book. I want to declare that there is much research that I by-passed, due to lack of familiarity; and also lack of time. Another person, especially an academic researcher, could review this book and bring out different perspectives. So in my next life, I will re-study research protocols, and better know my way around. That she has ex-

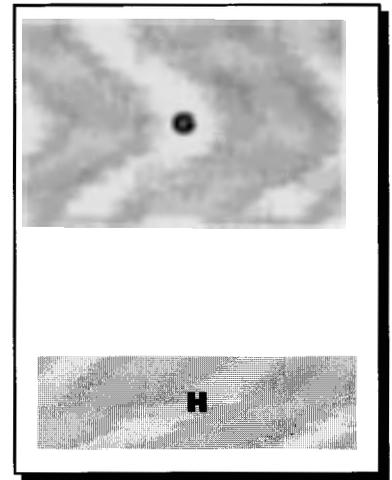
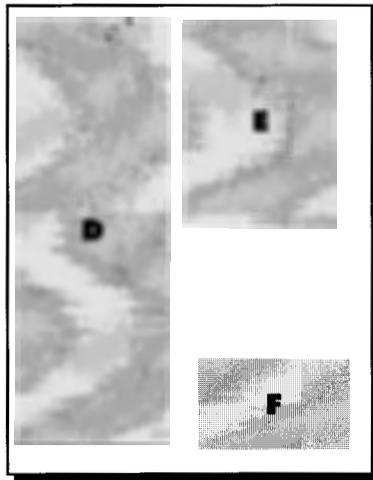
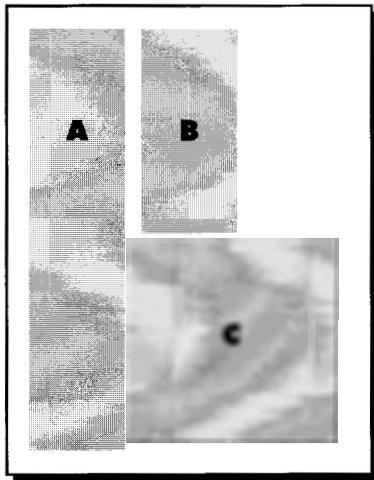
tended herself into so many readings is a great credit and she allows us to enter into libraries we are likely never to have visited. ■

*Patsy Turrini, LCSW, is the originator of The Mother Center Model. She is on the faculty of NYSPP and SPRS and has a private practice in Long Island, New York.*

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- 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.
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