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From the President

This is my last column as president of AAPCSW. These past two years have been filled with experiences with colleagues that continue to demonstrate the vibrancy of our organization. Our membership continues to grow, and new members find the listserv and various area activities an invaluable resource for professional development and connection. I have also seen the growth of our website to the point where members will soon be able to manage their professional information on line. In the near future, I hope we can begin to provide web-based programs. Our CEU website has also grown as courses have been created that are of interest to our members. If you haven't already, please visit the AAPCSW website to see member news and area activities and find access to our CEU courses. This growth is possible through the continuing efforts of Joel Kanter, listserv developer; John Chiaramonte, membership chair; and Richard Karpe, website chair. I know we all appreciate their volunteer service.



Cathy Siebold, DSW

These past two years have also been a time of loss—the loss of colleagues who have been important members of the AAPCSW community and contributors to psychoanalytic social work. I have already commented elsewhere on the loss of Alice Kassabian, a beloved colleague, researcher, and supporter of doctoral education. I know those of you who had the opportunity to get to know Alice share my respect for this woman.

In the past year, we also saw the sudden passing of Jeffrey Seinfeld and Eda Goldstein, both members of the NYU Silver School of Social Work. Eda and Jeffrey were well-known scholars and teachers, and they were frequent participants at our conferences. Eda presided over the Study Group for several years, which led to the publication of the book *Advanced Clinical Social Work Practice: Relational Principals and Techniques*, co-edited by Eda, Shoshana Ringel, and Dennis Miehl. In my experience, Eda was a brilliant and generous woman who supported other colleagues in their professional advancement. These leaders in our field are a loss personally for some and professionally for others. They were role models for us all.

In the midst of loss there are new beginnings. The Study Group, led by Ellen Ruderman, is soon to publish a book that will include papers from our 2011 conference in Los Angeles. We all appreciate the hard work that the Study Group has given to creating this volume, and I look forward to seeing the final product. Along with the Study Group's contribution, we have Golnar Simpson's participation in the Diversity-Otherness Committee, as well as Jennifer Tolleson's Social Responsibility and Social Justice Committee. These are important committees that represent the values of our organization.

The planning group for the next national conference in 2013 has developed the title

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Editor's Word

It is time for the changing of the guard again. Many thanks to Cathy Siebold who has worked hard and long as our president. The accomplishments of her presidency are many and will impact our organization for years to come. Welcome to Karen Baker, who will serve as our new president. Karen has served the organization in a variety of roles over the past several years and we look forward to working with her.

Planning and organization for the next conference is well underway, with Penny Rosen at the helm. The conference will be in Durham, North Carolina, in March 2013. The Call for Papers information has gone out; see page 25 in this newsletter for more details.

The *Newsletter* welcomes readers' letters, articles, and opinions on topics of the day and clinical issues; book reviews; notices of or reports on conferences; and news of interest to our membership. We encourage social workers with 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: Karen Baker, John Chairamonte, Lynn Lawrence, Joan Rankin, Cathy Siebold, Diana Siskind, Jennifer Tolleson, and Ashley Warner. ■



Donna Tarver, MSSW

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Under One Tent:

Psychoanalytic Insights, Identities, and Inclusions

AAPCSW National Conference • March 14–17, 2013 • Durham, North Carolina

Call for Papers deadline: April 15, 2012 (see page 25)

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Aims & Purposes of the AAPCSW

- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators.
- To provide an organizational identity for social work professionals engaged in psychoanalytically informed practice.
- To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public.
 - To effect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice.
- To advocate for the highest standards of practice and for quality mental health care for the public.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

From the *P*resident-Elect

It seems like yesterday, rather than two years ago, that I was sitting down to write my first column in my new position as president-elect of AAPCSW. It is remarkable how quickly these two years have passed. In that time, much has been accomplished.

You may recall my aspiration to expand the scope of the organization to include the work of children and adolescents in a more explicit manner. I am proud to say that my aspiration has become a reality with the establishment of the Child and Adolescent Practice Committee. As a result of the committee's work, we now have a column in the newsletter titled "Working with Children, Adolescents, and Their Parents." We are also striving toward a more equal representation of papers and panels pertaining to the treatment of children and adolescents at our national conferences. You can expect to see a track on children and adolescents at our 2013 conference in Durham, North Carolina.

In addition, a survey was developed to learn more about members' experience and interests in working with children and adolescents. You may have already completed it by now. The survey was designed by committee members Erika Schmidt, Donna Tarver, and Karen Baker. Once the data is compiled, it will inform us about the practices and needs of our members who work with children and adolescents. The committee plans to use the information to guide its future projects. I would like to thank Erika Schmidt for her leadership role in designing and conducting the survey as well as to all of you who took the time to complete it.

My second aspiration was to begin to expand the fundraising arm of our organization. The Public Relations Committee members, Penny Rosen and Adrianna Passini, and I launched the organization's first fundraising campaign with the Annual Giving Letter that you received this past summer. This effort, supported by the board,

has brought in nearly \$2500. Your generous contributions to our educational and legislative activities will be helpful in sustaining the innumerable activities of our organization. These include cutting-edge biennial AAPCSW conferences, the development of regional conferences, continuing to support local programming organized by the area chairs, scholarship support for students and candidates who wish to attend AAPCSW conferences, programs that mentor academics seeking to develop psychoanalytic curriculum, Psychoanalytic Electronic Publishing (PEP), and involvement with the Consortium, the Mental Health Liaison Group, and ACPE. We will keep you informed about future educational and legislative activities and new projects that will benefit our membership.

As I prepare to move into the position of president, I wanted to inform you that the AAPCSW has had a long and rich tradition of mentoring its future president by weekly meetings between the current president and the president-elect. During my tenure as president-elect, Cathy Siebold continued this tradition. She has been a knowledgeable and excellent mentor, educating me on the pertinent issues and preparing me for the responsibilities that are part of being president of our organization. I am looking forward to continuing this custom, hoping to provide Penny Rosen, our new president-elect, with as valuable an experience.

In addition to expressing my gratitude for her mentorship, I would like to take the opportunity to commend Cathy for her contributions to our organization. She has been dedicated to the education and the advancement of psychoanalytic social work clinicians and educators long before her presidency. She carried this commitment into her vision for our organization by supporting educational activities that included expanding the CEU website, investigating subscriber access to our members for the PEP, and establishing a speaker's bureau. In response to members' interest in having conferences between our bi-annual national conferences, she instituted a new proposal that will help facilitate regional conferences. This is an



Karen E. Baker, MSW

Working with Children, Adolescents & Their Parents

The *Newsletter* welcomes your submissions pertaining to child and adolescent practice, as well as to working with their parents. Submissions should be 800–1000 words and e-mailed to the editor (kembaker1@comcast.net) as an attached Microsoft Word file. Next submission deadline is January 15.

See From the President-Elect on page 24

The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership. The Committee on Social Responsibility and Social Justice is hoping that the column can ultimately be dialogic and conversational, that is, that it will encourage a reflective back and forth within the organization. Toward that end, we invite and encourage submissions of articles relevant to the committee's mission (below), as well as responses to articles that have been printed. Please contact Jennifer Tolleson, chair, if you are interested in joining us, or with any submissions or ideas (jentolleson@comcast.net).

Next issue: Gary Walls, PhD, on epistemology, politics, and the PDM paradigm

Seeking Book & Film Reviewers: The Committee on Social Responsibility and Social Justice invites members interested in reading, writing, and viewing in the area of global justice and psychoanalysis to submit reviews on related literature and film. Please contact Jennifer Tolleson (jentolleson@comcast.net) if interested.

Psychoanalysis as Revolutionary Practice

by Jennifer Tolleson, PhD

A reason to work as a therapist is to help prepare patients to engage in effective progressive political activity. . . . If our work isn't to prepare our patients to bring on and work toward a better world, what good is it?

—Philip Cushman, “Clinical Applications”

The submission of our clinical autonomy to the exigencies of the establishment, and the narrowing of our function to meet the requirements of empirical evidence (and what Philip Cushman calls “the procedural empire”; 2011, personal communication) have meant a tragic loss of vitality for the psychotherapeutic community (Richter 1996, 297). The “triumph of the therapeutic” (Reiff 1966) in American life, the degree to which psychotherapy (as a cultural practice) has been absorbed comfortably into the cultural surround, rendered legitimate, has produced a waning of a particular sort of creative passion, a defensive smoothing away of dissent, leaving a banality where critique should be. Agreeing to our own corporatization, and sidestepping vigorous inquiry into matters as disparate and crucial to our integrity as the medicalization of subjectivity and the mother/baby metaphor in treatment, we risk, to quote Cushman, becoming “functionaries and apologists, chaplains who enable the machine, rather than activists who condemn it and help others resist its march” (1994, 805).

There exists a paucity of critical consciousness about the rootedness of our theoretical constructs in larger narratives of power, race, gender, class, and empire (Ghannam 2005). The primacy of the mother in our recent theorizing, for example, including the equation between doing

Excerpted, with permission, from “Saving the World One Patient at a Time: Psychoanalysis and Social Critique,” *Psychotherapy and Politics International* 7, no. 3 (2009): 190–205; this version is slightly edited. The full, original article will also be published as a chapter in Ellen Ruderma and Carol Tosone, eds., *The Holding Environment Under Assault: Clinical Practice in a Chaotic World* (New York: Springer, 2011).

The AAPCSW Committee on Social Responsibility and Social Justice, formed in 2007, is a national committee of social workers, psychoanalysts, and allied professionals who are concerned with integrating a human rights and global justice discourse with clinical practice. Toward this end, we work to promote critical social-political awareness among clinicians, to conceptualize psychoanalytic clinical practice within a broader social-political context, and to expand the usefulness and availability of psychoanalytic clinical services for all people.

psychotherapy and mothering and the assumptions about what constitutes “mothering” goes, too often, critically undeconstructed. The psychoanalytic discourse on Mother, borrowing from and reinscribing the social discourse is potent. Indeed, theorists as conceptually distinct as Melanie Klein and Heinz Kohut share in common the valorization of the mother/child matrix. The Mother as an organizing idea in psychoanalytic theorizing remains, too often, without critique. For instance, an important aspect of the mothering discourse in psychoanalysis is its application to particular theories of clinical technique, whereby the therapist is maternally conceptualized. Emerging from developmental models of therapeutic interaction that view the clinical dyad as a reconstituted mother and child, the unacknowledged assumptions that inform our notions of “the good mother,” and what we, as clinicians, are reenacting in our efforts to be “good enough,” require consideration. The equation between mothering and clinical empathy, or mothering and a particular brand of benevolence (Tolleson 2003) is something to examine. For Lynne Layton (2004), the premium on “niceness” and empathy in American therapeutic technique derives, in part, from white bourgeois ideals of femininity (which includes the disavowal of aggression and a tendency toward submission) and the feminization of the clinical professions in the past several decades. Without deeper scrutiny of our working assumptions, we unwittingly perpetuate the very sources of psychic enslavement we hope to lessen.

Simply, we too often mistake how things operate with what they are, confusing appearances for essences, and in the moment of our confusion, unwittingly reinscribe them. In the fetishization of the mother in the theories of Winnicott, for instance, she—for Mother is always *she*—is shorn of her defining discursive contexts, as well as the social patterns that compose those contexts, including sexism, capitalism, and her place in those structures. “Mother” is reified, treated as a universalized “someone” (always with female genital anatomy) responsible for the well-being of children in a particular, naturalized, way, rather than understood as a social construct. Mother as constructed, then, becomes an organizing social discourse with which real women—and men—consciously or unconsciously must reckon. Addressing reification, Layton writes, “Discourses do not just describe; they have formative effects” (2004, 242). Brenda Solomon, a postmodern sociologist, puts it thus: “Ideas become real, in consequence” (2009, personal communication). The psychoanalytic community has long understood the projective

identificatory processes by which phantasy is realized and the Other is shaped.

If our unexamined and historically de-situated theoretical constructs reflect an unwitting alliance with the dominant social system, this is hardly truer than in the case of diagnosis. There are several recent texts that describe the making of the DSM (e.g., Kutchins and Kirk 1997, Lane 2007), revealing the farcical process by which disorders have been named, catalogued, and, at different points along the way, sponsored by Big Pharma.

Much of psychoanalysis has been proudly suspicious of psychiatric diagnosis, yet there remains a keen attachment to particular descriptions of experience which are treated as a thing (e.g., borderline personality). Whether such labels are useful is less the issue here than the importance of our willingness to critique them as social constructs embedded in a cultural history that is raced, gendered, and informed by economics. In a curious twist, Christopher Bollas (2000), sharing a position with cultural critic Elaine Showalter (1997), postmodernizes the concept of hysteria by framing it as an unconscious performative pattern in which cultural narratives (like cutting, anorexia, multiple personality) are reified and reproduced, again suggesting the importance of considering the social—and medical—production of diagnosis. At its best, psychoanalytic psychotherapy deconstructs diagnostic lexicon rather than enacts it; at its worst, it degrades into “mere medicine” (Jacoby 1975), in which practitioners treat “disorders” that have been labeled in a medically efficient nosology in order to justify particular medicines and treatments with the aim of moving the patient in culturally prescribed directions.

As psychoanalytic clinicians we have tragically de-linked (Layton 2006) the public and private spheres, severing the individual from his social world. Of course Freud was concerned with the repudiated, the unknowable and unknown, the unspeakable and unspoken, with what has been refused from waking consciousness, rendered to the margins. And of course, according to the psychoanalytic template, we are fundamentally composed, not simply by what we know, but by what we cannot know, see, imagine, or represent. We are, in short, constituted by the missing. Psychoanalysis is distinctively organized around the vicissitudes of absence in the forming of human subjectivity, and the centrality of restitution—and reclamation—in the clinical encounter.

If, as they say, “the personal is political,” I want to

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argue here that what might be missing, absent, repudiated, unformulated in the human subject lies within the vagaries of our unarticulated political and cultural histories, histories rendered mute, trivialized, in part, by their taken for grantedness, their seeming banality in the course of our living them. As clinicians we are sensitive to the transforming role of trauma and the pain suffered in the course of events that deviate from ordinary experience. We are perhaps less attuned to the tyranny of everyday practices, the hegemony of bourgeois culture, experienced unreflectively as “common sense,” which accounts for the absence of social revolt among those who suffer most under its value system (Gramsci 1971).

My mother grew up in the segregated American South during the 1940s and 1950s. When I ask her about the apparent lack of protest by her and her otherwise well meaning friends about realities as gruesome as separate bathrooms and dining halls, she explains that this was simply “the way things were.” In other words, it did not occur to them to question it; nor did it occur to them to scrutinize other “facts of life,” like the burgeoning American exceptionalism in the wake of WWII, or that being a girl meant aspiring to a husband and children; the evils of communism and the rightful buildup of an American nuclear arsenal; the ideals of heteronormativity and the “Standard North American Family” (Smith 1993),¹ whereby, in the words of one child activist, “Daddy works, Mama cleans, Baby cries” (uttered, at two years old, as my first psychoanalytic interpretation, and equally, my first act of civil protest); and, more insidiously, the establishment of “the good mother” as an organizing construct, represented by, and in turn animated by the work of Dr. Spock, among others, and the mounting intensity of the child abuse movement, which would have a huge impact on the shaping of guilt, sexuality, freedom, occupational power, and how maternal life could be imagined—and resisted—for my mother’s generation of American women. If my mother had been in therapy during this time in history, might her analyst have helped her consider the larger shaping forces of her subjective life, her development not just within a family, but within a place and time in which particular discursive options, or grand narratives, were available for imagining a life? Might her analyst, furthermore, have helped her contest the limits of a discursive field rendered as “common sense,” to think beyond the borders of her own collusion with the prevailing order of the day, to undertake a resistance? We can hope.

Psychotherapy entails a critical reckoning with what is de-linked from the patient’s lived subjectivity, including the “unthought known” (Bollas 1987) of ideology masquerading as “the way things are.” Psychotherapy problematizes everyday life (Smith 1987). In this sense, the therapeutic process becomes fundamentally deconstructive, political, and facilitative of a capacity for critical social awareness and resistance. Cushman writes, “We live out the status quo until we begin educating ourselves. That is when a crucial aspect of becoming a human being begins” (2004, 432). Psychotherapy, imagined thus, becomes a form of revolution whereby what has been unconscious (unformulated, repudiated) becomes part of a critical consciousness of the social world and one’s place in it.² But just as the potency of political and cultural history can be disavowed from the patient’s ongoing self sense, and just as his conformity to the dominant social order can persist without critique, the content of the clinician’s own interpretive work can detach people from their broader social, historical, political contexts, sponsoring a process that overly privatizes the dyad and celebrates the patient’s bounded individuality. Joel Kovel writes,

Psychotherapists, consumed by the day-to-day task of helping the troubled, tend to forget that their work is historically situated and that it plays a very real, albeit ambiguous, social role. More exactly, they have not so much forgotten the sociohistorical side of psychology as much as failed to consider it in the first place. The forgetting is done for them by bourgeois culture, which established a split between subjective and objective realms, made a fetish of the former, and turned it over to psychology to “cure” once the need for religion had been outgrown. (1976, 171)

Psychotherapy (as a social practice) becomes, in some sense, adversative to social/political critique insofar as it engages the internal world and valorizes the inward turn (where reflection is praxis). One could argue that the psychoanalytic engagement of the psychological, the

1. Dorothy Smith, a Canadian sociologist, uses “SNAF” to refer to how the discourse of the nuclear family organizes thought, talk, and self-experience, serving as a template against which (family) life is measured.
2. A difficulty of engaging a historically and politically sensitive therapeutic stance is the level of knowledge required by the clinician. Frank C. Richardson and Timothy J. Zeddies write, “Mental health professionals are certainly not trained for such tasks. Indeed, they are indoctrinated, in the main, in . . . ahistorical modes of human functioning that actively impede their functioning in this way. Also, patients are perhaps decreasingly aware of . . . compelling moral ideals from their own cultural past or from elsewhere. Trying to broaden the dialogue could easily become the blind leading the blind” (2004, 624).

subjective, effectively services the demands of capitalism, doing so in multiple ways:

1) **employing soothing techniques** that calm people down and quell dissent, softening what Antonio Gramsci (1971) called “the basic, negative, polemical attitude,” or stirrings of class consciousness;³

2) **reframing social problems** in terms of individual psychopathology;

3) **displacing blame for suffering onto local objects**, like parents,⁴ particularly mothers, and away from larger constitutive structures. “In this gaze,” writes David Ingleby, “every influence on socialization except that of the family is rendered invisible” (1984, 49);

4) **reinscribing consumerism** with developmental narratives about internalization and “the empty self” (Cushman 1995);

5) **tranquilizing human distress through pharmacology**, and given the availability and user-friendliness of the psychiatric discourse for articulating human pain (Hogget and Lousada 1985) and the collusion of the therapeutic community with the aims of the pharmaceutical industry, the rampant medicalization of subjectivity is not surprising;⁵

6) **reducing the work of psychotherapy to outcomes treated as commodities** (e.g., higher self esteem, better marriages, healthier children, and the like) rather than valued as a process with unknown—and perhaps zero—economic value; and

7) **essentializing narcissism**. The kind of relational and expressional freedom celebrated implicitly in constructs such as “self” and “authenticity” is an inherently conservative (i.e., freedom trumping equality) capitalist social ideal. To be sure, the privileging of narcissism intersects crucially with the commodification of the self in a corporate and advertising culture, valorizing the importance of self expression, individual decoration, and uniqueness. So while we have fundamentalized narcissistic needs, and have positioned ourselves clinically in relation to those needs, we have not done the same with morality needs—compassion, responsibility, caring for others (with the exception of Klein’s essentializing of guilt and the pursuit of love over hate). Andrew Samuels (2004) criticizes the standard—and reifying—psychoanalytic theorizing in which the patient is viewed as an

infant whose well-being rests on whether it is gratified or failed by the broader society-as-mother. In a powerful reversal, he suggests we regard the patient as a “citizen” who is caregiver to the baby-world.

In sum, all of these trends help to produce subjectivities fit for American empire and a global marketplace.

Certainly Michel Foucault (1978) believed that the function of all social sciences is to promote the state’s hegemony over its people. Kovel (1980) indicts directly what he calls the “mental health industry” for its effective social control.

To what extent can psychotherapy urge a critical engagement with the social surround? Disagreeing with both Herbert Marcuse (1955) and Russel Jacoby (1975), who assert that the revolutionary goods are in the theory, not the practice, of psychoanalysis, Stephan Frosh (1986)

argues that psychotherapy can be a powerful agent of social criticism and progressive political impact. Insofar as social processes do not affect subjectivity as much as constitute it, he argues, the therapeutic emphasis on the personal is also always a process of social deconstruction. The centrality of social structures, particularly capitalism, in the shaping of subjectivity was also emphasized in the work of Wilhelm Reich (1946). Cushman (1994) argues that in a hermeneutical paradigm the psychological and political are not convincingly separate. And of course Samuels (2000) believes the psychotherapeutic endeavor must involve meaningful exploration of the patient’s political development. I would argue that the decision to

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how things operate
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3. I would add to Gramsci’s notion of the “basic, negative, polemical attitude” the stirrings of race consciousness, gender consciousness, heterosexism consciousness, or, in general, injustice consciousness. And I agree with Lynne Layton (2005) that facilitating this form of awareness is crucial in psychotherapy, not just among those who occupy these subject positions, but among us all, and that realizations along these lines, often enacted, will emerge in any mix up of class, race, gender, and sexuality in the clinical dyad.

4. This is what Gilles Deleuze and Félix Guattari (1977) label the “mama-papa matrix.”

5. On the issue of pharmacological treatment for emotional pain, Paul Hogget and Julian Lousada write, “We would not wish to dispute that in the short run this may help people, but it only does so by leaving their troubles untouched, by seducing them further with the ‘ideology of management,’ and only ‘helps’ by rendering their distress ‘mute.’ . . . Distress is no longer clamorous, insisting, or improper; it has been made quiet” (1985, 131).

interpretively disregard the potency of the broader social world in the forming of subjectivity, to expunge political meaning from the therapeutic discourse, is as political an act as otherwise.

Critical questions that organize psychoanalytic inquiry—Who am I? How did I get here? What's going on?—render therapeutic practice closer to a philosophical discourse than a medical discourse, to be sure. Yet helping people locate themselves as subjects, to find themselves in some meaningful way existing, not just within a specific family, but within a much larger and more complex social and historical field is to help them reclaim disavowed informing narratives, or “subjugated knowledges” (Foucault 1980), while also connecting them to the wider human community.⁶ Of course this sort of broader therapeutic inquiry requires a willingness on the part of the clinician to call into question the historical embeddedness and discursive nature of her own organizing constructs, and her unexamined collusions with dominant social discourses/ideologies which she treats as common sense (like, for instance, the centrality of the mother in making sense of subjectivity, and the validity of diagnostic lexicon). It requires, further, that she shift her curiosity from figure to ground, from trauma to the social ideologies that potentiate it (ideologies rendered “hard to think” by their ubiquity). It is so called “normal psychology” (i.e., common sense), and our collusion with it, that needs to be vigorously examined. Ingleby writes,

The task for radical psychoanalysis is to show how crippling compulsions arise in the course of normal socialisation, and persist because they serve so well the maintenance of oppressive institutions. . . . The development of a truly ‘emancipatory’ form of psychoanalysis . . . requires its disembedding from the system of practices . . . within whose constraints it must remain an individualist, adaptationist, and essentially conservative form of praxis. (1984, 60)

The work of mourning is at the heart of a revolutionary therapeutic practice. Mourning, says Judith Butler (2003), as distinct from the narcissistic preoccupations of melancholia, politicizes the self by ushering one into a realization (a making real) of global suffering and its unequal distribution.⁷ If the narcissism of the melancholic stance narrows the subject to the problematics of survival and self care, mourning creatively broadens him to a compassion for others. “Then,” writes Butler, “[he] might critically evaluate and oppose the conditions under which

certain human lives are more vulnerable than others, so that certain human lives are more grievable than others” (16). The identification with human suffering, which entails a perspective on one's own suffering that situates it in a larger human discourse, brings one into contact with the Other as a living subject. It is my denial of the Other, he or she whose subjectivity I repudiate in favor of my own, that is the source of my own “beating heart” (Poe 1966). Butler writes,

I am as much constituted by those I do grieve as by those whose deaths I disavow, whose nameless and faceless deaths form the melancholic background for my social world, if not my First Worldism. (2003, 23)

What (and who) gets seen and who remains invisible in the clinical encounter, in this sense, reflects our social demarcations and stratifications, reconstituting the very balance of power that is the source of global suffering in the first place.⁸

Psychotherapy, as an emancipatory practice, might push beyond the terrain of emotional consolation, or political resignation (Marcuse 1955), facilitating in the patient his own capacity for cultural dissent. Samuels (2004) describes political action as “self healing” (821) in its own right. Certainly the potency of reparation is well theorized in psychoanalysis, and arguably the compassion engendered by mourning links the clinical project to a sociopolitical one. ■

References

- Bollas, Christopher. 1987. *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia University Press.
- . 2000. *Hysteria*. London: Routledge.
- Butler, Judith. 2003. “Violence, Mourning, Politics.” *Studies in Gender and Sexuality* 4, no. 1: 9–38.
- Cushman, Philip. 1994. “Confronting Sullivan's Spider: Hermeneutics and the Politics of Therapy.” *Contemporary Psychoanalysis* 30: 800–845.

6. For Donald Meyer (in Cushman 1994), a psychotherapy that does not reckon with sociopolitical history risks “help[ing] the weak feel strong while remaining weak” (822).

7. Death, especially violent death, has always been decidedly racist (see Tolleson 1997) and classist (see Goldscheider 1971).

8. One facet of American life is the relative absence of contact with, much less apology for, the crimes of the state (like the travesties of slavery or military invasions against the Third World). I have often wondered if our culture's rampant consumerism is an effort to drown out a collective grief.

- . 1995. *Constructing the Self, Constructing America*. Menlo Park, CA: Addison-Wesley.
- . 2005. "Clinical Applications: A Response to Layton." *Contemporary Psychoanalysis* 41: 431–46.
- Deleuze, Gilles, and Félix Guattari. 1977. *Anti-Oedipus*. New York: Viking.
- Foucault, Michel. 1978. *Discipline and Punish: The Birth of the Prison*. New York: Pantheon.
- . 1980. *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*. Edited by Colin. Gordon. Hassocks, UK: Harvester.
- Frosh, Stephen. 1986. "Beyond the Analytic Attitude: Radical Aims and Psychoanalytic Psychotherapy." *Free Associations* 1H, no. 7: 38–59.
- Ghannam, Jess. 2003. "The Use of Psychoanalytic Constructs in the Service of Empire: Comment on Baruch." *Psychoanalytic Psychology* 22, no. 1: 135–39.
- Goldscheider, Calvin. 1971. "The Social Inequality of Death." In *Death: Current Perspectives*, edited by Edwin S. Schneidman, 34–39. Palo Alto: Mayfield..
- Gramsci, Antonio. 1971. *Selections from the Prison Notebooks*. Translated and edited by Quintin Hoare and Geoffrey Nowell-Smith. New York: International.
- Hogget, Paul, and Julian Lousada. 1985. "Therapeutic Intervention in Working Class Communities." *Free Associations* 1B, no. 1: 125–53.
- Ingleby, David. 1984. "The Ambivalence of Psychoanalysis." *Free Associations* 1A (Pilot): 39–72.
- Jacoby, Russel. 1975. *Social Amnesia: A Critique of Contemporary Psychology*. Boston: Beacon.
- Kovel, Joel. 1976. Freud the Revolutionary. *Psychoanalytic Review* 63, no. 2: 171–78.
- . 1980. "The American Mental Health Industry." In *Critical Psychiatry*, edited by David Ingleby, 72–101, New York: Pantheon.
- Kutchins, Herb, and Stuart A. Kirk. 1997. *Making Us Crazy; DSM: The Psychiatric Bible and the Creation of Mental Disorders*. New York: Free Press.
- Lane, Christopher. 2007. *Shyness: How Normal Behavior Became a Sickness*. New Haven, CT: Yale University Press.
- Layton, Lynne. 1990. "A Deconstruction of Kohut's Concept of the Self." *Contemporary Psychoanalysis* 26: 420–29.
- . 2004. "Dreams of America/American Dreams." *Psychoanalytic Dialogues* 14: 233–55.
- . 2005. "Notes toward a Nonconformist Clinical Practice: Response to Philip Cushman's 'Between Arrogance and a Dead-End: Psychoanalysis and the Heidegger-Foucault Dilemma.'" *Contemporary Psychoanalysis* 41: 419–43.
- . 2006. "Attacks on Linking: The Unconscious Pull to Dissociate Individuals from Their Social Context." In *Psychoanalysis, Class, and Politics: Encounters in the Clinical Setting*, edited by Lynne Layton, Nancy Caro Hollander, and Susan Gutwill, 107–17. New York: Routledge.
- Marcuse, Herbert. 1955. *Eros and Civilization: A Philosophical Inquiry into Freud*. Boston: Beacon.
- Poe, Edgar Allan. 1966. "The Tell-tale Heart." In *The Complete Stories and Poems of Edgar Allan Poe*. New York: Doubleday.
- Reich, Wilhelm. 1946. *The Mass Psychology of Fascism*. Translated by Theodore P. Wolfe. New York: Orgone Institute Press.
- Reiff, Philip. 1966. *The Triumph of the Therapeutic: Uses of Faith after Freud*. New York: Harper.
- Richardson, Frank C., and Timothy J. Zeddies. 2004. "Psychoanalysis and the Good Life." *Contemporary Psychoanalysis* 40: 617–58.
- Richter, Horst-Eberhard. 1996. "Psychoanalysis and Politics." *International Forum of Psychoanalysis* 5, no. 4: 295–301.
- Samuels, Andrew. 2000. *Politics on the Couch: Citizenship and the Internal Life*. New York: Other Press.
- . 2004. Politics on the Couch?: Psychotherapy and Society—Some Possibilities and Some Limitations. *Psychoanalytic Dialogues* 14: 817–35.
- Showalter, Elaine. 1997. *Hystories: Hysterical Epidemics and Modern Media*. New York: Columbia University Press.
- Smith, Dorothy E. 1987. *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press.
- . 1993. "The Standard North American Family: SNAF as an Ideological Code." *Journal of Family Issues* 14, nos. 2–3: 16.
- Tolleson, Jennifer. 1997. "Death and Transformation: The Reparative Power of Violence in the Lives of Black Inner-City Gang Members." *Smith College Studies in Social Work* 67, no. 3: 415–31.
- . 2003. "Narcissism, Guilt, and the Fear of the Bad Object: The Therapist's Personal Anxieties and the Perversion of Clinical Technique." Paper presented at "Being on the Inside: Case-Based Summer Series," Institute for Clinical Social Work, Chicago, IL, June 2003.

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Strange Relation: A Memoir of Marriage, Dementia, and Poetry

by Rachel Hadas; Paul Dry Books, 2011; 204 pages; \$16.95.

Reviewed by Lynn Lawrence, ACSW, LCSW

At a concert at Tanglewood the commentator spoke about the next offering on the program—Brahms's First Symphony—and how the interesting part of the opening is that it's written in both the key of C minor and C major. Simultaneously, the basses hold onto one while the winds try to drag it down to the other. There is a tension between the two. So too, the gifted poet, brilliant writer, and teacher, Rachel Hadas, has composed a piece written in two registers: the world of "ambiguous loss"—absence and presence.

Strange Relation is about Hadas's relationship to her husband George Edwards, himself a talented, productive composer and professor of music at Columbia University. For some years now George has been imperceptibly going into another key. The book illuminates the slow dawning of awareness for her about his illness and how her life

becomes retuned in the keys of major and minor as the sounds of two fade to the sound of one. This is a book that deals in the sublime: it is both horrifying and gorgeous.

As background: two brilliant people meet early in their lives at the McDowell Colony, each on a genius track—Hadas is getting her MFA in landscape imagery in the poetry of Robert Frost and George Seferis, after having completed coursework for her PhD in comparative literature at Princeton; George Edwards, her soon-to-be husband, is composing. Silence was a natural venue for him, as he lived so much in his head, which made awareness when illness struck, some twenty years later, a difficult thing to discern.

Now Hadas, as only she can, is giving us all another dissertation on yet another landscape—that of marriage, illness, and loss.

In 2005 George received a diagnosis of dementia. He was only sixty-one years old. Hadas was fifty-five. For five years before the official diagnosis there were signs but, as Hadas writes in her exquisite but searing memoir, she didn't see them.

Except that she did. After a dream she had five years prior to diagnosis, she wrote "In Your Chair," which uncannily depicts the problem and eerily presages the future:

You were sitting in your armchair
Surrounded, almost submerged, by drifts of paper—
Mail, piles of it, and almost all for me.
The heap seemed festive, Christmas-lavish, wasteful.
I fished a letter out almost at random,
Then scurried to the atlas, found the map,
So I could show you where I would be going. (6)

In "Two Silences," Hadas becomes aware of this new math: "Not the full silence of a sun-warmed furrow, / . . . but empty silence . . . / . . . where past and future in one flat line meet, / gaze a diluted blue, lips firmly shut." (5)

She is aware of the ambiguity of the situation as her

husband exists in his tall, active, tennis-playing body but no longer speaks. They have been married twenty-some years at this point, a very companionable, close, kindred-spirits marriage. He taught her to listen to music. He told her bedtime stories that he made up. He had an incisive wit. He was a wonderful, creative father, a soothing man, is what comes across. Her way of dealing with this deafening loneliness is one organic to Hadas. Poetry and literature, hers and others', fill the void and become faithful companions in this uncharted territory.

The book has thirty-one chapters. The titles are all "pedal points" to places on this unknown terrain. In music, a pedal point is a sustained tone, typically in the bass, during which one foreign (i.e., dissonant) harmony is sounded in the other parts. So along the trajectory from the slow and "stealthy" (55) almost imperceptible change in George, to the dawning awareness and life changing/challenging event his illness became, there sounds something subtle but discordant. Many of the chapter headings

See *Strange Relation* on page 12

Book & Film REVIEWS

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 and film review editor, upon publication.

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The Sibling Relationship: A Force for Growth & Conflict

by Joyce Edward; Jason Aaronson, 2011; 214 pages; \$48.35.

Reviewed by Cathy Siebold, DSW

Sibling relationships are an often overlooked topic in psychoanalytic discourse, as Joyce Edward notes early in her book *The Sibling Relationship: A Force for Growth and Conflict*. The privileging of triangular relationships based on a child and two parents has overshadowed the role that siblings may play in unconscious processes. Although family systems theory and social psychology have credited the importance of siblings in developmental and interpersonal dynamic processes, their clinical explanatory value has been limited. The book comprises eight chapters in which the author explores the literature on sibling relationships. Edward's book thus serves as both an overview of the multiple frameworks that have historically facilitated social workers thinking about sibling relationships, while it also serves to expand our psychoanalytic understand of sibling relationships.

One strength of this book is that it weaves together discussions of sibling experiences by multiple psychoanalytic voices, something I have not come across in other psychoanalytic or psychodynamic literature. For example, much has been said about Freud's only-child case, Little Hans, and his Oedipal dilemma. Assembling various reconstructions of Little Hans's dilemma and the known history, the author helps us to think about Little Hans's sister and the impact Little Hans's observations of her experience may have had on his emotional difficulties. The book is further enhanced by a rich array of clinical experiences that give shape to the positive and negative experiences that may be part of sibling relationships.

In the first four chapters of this book, Edward reviews much of the existing literature about sibling relationships. These chapters help us to appreciate how sibling relationships have been studied outside of psychoanalytic writings. In particular, her examination of adoption provides a solid overview of a topic that has been underappreciated in discussions of adult struggles. Additionally, the author enhances her topic by providing clinical vignettes to illustrate different facets of sibling experiences.

In the last four chapters, Edward explores several important dynamic forces at work in sibling relationships. In chapter 5, she examines sibling rivalry and healthy

competition. These issues are looked at not only in terms of the wish to murder or destroy the sibling but also as a positive force in a child's life that can aide mastery or compensate for inadequate parenting. Fantasies and feelings about siblings, including sexual fantasies, are commonly described issues in the literature. By underscoring the importance of these feelings, fantasies, and experiences Edward provides an expansion of earlier works.

The topic of sexual desire and sibling incest is not new to psychoanalysts. What Edward provides in chapter 6 is a comprehensive look at mythology, culture, parental impact, and intrapsychic forces that offer the reader much to ponder in thinking about the way that our adult patients' sexual desires may have been influenced positively or negatively by experiences with siblings. I found myself wondering about seemingly consensual sexual experiences between siblings. According to Edward, consensual sexual interactions between siblings may reflect Freud's concept of the exception. Because of other injuries, or even neglect, siblings may engage in sexual activities that are then experienced as a right or entitlement to compensate for other hurts. It seemed to me the complexity of the clinical situations Edward describes in this chapter is underreported in the adult clinical literature.

Foster care, which the author touches on early in the book, is another complicating factor in sibling sexual experience. I have had several patients who while in foster care became sexually involved with another child in the family where they resided. These experiences were not typically consensual, and exacerbated self-destructive behaviors and feelings of self-loathing. Children who are raised in the foster care system are often treated for emotional and behavioral problems during the time that they are in care. How these children fare in adult life is less well understood, particularly when there has been sexual exploitation. Does the lack of strong sibling ties, because siblings are separated, add to the trauma experienced in foster care? Alternatively does the experience of having foster siblings add or mitigate the challenges that these

See *The Sibling Relationship* on page 15



are titles of Hadas's own poems that she writes throughout these years, chronicling her feelings, or the changes in their relationship as it morphs from a couple to one person taking care of both, remembering for both, and trying to live her life in this confused "ambiguous" state of being married to someone both mentally absent and physically present.

The book is a seamless interweave of the prose and poetry. Hadas's own is exquisite, telling, excruciatingly painful and honest. The book is a treasure trove of material, one that makes you want to read everything she cites. As Hadas discovers, as she finds herself alone in a strange land, comfort and solace can be found in literature because others have been there, and have made their voices available to the rest of us. She is encyclopaedic on the canon of literature imported to illustrate feeling states. Hadas is a gifted teacher, and in a sense this book is a tutorial in many ways. From the canon of Alzheimer literature (Myrna Doernberg's *Stolen Mind*, Eleanor Cooney's *Death in Slow Motion*) to Nancy Mairs's *Waist-High in the World*, an account of having MS ("There were . . . signs . . . [but the illness] developed so slowly that people who had known me for a long time just grew used to it" [cited on 17]), to Jonathan Franzen's *My Father's Brain* ("The sameness of my father's days tended to make him invisible to me" [cited on 20, my emphasis]), the book proceeds in the company of others who have charted the way; from a re-reading of Greek tragedy, now in full appreciation of Penelope's agonizing dilemma enacted in twenty years of weaving and unweaving as she wonders, Should I mourn, or is he alive?, to learning about the structure of poetry (some of Hadas' are written as villanelles), the book is masterful. And one wonders, How did Hadas have the strength to do this?

The answer to that lies in the power of narrative medicine.

As clinicians we know there is a chasm between seeing a doctor for a medical problem and talking to a psychotherapist about feelings generated by the very illness the medical personnel is impervious to. Every social worker on a med-surgery floor has had the experience of walking into a patient's room where the doctor has just exited, having said to the patient, "You have cancer, someone will be in to talk to you." As Rita Charon states, "Patients feel unbridgeable chasms between themselves and those who are supposed to take care of them" (2006, 19).

Even psychotherapists are assailed with, "You don't

get it," or asked, "Did you ever have an eating disorder?," "Were you ever depressed?," that is, "Can you really truly appreciate what I'm trying to tell you?" There is a reason chat groups have burgeoned on line: they invite a community of kindred spirits to share their pain and suffering with a group that "gets it." The study of "narrative medicine" is burgeoning as well. In his book *The Wounded Storyteller*, Dr. Arthur Frank, coming from his own experience of having cancer and heart disease, writes,

Journeys cross divides. Once on the other side the traveler remains the same person, carrying the same baggage. But on the other side of certain divides, the traveler senses a new identity. . . . The story of illness that trumps all others in the modern period is the medical narrative. The story told by the physician becomes the one against which the others are ultimately judged true or false, useful or not. I understand this obligation of seeking medical care as a narrative surrender and mark it as the central moment in modernist illness experience. . . . "How are you?" now requires that personal feeling be contextualized within a secondhand medical report. The physician becomes the spokesperson for the disease, and the ill person's stories come to depend on what the physician has said . . . Post-modern times are when the capacity for telling one's own story is reclaimed, not as an "alternative." (1995, 4-7)

Storytelling is timeless and universal. Fairy tales put us to sleep as babes, our parents exchange of stories at the dinner table helped socialize us in the ways of relationships. So too did Dr. Seuss, *Sesame Street*, Judy Blume. We have all gotten through life by the telling and hearing of stories.

So we must return to the archetype of storytelling, but in the postmodern vein. "As wounded, people may be cared for, but as storytellers, they care for others" (Frank 1995, xii). So too, those immediate family members who care for their spouses and children and parents are also wounded, but as Hadas understands so well, "even the most sympathetic doctors write no prescriptions for the imagination." She claims, "I must give these gifts to myself" (46). Hadas cures herself through the prose and poetry of others, and with her own:

These works of literature didn't soothe or console or lull me. . . . On the contrary, they made me sit up and pay attention. Each in its own way, they helped me by telling me the truth, or rather a truth, about the almost overwhelming situation in which I found myself. I learned what isn't always obvious under such circumstance: I wasn't alone. Other people . . . had found the courage to face and describe situations which might easily have reduced them to silence. If silence was the enemy, literature was my best

friend. No matter how lonely, frightened, confused or angry I felt, some writer had captured the sensation. How does it feel when people you thought were your friends turn away from illness? When you've almost forgotten what love is like? When you are forced to choose between unpalatable alternatives? Frost and Aeschylus and Merrill knew the answers to these questions—questions doctors don't like to ask, let alone answer. (ix-x)

If Hadas is a gifted teacher, she is also a quick learner. In one of those elliptical answers doctors give to a question of where is this going, George, still able to speak at that time, asks if he will get better. The neurologist replies that his condition is “permanent and progressive” (47).

Now here is where Hadas's brilliance shines. She is an alchemist, and she turns cold neurology into the magic of simile: a poet's tool. Deconstructing the neurologist's text, she gives close readings to “permanent and progressive,” stating, “The first half of it suggested stasis, the second motion” (47). How she processes and then “writes” this is through the image of a one-way road, on which it is possible to drive at different speeds, maybe even pause for a while. Other images get added, or transformed to a very slow train, making all the local stops. Maybe even seeing the sun overhead. Where does this go? The train stops for a “subway quotation of the day” from none other than Shakespeare (Sonnet 34): “Why did'st thou promise such a beauteous day? And make me travel forth without my cloak.” In fact throughout this painful journey of thirty-one chapters Hadas excels at exactly this—she is able to infuse every situation with its translation into poetry. When she has the opportunity to teach a course on Victorian poetry she becomes aware of the parallels between Victorian poet's versions of “dramatic monologue,” appreciating that for some time now, she's been the only one chit-chatting away. The last four lines of her poem “Monodrama” are chilling:

And surely every woman. Every wife
Everyone married to a person walled
into silence: mine the drama, his
the mono, as he's sealed in, brick by brick. (54)

Hadas has a comprehensive, associative, knowledge base. “Brick by brick” leads to Edgar Allan Poe's story of the Cask of Amontillado, and a fresh re-reading of Cavafy's poem “Walls” equally chills Hadas when she sees a parallel in it, recognizing he must have been writing about his own descent into an unbridgeable isolation.

Hadas's book is an example of what Arthur Frank would describe as a quest narrative. The illness is the

occasion of a journey that becomes a quest. Typically such a journey has three stages: the first begins with a call (in illness narratives the first stage is the symptom), and the call is often refused (or ignored). At some point the illness cannot be ignored, and the person has crossed the threshold, and is “initiated” into the disease. The same holds true for the caregiver. In this case, since George is unable to speak, Hadas is the one on the quest. Ultimately in this narrative, the teller is transformed and changed by the experience. The insight gained is passed on to others through story telling. The memoir is, according to Frank, the most gentle style of the quest narrative, as opposed to manifestos that demand calls for social action.

Temporality is a major component of narratives; time becomes humanized when told through a story. Quest narratives are not necessarily told chronologically, and they are “interrupted” when recollections stop the flow of the present, or the present is interrupted by the illness. Hadas herself has a pulse on the strangeness of time. This is one of the most searing parts of the book, and of her life, and of anyone's life when they are living with someone who has crossed the threshold into illness. Hadas, a stickler for the word that captures exactly what she is trying to describe, nails it. Proleptic is a fancy way of saying “anticipation,” but when incorporating time, becomes more menacing, that is, “the forward look is tinged by blow-back, so that the future to which one is looking ahead, leaks back into the present. The net effect makes enjoying the present impossible” (117–18). Hadas talks about this when realizing at some point, that placing her husband in a home is the only solution. Her self awareness is acute as she experiences the assault of contradictory feelings: relief, sadness, guilt, a sense of defeat, a sense of triumph. For everything there exists its polar opposite and all are true. Nothing makes sense in the present, time is lived from moment to moment, and retrospectively. Hindsight provides the opportunity to rewind the computer and put in the missing data. This story is told in flashbacks and flash-forwards.

See *Strange Relation* on page 14

Book & Film REVIEWS

Have you published a book or chapter and would like to see it reviewed? Contact book and film review editor Diana Siskind: Dwsiskind@aol.com or 212.787.6669.

In the narrative medicine program at Columbia, we are asked very specific questions about literary texts. Whose story is it and who tells it? There is an entire postmodern debate about who has the right to speak for whom. Does anyone? (see Couser, Spivak, Alcoff).

In *Strange Relation*, Hadas states from the get-go that this is her story, although George looms like a spectral presence, towering throughout the book. He does not speak, except for in the chapter titled “Your History Stacked Up.” Here one reads excerpts from George’s writings and learns that his favorite composers (as are mine) are Stravinsky and Messien, and I wished he had been at the 92nd Street Y in my class on Proust because his insights are staggering. I’m sorry I won’t get to read his paper “On Wagner and Proust” and that I missed his concert at the Miller Theatre. I will listen to his CDs that Hadas compiled for the public and thus some of his narrative will be grafted to mine.

Another tenant of narrative medicine is ethicality. Rita Charon states, “Narrative ethics exposes the fundamentally moral undertaking of selecting words to represent what

before the words were chosen were formless and therefore invisible and unhearable. It is the very act of fitting language to the thoughts and perceptions and sensations within the teller so as to let another ‘in on it’” (2006, 56).


Hadas is every bit the ethicist. She rails against the easy doublespeak lexicon of euphemisms for dementia (“the waiting room,” “loved one,” “placement,” “Life Guidance Room”) saying, “I will not yield control of one of my remaining resources, the choice of words, which happens to be one of my specialties” (141). Patience and knowing exactly the right thing to do seem to be others. Hadas ends her story at the birthday party she has planned for George in his residence. He will be sixty-six. For almost fifteen years this narrative has been going on in its various iterations. Now Hadas, like Penelope, sits at the window. Instead of weaving, she is coloring in a medieval tapestry book. The picture she has chosen is *Death Riding a Pale Horse*.

Only constraints of time and space impose an ending. I hope that someday soon Hadas gets to teach a poetry seminar in the Narrative Medicine Program at Columbia. She now joins the other sages of literature in this sorrowful canon. All I can say is, read her book. It is rich beyond measure. Sooner or later we will all be wounded storytellers, and this book is a companion for all our journeys in that terrain. ■

Lynn Lawrence is a long-ago graduate of NYSPP and is in private practice in Manhattan. She is about to go into her second year in the MS program in narrative medicine at Columbia University.

References

- Alcoff, Linda. 1991–92. “The Problem of Speaking for Others.” *Cultural Critique*, no. 20: 5–32.
- Couser, G. Thomas. 1998. “Making, Taking, and Faking Lives: The Ethics of Collaborative Life Writing.” *Style* 32, no. 2: 334–50.
- Charon, Rita. 2006. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press.
- Frank, Arthur. 1995. *The Wounded Storyteller: Body, Illness, and Ethics*. University of Chicago Press, 1995
- . 2005. “What Is Dialogical Research, and Why Should We Do It?” *Qualitative Health Research* 15: 964–74.
- Spivak, Gayatri Chakravorty. 1999. “Can the Subaltern Speak?” in *A Critique of Postcolonial Reason: Toward a History of the Vanishing Present*. Cambridge, MA: Harvard University Press.



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children face in later life? I suspect that there is much being said in the developmental and, perhaps, in the trauma literature on this subject, but similar to adoption, I have seen few case elaborations of adults who grew up in foster care.

In chapter 7, the author elaborates an important topic: children with disabilities and their siblings. The narratives presented throughout the last four chapters are extensive elaborations of sibling experiences throughout the lifespan, and in this chapter, Edward presents the pain and gain of having a sister or brother who is born with a disability or who becomes ill during childhood. These narratives are poignant and give a rich picture of what occurs in families when there is a child with special needs. It is a tribute to the comprehensiveness of her exploration that Edward also provides descriptions of what it is like to be the child with special needs; these children also struggle because of their perceptions and experiences of difference.

In the final chapter, Edward takes up what is perhaps the most painful of all losses: the death of a child. Here again her focus is on siblings who have had a sibling die. Her comprehensive and thoughtful treatment of this very difficult topic draws us in to contemplate the loss of siblings over the life span and how these can be enduring relationships that leave a mark just as powerful as the loss of a parent or spouse for the surviving siblings. In particular, I was struck by the cases she described in which the death of the sibling was not mentioned, and in some cases not thought of, until some later time in the therapeutic process. It seemed to me to be a reminder of the power of shame on the psychic economy, and the way that such experiences become secrets that are hidden even from the self.

There is much to learn in this richly descriptive text on sibling relationships. Two things in particular stood out for me. The first was the way in which the author includes sibling relationships from a multitude of sources. She draws from her own and others' clinical experiences as well as biographical descriptions. She also draws from extensive interviews with people who may or may not have sought therapy to understand their sibling experiences. By conducting this research, Edward provides us with an understanding of sibling experience that goes beyond the traditional clinical descriptions, which is also a self-selected sample. Her interviews allow for greater inclusion of normative experiences with siblings over

the life span. This kind of qualitative research has historically been so valuable to our field, but is less commonly conducted in the current climate of privileging quantitative methodologies. To my mind the inclusion of these interviews provides a more complete picture of sibling relationships.

The second aspect of this book that I would like to highlight is the way that by focusing attention on sibling experiences, Edward provides us with a way to think about these experiences as significant in their own right. She does not ignore parental and other caregiver experiences, but she also does not present sibling relationships as secondary to parental ones. By emphasizing the import of siblings, Edward gives us much to think about in our work with child and adult patients.

I thoroughly enjoyed reading this book and want to emphasize the contribution Edward has made to the psychoanalytic community in assembling this information on sibling relationships. Having grown up in a relatively large family, in a community where large families were the norm, I have often taken the importance of siblings for granted. Yet Joyce Edward has given me much to think about in regard to my teaching, writing, and clinical work. I appreciate the opportunity she has given me to consider anew the impact of siblings on each other over the course of a life span. ■

Cathy Siebold, DSW, is the past-president of AAPCSW. She has authored articles on termination, attachment, and shame, and is a psychoanalyst in private practice New York City.

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Area Representatives' Corner

Southern California, Los Angeles

Submitted by Joan Rankin, PsyD, LCSW, Area Chair

“The Consultation Group Experience: Tools for Enhanced Learning and Application in Analytically Oriented Clinical Practice” was presented on September 24 as part of the Fall Reflections Series 2011. Private practice is both challenging and rewarding, but it is also lonely and can feel encapsulating. At times a clinician may be faced with dilemmas that require help from a peer group to achieve a clarity that is in the best interest of the patient. One path that offers insights for this can come from a group of peer consultants and a consultant leader.

Presenter Dr. Ellen G. Ruderman believes that consultation groups offer a particularly creative focus on counter transference that enables growth. She presented her concepts of the Consultation Group Experience, including the process and the mechanics of a successful group. She covered how to start a consultation group, what to expect, how to deepen the experience, and problems that might be encountered with group members as well as patients. In Winnicott's words—“The greatest gift to our patients is the gift of consultation.”

Ellen G. Ruderman, PhD, is former chair of the Southern California Area Committee of the AAPCSW, and is current chair of AAPCSW's National Study Group. She is a psychotherapist and psychoanalyst in private practice in Encino, CA. She is a current member of and training and supervising analyst at ICP in Los Angeles. Since 1978 she has led consultation groups for clinical practitioners of all disciplines. She has also served for many years on the Cedars-Sinai Medical Center Department of Psychiatry, Thaliens Mental Health Center. She was faculty at the University of California, Los Angeles, and Immaculate Heart College. Ellen is a member of the National Academy of Distinguished Practitioners. ■

Southern California, Orange County

Submitted by Karen K. Redding, LCSW, PhD, Area Chair

“Writing and the Clinical Autobiography in an ongoing Self-Analysis: Working with Shame and Dissociative Processes” was presented on Saturday, October 22, in

Corona del Mar, CA, with Barbara Manalis, LCSW, presenting and Karen K. Redding, LCSW, PhD, as the discussant.

In or outside of the consulting room, the essential question is, How can we really understand one another—without understanding the context from which we speak? Gershon Molad and Judith Vida have written about their desire to convert conference or seminar space into an analytic space, by establishing an autobiographical dialogue, instead of a disembodied, depersonalized discourse. They have written about “the tension between the private and the public that often makes our work or clinical presentations, our theories, so difficult to understand. Because of the masks we wear, the personal distance we try to keep, while talking about the survival of the analyst, the survival of the self—without revealing too much.” The clinical autobiography can enhance our understanding of each other by grounding experience in a given context. Barbara's paper focused on the implicit domain, shifting self-states, and the role of enactments in facilitating the identification and integration of dissociated experience. ■

Massachusetts

Submitted by Susan Bokor Nadas, LICSW, Area Chair

On Sunday, November 6, the Massachusetts chapter offered a presentation called “Peasant in the Analyst's Chair: Reflections Personal and Otherwise on Class and the Forming of an Analytic Identity,” presented by Elizabeth A. Corpt, LICSW. The program was held from at the home of Susan Bokor Nadas, LICSW, in Arlington, MA, and included time for discussion.

Elizabeth is a supervising analyst and faculty member at the Massachusetts Institute for Psychoanalysis, a supervising analyst at the Institute for the Psychoanalytic Study of Subjectivity in New York, and a teaching associate at the Harvard Medical School, Department of Psychiatry, at Cambridge Hospital Program for Psychotherapy. She has written and presented nationally and internationally on the topic of clinical generosity and is in full-time private practice in Arlington, MA. ■



Michigan/Ohio

Submitted by Karen E. Baker, MSW, Area Chair

You may recall from our previous area report that our group is in the process of revitalizing itself and expanding its membership. I am pleased to report that we are well on our way with regard to both goals.

On Saturday, April 30, we launched our new spring and fall program schedule with a presentation by our esteemed colleague, Anne Segall, MSW. Ms. Segall's presentation, titled "Sophie's Dilemma: Relational Trauma and Adolescent Suicide," was clinically relevant and stimulated a rich dialogue amongst the attendees. She began with a review of the developmental tasks specific to adolescence, and addressed the concepts of relational trauma, dissociative states and developmental regression which were used to discuss "Sophie," an adolescent in the series who comes to see a therapist, Paul, for an evaluation to determine whether or not she is or was suicidal at the time of her accident. Aspects from attachment theory, object relations, relational theory, self psychology, and feminist clinical theory were interwoven into the presentation and the discussion.

This fall we hosted William Meyer, MSW, for his multi-media presentation "On the Diagnosis and 'Treat-

ment' of Homosexuality: When Prejudice Masquerades as Science." Bill addressed how the diagnosis of homosexuality evolved and how it was eventually removed from psychiatry's nomenclature. His historical perspective demonstrates the legacy and implications of psychiatry's once implacable position that homosexuality is treatable psychopathology. He has given this presentation to several audiences across the country, most recently at our conference in Los Angeles. We enjoyed having him in Ann Arbor November 12.

Finally, it was terrific to have many Michigan/Ohio colleagues in attendance at the national conference, especially those colleagues who were attending for the first time. We look forward to seeing them again at our local programs. ■

New York

Submitted by Penny Rosen, MSW, BCD-P, Area Co-Chair

A planning committee was formed to organize a half-day conference with four presenters in the spring of 2012. The title is "Transitions and Anxieties in Today's World." More details will follow. ■

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Member News . . .

Theresa Aiello, PhD, LCSW; **Karen Baker**, LMSW; **Judith Batchelor**, MSW, PhD; **Penny Rosen**, MSW, BCD-P; and **Howard Snooks**, PhD, were inducted as new distinguished practitioners from ten healthcare professions into the National Academies of Practice (NAP) at a gala membership banquet on March 26, 2011, in Arlington, VA. Social Work is one of the ten disciplines represented. Allen Du Mont, chair of the Social Work Academy, presented the awards, and Ann Segall, a NAP member, was present at the ceremony. NAP was established twenty years ago in recognition of the need for interdisciplinary collaboration in healthcare. Following its annual forum on public policy issues, NAP will issue a public policy statement based on this year's focus of achieving interdisciplinary care. For more information about NAP, visit www.NAPPractice.org.

Patty Antin, MSW, PhD, has started a free, community outreach program with one of her senior colleagues, sponsored by the Psychoanalytic Center of California. "Emerge, From the Inside to the Outside" is a weekly group for families and babies from birth to six months using the Tavistock method of Infant Observation. With intervention facilitated through observation, parents' capacity to receive, understand, and give meaning to their infant's communication is enhanced. This type of applied Infant Observation, never done in the United States, promotes healthy bonding and attachment while identifying any early states of disturbance or difficulty within the baby or dyad and offering the potential for intervention at the earliest moments of life. For more information, visit the website emergebaby.com. Patty and her colleagues welcome any questions or referrals.

Carl Bagnini, LCSW, BCD, has a chapter titled "Object-Relations Therapy with Couples" in *Case Studies in Couples Therapy: Theory-based Approaches*, edited by David K. Carson and Montserrat Casado-Kehoe (Taylor and Francis, 2011). Also, Carl's review of the book *The Lonely American: Drifting Apart in the Twenty-First Century*, by Jacqueline Olds and Richard S. Schwartz (Beacon, 2009), is titled "The Ambiguity of Self and Other" and is published in *Couple and Family Psychoanalysis* 1, no. 2 (2011). Addi-

tionally, Carl presented a paper titled "Super-vision or Space Invader—Two's Company and Three Makes for Paranoid Tendencies" at the Adelphi University International Conference on Supervision, in Garden City, NY, on June 10.

Martha Bragin, PhD, LCSW, was awarded the Hayman Prize for Published Work Pertaining to Traumatized Children and Adults, by the International Psychoanalytic Association at the August 2011 Congress in Mexico City.

Jerrold Brandell, PhD, presented a half-day workshop titled "Dynamic Storytelling with Children" by invitation to social work faculty and advanced social work graduate students at Universidad de Complutense, Madrid, Spain, April 4, 2011. He also presented an invitational colloquium titled "Enter Freud: Psychodynamic Thinking and Clinical Social Work" to advanced graduate students and faculty at the University of Barcelona Department of Social Work, Barcelona, Spain, April 8, 2011. Jerry's recent publication, co-edited with member **Shoshana Ringel**, PhD, is *Trauma: Contemporary Directions in Theory, Practice, and Research* (Thousand Oaks, CA: Sage, 2011; 249 pages).

Daniel Buccino, MSW, BCD, of the Johns Hopkins Bayview Medical Center and the Baltimore Psychotherapy Institute was a discussant at the 18th Annual Conference of the Consortium for Psychoanalytic Research in Washington DC on February 27, 2011, on cycles of change in psychodynamic psychotherapy. The featured speaker was Phil Lebovitz, MD, from the Chicago; James Kleiger, PhD, from the Baltimore-Washington area was the other discussant.

In May, **Rita Karuna Cahn**, LCSW, co-chair of the Northern California Chapter of AAPCSW, presented her paper "Bearing Witness in Israel/Palestine: The Defiance of Hope" at the Bystanders No More Conference at the New York Academy of Medicine. This multi-disciplinary conference was sponsored by the Training and Research in Self Psychology



Foundation (TRISP). Her paper is an expanded version of the winning essay she recently presented at the AAPCSW National Conference. Both papers are based on her travels in Israel/Palestine, with the Compassionate Listening Project in 2003 and again in 2004.

■
Gail DeLyser, PhD, LCSW, has published her article “At Midlife, Intentionally Childfree Women and Their Experiences of Regret” in the *Clinical Social Work Journal*. The paper, which is based on qualitative research, is currently available online. Gail is a graduate of Chicago’s Institute for Clinical Social Work, PhD program, and Loyola University, Chicago’s School of Social Work.

■
In 2010, **Sharon K. Farber**, PhD, published a review article, “The Comorbidity of Eating Disorders and Attention-Deficit Hyperactivity Disorder,” in *Eating Disorders: The Journal of Treatment & Prevention* 18, no. 1: 81–89. In June 2011 she led a seminar at Smith College School of Social Work titled “The Inner Predator: Pain and Traumatic Attachments in Self-Harm” (eating disorders, self-injury, body modifications). She also gave several presentations called “My Patient, My Stalker: Stalking as an Occupational Hazard for Mental Health Professionals” at the Westchester Chapter of the NYSSCSW, the NYSSCSW annual conference, and at Psychiatry Grand Rounds at Montefiore Hospital Medical Center in New York City. She will again be presenting on the topic of stalking in the fall at Psychiatry Grand Rounds at Westchester Medical Center (Valhalla, NY) and St. Joseph’s Hospital (Yonkers, NY). Her second book, *Hungry for Ecstasy: Trauma, the Brain, and the Influence of the Sixties*, is in press. She also began a monthly writing group for clinicians, which may be offered in the fall as a teleseminar for those at a distance. Those who are interested may contact Sharon at Sharonkfarber@gmail.com or 914.478.1924.

■
Daniel Farrell, MSW is now the vice president for programs at HELP USA, an organization that runs many homeless shelters and supportive housing programs. Primarily New York City-based (with about 20 programs in the NYC area), there are also programs in other cities, including Houston, Buffalo, Philadelphia, and Las Vegas. Daniel oversees all shelters and transitional housing programs.

■
Sally Fine, MSW, MA, and first author Paul Fine, MD, have published an article titled “Psychodynamic Psychiatry, Psychotherapy, and Community Psychiatry” in the *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 39, no. 1 (2011): 93–110. The article suggests that psychodynamics have passed the test of time and that a psychodynamic orientation is uniquely helpful in complex community-based clinical situations. Competence depends upon experience with well supervised psychodynamic psychotherapy and interdisciplinary collaboration in a variety of cultures and settings.

Now retired from social work faculties at the combined Creighton University–University of Nebraska Department of Psychiatry, Omaha, and Mercer Medical School of Medicine, Macon, Georgia, Sally is in part-time private practice with children and families in Omaha.

■
Jerry Katz, LCSW, presented lectures at the Psychotherapy Institute in Bayramoglu, Turkey, in May titled “Com-

paring Developmental Theories” and “The Theory and Treatment of the Narcissistic Personality Disorder.” In August he addressed the British Columbia Association of Clinical Counselors at Vancouver Island University with “The Borderline Personality Disorder.”

See Member News on page 20

Share Your News

Dear AAPCSW Members—
We want to hear from you!

Please write or e-mail me with your news: graduations, presentations, publications, awards, appointments, exhibits, and so on, are all items the AAPCSW membership would like to acknowledge in the *Member News* column.

Feel free to include a photo, if you like.

Ashley Warner, MSW, BCD
Assistant Newsletter Editor
85 Fifth Avenue, Suite 934, New York, NY 10003
awarnerlcsw@gmail.com

Karen K Redding, LCSW, PhD, attended the American Psychiatric Association meeting with her husband and AAPCSW member **Ed Kaufman**, MD, this past May in Honolulu and entered their art exhibit. Her photograph *Moroccan Man*, which was also displayed at the March AAPCSW Conference, was awarded “Best of Show.” Says Karen: “So, I guess it’s never too late to receive one’s very first blue ribbon!”



Christine Schmidt, MSW, wrote a chapter about her experience as a school social worker. Titled “From Within: Practicing White Anti-Racism in Public Schools,” it was published in *Accountability and White Anti-racist Organizing: Stories from Our Work*, edited by Bonnie Berman Cushing et al. (Crandall, Dostie, and Douglass Books, 2010).

Brian R. Smith, LCSW, has begun teaching Generalist Practice II at Metro State College of Denver in their BSW program. He continues to practice full-time in community mental health.

Lee Whitman-Raymond, PhD, MSW, MFA, gave poetry readings at Assumption College in Worcester, MA, in November 2010, and at Simmons College School for Social Work, Boston, in February 2011, and for the Rhode Island Association for Psychoanalytic Psychotherapy on May 2, she presented a poetry reading and discussion of her long poem about the experience of analysis. She also had two poems accepted for publication in the *International Journal for Psychoanalytic Self Psychology*.

Moroccan Man

“It was quite a challenge to take many up-close photographs of the Moroccan people. This man, who claimed to be 58 years old, had a captivating face. I asked my guide to tell him that I thought his face was beautiful, with many life experiences etched into it. This was on my last day in Morocco, and I hoped to take his face back home with me. I saw Moroccan landscape, history, and humanity held here. Luckily, he consented and allowed me to truly see him.” —Karen Redding

What’s Your News?

Write, or e-mail: Ashley Warner, MSW, BCD
Assistant Newsletter Editor
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From the President, continued from page 1

and theme—*Under One Tent: Insights, Identities, and Inclusions*—and the call for papers has gone out. Penny Rosen, our new president-elect, is also our conference chair for 2013. Her service and dedication to our organization is much appreciated by us all. The conference will be held in North Carolina, and the planning group has already started the work of creating the high-quality conference that we have all come to expect. Nancy Perault, who has been developing a speakers' list, will serve as an aide in ensuring that social work scholars from around the country are represented on the program.

There are a number of people whose work for AAPCSW is not as visible as that others whom I have mentioned, in particular, the members of the executive board, who have provided important functions for the organization. Marsha Wineburgh, our treasurer for the past four years, has overseen the budget and taken the time to find ways to increase our revenues through safe investments. We are financially healthy due in part to her hard work, and I appreciate the time and effort she has given to us. Kim Sarasohn, as secretary, made sure that

important decisions were recorded and available to our changing board. Institutional memory is one of the difficult challenges an organization faces when it has a board that changes every few years. Kim's detailed notes have helped create a historical document that offsets some of these difficulties. Samoan Barish, as past president, helped to maintain consistency in the group discussion and decision making. She was a strong contributor during her term of office and will continue to support professional development through her participation in our next conference. Barbara Berger has continued to be our liaison to the Consortium, thus giving us a consistent member on that important board to sustain social work interests with our colleagues who represent psychology and psychiatry.

There are a number of more recent members to our board, who have quietly taken on tasks that we all appreciate. Both Carol Thea and Myrna Ram have been sending out condolence and congratulatory notes to our members as needed. Their work on the Hospitality Committee is a relatively new process, but one that I believe adds to our ability to connect with members at important

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times in their life span. Sally Fine has been doing a terrific job as our New Professionals chair. She has been reaching out to new professionals around the country to help facilitate their development. As an organization, we value participation by new practitioners, and Sally's outreach provides a way for younger professionals to feel part of our group. Bill Meyer has continued his dedication to AAPCSW in many ways, but I would like to make particular note of his recent efforts to have social work journals included on the PEP Web. The area chairs are an important part of our organization and create the ongoing membership activities. I hope that they will allow me, because of the number of representatives, to simply say thanks to all at once.

I can never end a commentary on our organization's accomplishments without giving heartfelt thanks to Donna Tarver for all her work on the *Newsletter* these many years. The substantive quality of the newsletter and the inclusion of news from the different areas are the result of Donna's efforts to build the newsletter over the years. Ashley Warner's current participation assisting Donna has added to the breadth of information contained within these pages.

In closing, I will say that it has been a busy, challenging, and rewarding two years. I look forward to our next conference and to seeing many of you whom I have gotten to know over these past four years. Karen Baker, our incoming president, has already shown her creative ability and her commitment to psychoanalytic practice, and I look forward to working with her during the next two years. ■

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From the President-Elect, continued from page 3

initiative that I will continue to support during my presidency. Cathy also co-chaired the Psychoanalytic and Psychodynamic Teacher's Academy, a project shared with the American Psychoanalytic and Division 39, which was designed to aide faculty members who are interested in incorporating psychoanalytic and psychodynamic perspectives into their curriculum.

The elections were held in September and we have an approved slate of officers. Along with Penny Rosen, president-elect, I'd like to congratulate Judith Batchelor, who will join the executive board as our new secretary, and Kim Sarasohn, as our new treasurer. Kim is not new to the executive board; she has served as our past secretary. We are grateful for her service filling in when the organization was in need. I'd like to thank Marsha Wineberg for being our stalwart treasurer for the past four years, wisely managing and investing our funds. I anticipate that Kim will have equal success in managing the organization's treasury.

Finally, I would like to say thank you to all the area chairs with whom I have had the pleasure to work with over the past two years as president-elect. I have enjoyed getting to know them as we worked together to promote local and national programs. I continue to be impressed by the enthusiasm and dedication of the area leaders and the scholarly programs they offer in their states. As Cathy passes the presidential baton onto me, I am looking forward to continuing to expand the growth of the Child and Adolescent Practice Committee, as well as AAPCSW as a whole. ■

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
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- The role of enactments and their contribution to the articulation of transference/countertransference phenomena
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- A copy of the full paper with no biographical or identifying data. Presentations will be approximately 25–40 minutes each.

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