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## From the President

The summer months are behind us now. Fall is in its early stages and will be well underway by the time you read my last column as president. In some ways, it is remarkable how quickly the two years have passed. It seems that not so long ago I was writing my inaugural message containing my goals and aspirations, and now it is time to say goodbye. But before doing so I would like to share with you some of my experiences as well as the progress of the AAPCSW over the past two years, which have been both rewarding and at times challenging.

First and foremost, I had the experience of working with a group of colleagues who are extraordinarily dedicated to the AAPCSW. Their dedication contributes to our vibrancy and continued growth as an organization. I will express my gratitude to specific people later in the column but begin by chronicling some changes and accomplishments.

Change involves good-byes and new developments. Last year we said good-bye to Deborah Dale, who was our Administrator for eighteen years, and we welcomed Barbara Matos into the organization as our new administrator. Barbara has transitioned into her role within the organization quite nicely. It has been a pleasure for me to get to know Barbara and to work closely with her as she learned the ropes of our fine organization.

An initial highlight of my presidency was the exciting event of having *Psychoanalytic Social Work* become available on the PEP Web (Psychoanalytic Electronic Publishing) and shortly thereafter offering PEP subscriptions to our members. These achievements were several years in the making and were made possible by the efforts of Bill Meyer and Cathy Siebold in conjunction with the board of directors.

A few years ago, we changed the structure of AAPCSW to include additional committees. Since then, they have become a well-integrated aspect the organization, with committee chairs introducing new initiatives requiring by-law amendments and the expansion of our Aims and Purposes. At the in-person board meeting on March 4, 2012, the mundane task of reviewing the by-laws occurred, and the board voted to add the following to our Aims and Purposes:

To promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.

To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

This addition to the Aims and Purposes was the result of the ongoing work of the Social Justice Committee, with chair Jennifer Tolleson, and the revival of the Research Committee, to which Jerry Floresch was appointed the chair. In addition, Judith Aronson assumed the leadership position as the chair of the Education Committee. This commit-



Karen E. Baker, MSW

# Editor's Word

Congratulations and thanks to Karen Baker on the success and completion of her presidency. Karen has an optimism and energy that is infectious, and it has given us the drive to undertake new projects and complete old ones. We look forward to working with Penny Rosen as our new president, especially on our next conference, which will be in Durham again owing to the success of the one just past. Penny will be our conference chair again, and we have included a Call for Papers for the 2015 conference in this issue.

We are delighted to have so many people sending us member news and love to have pictures accompanying the reports. Congratulations to all for your accomplishments. It is exciting to hear what is going on in all of your areas, and we appreciate the area reps sending us updates from around the country. Thanks to Louis Ruffalo for sending us the *Newsletter's* first op-ed piece ever. We encourage you to respond to his article and to send your own op-ed articles to us in the future.

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 the newsletter—Theresa Allieo, Ester Amini, Karen Baker, Jerry Brandell, Sue Cebulko, Joe DeAngelis, Anne Marie Dooley, John Espy, Sharon Farber, Richard I. Feinberg, Joan A. Friedman, Robin Halpern, Frances M. Levine, Joanne Lindbom, Bill Meyer, Louis Ruffalo, Ellen Sinkman, Diana Siskind, and Brian Smith. ■



Donna Tarver, MSSW

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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.
- To promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.
  - To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

# From the *President-Elect*

Penny Rosen, MSW, LCSW, BCD-P

## **A Report on the 2015 Conference**

As reported in this column, our March 2013 conference, “Under One Tent: Psychoanalytic Insights, Identities, and Inclusions,” that took place in Durham, North Carolina, was a success on many levels, including meeting our educational and community-building objectives. Our “performance” has earned us points, and the local chapter in North Carolina, co-chaired by William Meyer and Terrie Baker, has invited us to return to Durham in 2015. The North Carolina Psychoanalytic Society also supports our return. The AAPCSW executive board accepted this invitation, and plans have been made for the conference to take place March 12–15, 2015, at the Durham Convention Center / The Marriott Durham City Center.

The conference title is “The Art of Listening: Psychoanalytic Transformations” and its mission statement follows: As contemporary psychotherapy has become inundated with approaches offering a quick fix, the act of listening, the “art of listening” in healing psychic pain has lost its once exalted status. Psychoanalytic clinicians believe that deep and sustained transformations occur in an environment in which the individual feels both seen and heard. In this conference, we wish to emphasize that listening is an art, which is mastered through demanding study, hard-won self-awareness, and the gift of innate talent.

Once again I have the privilege of chairing the conference with William Meyer (Conference Consultant),

Cathy Siebold (Program Consultant), Nancy Perault (Hospitality Chair), Patricia Macnair (Treasurer), Michael Jokich (CEU), and Carolyn Stevenson (Editor). Other Committee members from across the nation are: Karen Baker (MI), Samoan Barish (CA), Barbara Berger (IL), Judy Kaplan (NY), Susan Nadas (MA), Peter Perault (NC), Wendy Winograd (NJ); and many other members will be joining the Planning Committee from North Carolina.

Karen Baker and Kim Sarasohn are the Call for Papers co-chairs, and Susan Sherman and Diana Siskind are the Student/Candidate Paper co-chairs. Note the Call for Papers deadline of March 15, 2014 (see page 20).

The North Carolina psychoanalytic community is unique in its cohesiveness, and various local organizations/societies will be participating in the conference. The North Carolina Psychoanalytic Society, under the direction of its president, Peter Perault, and secretary/treasurer, Michael Jokich, will once again sponsor the CME/CE/CEUs.

Based on hotel room usage in 2013, more rooms are being held at the Marriott for 2015. We would like to suggest that you reserve rooms early.

Since we are still at the beginning stages of planning, in the months ahead we will announce the plenary speakers as well as new features that are being added to the conference program. Consider returning to Durham or coming for the first time, as surprises are in store for you, and again, Southern hospitality cannot be surpassed. ■

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**AAPCSW offers the PEP subscription to our members for \$80 per year.**

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Please contact Barbara Matos, [barbara.matos@aapcsw.org](mailto:barbara.matos@aapcsw.org), for the next enrollment date.

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The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership. The Committee on Social Justice is hoping that the column can be dialogic and conversational, that is, 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 (see 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](mailto:jentolleson@comcast.net)).

**Next issue:** Brenda Solomon, PhD, with "Dollars and Sense: Market Pressures on Social Work Education"

## Is Nothing Sacred? The Commodification of Time

Judith Aronson, PhD

In her December 12, 2012, *Huffington Post* blog, Arianna Huffington suggested that the slogan "Slightly above Zero" be adopted to describe the current economic status quo. Specifically, she called the job growth arena disastrous. I like that slogan because in my mind it reflects the economic anxiety in which we Americans find ourselves. For many of us the anxiety of hovering slightly above zero has become normatized. The popularity of the 2012 George Saunders short story collection, *Tenth of December*, also reflects the deep-seated anxiety regarding increasing economic disparity. Huffington's May 2, 2013, blog addressed the challenges of *time famine* and *time affluence*, suggesting that this is our country's real deficit crisis.

Does recognition of the social problem of slightly above zero demand we adapt our therapeutic style? Do we only see the concepts of time famine and influence as internal psychic experiences to be worked through in a therapeutic relationship? Is there an optimal frame for a psychotherapist to hold and are there necessary deviations? This discussion addresses how current economic anxiety effects time and commitment to therapy. Social workers have always been committed to the relationship between social forces and the individual. It is incumbent on us to continually consider evolving social, economic, and class tensions as we in 2013 prepare for our work in 2015.

I will introduce some current Marxian economic discourse I have found useful in my puzzling through the question of how, when, and if to adapt my therapeutic frame in this current economic climate. Then I will share some vignettes as examples of how economics impacts our work, often in unspoken ways.

Many authors have written about the therapeutic frame, most notably Anthony Bass. Dick Geist's work on empathic immersion is useful as well. Like others, Geist (2007) argues that empathy is never neutral—we always bring our subjective experiences into the room. The

*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.*

clinician must remain in the “shifting sands of empathic immersion” (9) to facilitate increasing the patient’s capacity to tolerate self-object failure within the context of the relationship. The phrase *shifting sands* catches my eye because like the question of a permeable therapeutic frame, it reminds us to be ever cognizant of the patient’s multiple experiences. Geist calls for the therapist to be “acutely attuned to the multiplicity of his own internal states” (13).

The environmental surround necessarily impacts therapeutic relationships. Is there anything outside of the therapeutic literature that enables me to increase my understanding of patients’ lives, as in considering the permeability in the therapeutic frame? Self psychology calls for the clinician to remain experience near. To do so calls us to consider so much more than the therapeutic dyad.

Over the last number of years, I have noticed a shift among many patients in negotiating consistent psychotherapy times despite commitment to the process. Although I could understand this as a resistance to engaging in a full-on psychotherapy, and sometimes this is indeed the case, I find myself wanting a fuller and more complete explanation as I wonder, Is nothing sacred? Is there no such thing as protected time? I got particularly interested in this question when I began working with a couple, and the husband asked if we could conference call our sessions. That was a short treatment, but I realized that he asked the conference call question, in part, because this is the world he inhabits. When I told him he must commit to coming to therapy in person weekly with his spouse, he did. Prior to this, the therapeutic relationship with its parameters was a foreign concept to him, as it is to many who seek treatment. I set the frame: the usual weekly, duration of the session, fee, cancellation policy, adjusting our times as necessary to his travel schedule. But, I wondered, What do I need to understand about that milieu to further facilitate a workable therapeutic frame?

I turned to the Marxian philosopher and economist Maurizio Lazzarato. Lazzarato’s *Immaterial Labour*, published in the 1990s, identifies an evolving concept of *work* and resultant power relations. It enables us as clinicians to clarify, in a general way, what our patients are talking about when they talk about *work*. As clinical social workers, we pride ourselves in understanding the person in the environment and helping our patients address the tensions that occur in various realms of subjective experience. Lazzarato’s treatise on what work means today provides additional comprehension for them and us.

Simply put, those of us who are working are no longer going to work, doing an assigned task, reporting to a boss,

going home. It is not like Dagwood and Mr. Dithers in *Blondie*, where the worker is trying to get a raise and the boss is trying to con him out of it. We moved to *Dilbert* a long time ago. Dagwood and Mr. Dithers are in a vertical power structure. It is clear-cut. There are rules and time cards, despite the shenanigans. But for Dilbert, the structure has changed to more of a horizontal model, with team building, peer review, and lack of clarity. This lack of clarity creates anxiety.

POINTY-HAIRED BOSS (PHB): I had to lay off seven engineers and . . . I need you to pick up those functions.

DILBERT: Wow! I feel a weight has been lifted from my chest. Now that my failure is guaranteed, I no longer feel the stress of trying to succeed! I don’t know how to thank you for this.

PHB: This didn’t go the way I had hoped.  
(*Dilbert*, January 12, 2013)

Until I read Lazzarato, I liked to say that everyone who is working (like Dilbert) is working two jobs. Now I think that everyone who is working is like a one-person marching band in some Rube Goldberg kind of way. Technology contributes significantly to this one-person marching band.

There is much more to Lazzarato’s thinking. According to Lazzarato (1996), since at least the 1970s the labor force has changed to what is sometimes called *mass intellectuality labor*. He divides that into two forms. I will mention just one: the cultural activities of labor that have to do with defining cultural and artistic tastes, cultural norms, and public opinion. Also, so much of work involves cybernetics: it is built around systems of organizations, accountability, and ways of communicating information.

PHB: Do we have any actionable analytics from our big data in the cloud?

DILBERT: Yes, the data shows that my productivity plunges whenever you learn new jargon.

PHB: Maybe in-memory computing will accelerate your applications.

DILBERT: [*Plunge. Plunge. Plunge.*] (*Dilbert*, January 9, 2013)

Yet, accountability may have nothing to do with the actual work. No matter what the actual skill demanded, professionals such as nurses, teachers, and certainly social workers in government-funded mental health centers are evaluated on their paperwork, and often peers evaluate one another.

With this additional perspective, I will turn to several vignettes as illustrations. Sharon, age fifty-three, calls requesting treatment. She is in a panic because of the condition of her aging and alcoholic mother and the return

of her adult son to live with her. For twenty years she had been in three-times-a-week psychoanalysis elsewhere, but her current work schedule does not permit that kind of commitment. We set a time, begin a once-weekly treatment, build a relationship, and address the crises at hand. I begin to understand her relationship patterns and history. Several weeks in, she finds she must reschedule her regular time. Sharon is a consultant to a federal agency and must be available when they tell her to be. The times are not set until that week and sometimes not until that day. She always calls me as soon as she knows, when she learns of any potential conflicts, but neither she nor I are satisfied with this solution. The chaos of scheduling and rescheduling reflect her internal chaos and is disruptive to both of us. We keep plugging away, and I attempt to accommodate these scheduling changes as best I can.

What does Lazzarato contribute to the deepening of the treatment so that Sharon and I can make meaning of this experience? Is there a way I can utilize his thinking in our therapeutic conversation?

First, I learn more about how work has changed for Sharon and what that change is like for her. At one time, she worked for a company with a clear delineation of her time and responsibilities. Although she traveled, she was able to commit to her therapeutic hours. Her move to consulting was driven, in part, by a desire for autonomy but also in recognition that this was the future of her field. She saw certain advantages to it: she could work at 11:00pm or 5:30am in her fuzzy bedroom slippers. But there were certain disadvantages: it was expected that she be working at 11:00pm or 5:30am, or be present at a meeting during her protected psychotherapy time, triggering the internal chaos she thought she had worked through earlier. It raised questions of diminishing capacity and aging at a time when she anticipated freedom and comfort. Sharon was not at home “waiting for the cable guy,” as Yahoo execs might claim. She was on call, waiting for her next six e-mails. After presenting this paper at the AAPCSW 2013 conference in Durham, a colleague shared that a patient cancelled because of waiting for the cable guy. When she questioned him on this, he explained that with no Internet, he was unable to work.

Lazzarato's work helped me understand what Sharon faces. He believes Sharon's current work life, like all of ours, is located in what is known to some economists as

post-Fordism. Work is not an assembly line with discreet tasks. Waged labor and direct subjugation are no longer the principle form of contractual relationship between the capitalist and worker. Instead, people in small units, often of just one, are hired for specific projects. Then the “assignment” disappears and the relationship between worker and capitalist changes. The worker must find a new task or job, often based on the social relationships she or he has built while performing a previous assignment. Not only is the quality of the work evaluated, but availability and sociability as well.

Lazzarato writes of the entrepreneur and the self-employed worker. To quote Lazzarato, “precariousness, hyper-exploitation, mobility and hierarchy” (136) are the most obvious characteristics of this dynamic. The entrepreneur's success at remaining employed is dependent on social relationships that are constantly shifting and on “networks that are changeable in time and space” (139). So Sharon and I sit together, two entrepreneurs who came up in different worlds of work, trying to make sense of this reality as we deepen our therapeutic relationship. Each of us brings our own economic

and social circumstance to our therapeutic frame. I consider how Sharon's continued therapeutic engagement affects my economic well-being. Do I need to continue this treatment? Am I hovering at slightly above zero?

Sharon and I discuss the impact of her current work challenges on her internal structure, with my holding Lazzarato's work in mind. She finds it helpful to consider. She evens out, tackles the personal crises at hand, feels stabilized, and decides to end the treatment.

Matthew comes to his twice-weekly treatment before going to his office. At thirty-nine, he finds himself unhappy in both work and love. I know that Matthew's Gen-X laid-back, t-shirt-and-blue-jeans presentation belies the intensity of his work investment. Matt is a partner in a successful business. He builds teams and products.

He has asked to switch his time twice to be able to consistently meet all his commitments, but we have settled into some in-depth work. One day, as he gets out of his car on the way to my office, he gets a call from a customer on the other side of the world, goes back to his car, holds the meeting, and misses our session—sending a message to inform me. He pays for the missed session without question, because for him, this kind of situation

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is standard and he feels he must provide “customer service,” kind of a demand feeding, no matter what the price to him. Can we imagine this is an enactment of his difficulties with intimacy? In this situation, yes. But as a clinician, I am still left frustrated and crabby. Being paid and having a clinical understanding of this behavior left me dissatisfied. You call this therapy? How are we supposed to get anything done? One could say this is the therapy, but for now I want to leave Matt, and how I used the situation to explore our relationship and his relationship choices, for another time and return to Lazzarato.

How does Lazzarato help me understand Matt’s choice? What more does Lazzarato say about the changing nature of work? As Lazzarato states, “Capitalism seeks to involve even the worker’s personality and subjectivity within the production of value” (135). The worker’s personality becomes subjected to evaluation. The foreman is now the facilitator of team building and cooperation. Workers are expected to express themselves, cooperate, speak up, and be part of the team. But can they really express themselves? What does immaterial labor demand of the psyche?

Lazzarato argues that immaterial labor produces first and foremost a social or capital relation. As the partner

or team leader/captain, Matt’s presence via international phone call was demanded at the moment. The narcissistic gratification offered him in solving the crisis contributed to propelling him to choose the phone call over therapy. However, for his company to maintain its leading business edge, Lazzarato would argue that Matt must remain available to his customers, no matter what it may cost him financially or emotionally.

How does Lazzarato’s social relation apply to our work? Applying Lazzarato’s economic lens to Sharon and Matt enriches the treatment and helps me build a framework for a meaningful therapeutic experience through expanding my comprehension of their psychological world.

For us to do our work, we must hold a reverence for the clinical process, and for treatment to be successful, the reverence must be held by the patients as well, no matter how time-famished we all may be. Our challenge is to sustain this reverence in our current “slightly above zero” milieu. ■

*Judith Aronson is in private psychotherapy practice in Evanston and Chicago, Illinois, and is a member of the AAPCSW Committee on Social Justice. She is also the chair of the AAPCSW Education Committee and on the faculty at the Institute for Clinical Social Work. This paper was presented at the 2013 AAPCSW conference in Durham as part of a social justice panel on the role of capitalism in clinical work. It has been slightly edited for publication here.*

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# Therapeutic Storytelling with Children

Jerrold R. Brandell, PhD, BCD

The use of allegories, fables, parables, myths, and legends in the intergenerational transmission of important values and moral precepts has been traced to virtually every culture since the beginning of recorded history, thus underscoring the effectiveness of storytelling as a mode of communication with the young. Developmental psychology also tells us that children experience themselves from an early age through the symbols they use in apprehending, encoding, changing, and describing experiences, and that self-composed stories may serve admirably for reflecting on and describing such experiences (Engel 1999).

Reciprocal storytelling was specifically designed as a means of both eliciting children's self-composed or autogenic stories and providing a therapeutic response to them in the context of psychoanalytic child psychotherapy. Compared to the dreams and free associations of adult patients, such stories and fantasy productions may indeed be less subject to the processes of censorship and distortion and to other influences that obscure or disguise dynamic meaning. Autogenic stories, which of course are projective in nature, provide children with an opportunity to give expression to disturbing wishes, fears, and defensive adaptations in a "safe," though largely unconscious, metaphorical form. Inasmuch as such stories are composed without specific thematic direction or guidance from the therapist or the use of storytelling "props," they are more likely to represent faithfully the children's concerns, conflicts, and resolutions than are stories linked either to specific play materials or to themes suggested by the therapist.

The technique of reciprocal storytelling calls for the child's creation of an imaginary story with make-believe characters. The story must be original and there must be a beginning, some development, and an ending; sometimes, but not necessarily, a lesson or moral can be appended. The therapist then discerns the dynamic meaning of the story and responds within the story metaphor with a therapeutic version of his or her own. The responding story provides healthier, relatively conflict-free

alternatives to the child's original conflict-laden solutions.

One distinct advantage to the technique of reciprocal storytelling is the manner in which it shapes the patient-therapist discourse. Without creating a rigid structure that is at odds with both the clinical process and basic objectives of sound psychodynamic treatment, such stories enhance the therapist's ability to apprehend and decode important primary process communications; at the same time, they offer a natural vehicle for therapeutic responses. The reciprocal storytelling process thus establishes an intersubjective discourse that can be maintained throughout treatment and serve as an undeniably powerful therapeutic tool for the child clinician.

## **When Is Reciprocal Storytelling Useful and with Which Patients?**

Storytelling procedures can be used selectively with children as young as three years and as old as fifteen, although the most effective age range seems to be school age to early adolescence (roughly, five to twelve years old). Reciprocal storytelling, in particular, appears to be therapeutically effective across a wide spectrum of childhood problems and emotional disorders—phobias, anxiety disorders, depression, obsessive-compulsive problems, chronic depletion states, selfobject disorders, and difficulty in the regulation of self-esteem—as well as the sequelae of emotional neglect and physical and/or sexual abuse. It is especially helpful in work with children of divorce and those suffering from other environmental crises (e.g., loss of a parent or sibling, life-threatening illness of a close family member). In addition, children who have experienced trauma—that is, in cases where a

massive paralysis of ego functions has occurred—may be receptive to the use of such story communications per metaphor. Therapists may also find reciprocal storytelling a useful adjunct in their clinical work with children suffering from chronic or life-threatening illnesses or with those who have developmental disabilities. Even schizoid children, or those with nascent border-

## **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 column

editor (kembaker1@comcast.net) as an attached Microsoft Word file. Next submissions deadline is January 15.

Karen E. Baker, MSW



line personality disorders, may be good candidates for reciprocal storytelling.

Storytelling also seems to work well with resistant children. It may, in fact, provide the therapist with a vehicle for circumnavigating or surmounting initial resistance and establishing a basic working alliance despite the children's disinclination to reveal much of themselves in more direct verbal discourse or even through other play activities. Owing to the fact that stories are "make-believe," children seem reassured that they are not actually revealing anything of great import about themselves. So far as they are concerned, any disturbing wishes, conflicts, secrets, and the like are safely obscured from view. Precisely—and paradoxically—because the story is ostensibly about someone else, it permits the most important unconscious conflicts and disturbing fantasies, as well as other closely guarded or otherwise hidden parts of the self, to emerge in a disguised though decodable form.

Yet, storytelling isn't for everyone, nor is it invariably effective even for the same patient at different points in the treatment process. Certain children with developmental disabilities may be incapable of the minimal cognitive organization required for even the most elementary story. Others whose expressive language is compromised by developmental or organic factors may prefer play activities that do not highlight spoken language. Still others may enjoy the reciprocal storytelling process early in the treatment relationship but later express a preference for alternative play activities. This is especially true over longer courses of treatment that begin in pre-adolescence. In such instances, the child's increasing developmental sophistication makes storytelling as well as other play activities seem infantilizing. Indeed, like any other technique in the child psychotherapist's repertoire, storytelling should be deployed with sensitivity and in accord with a particular child's preferences.

It is not essential for a child to be highly verbal in order for such techniques to be used successfully. Even a short, three-line story from a very young or self-conscious child may prove quite revealing, in much the same way that adult patients' dream "fragments" often seem to be. Furthermore, when children express little confidence in their ability to compose a make-believe story, the therapist may suggest the use of a pictorial adjunct to the storytelling procedure to help them "get started." D. W. Winnicott's (1971) squiggle technique is ideally suited for such occasions, inasmuch as it provides a natural lead-in to story making without suggesting specific themes or story content to the child.<sup>1</sup>

## **What Are the Most Important Components of Children's Stories?**

In every story, the child therapist should strive to identify five key elements:

**The dynamic theme or issue.** What is the most salient issue, theme, or focal conflict appearing in the child's story? Childhood is filled with a range of normative problems and conflicts even when it is not disrupted by environmental crises or pathology. Various needs predominate at different phases of psychosocial and psychosexual development; they encompass everything from preschoolers' requirements for affirmation of their normal exhibitionism to the struggles of adolescents to combat the regressive pull of the nuclear family in an effort to extend their radius of social relationships. Typical focal conflicts revealed in the stories of children might be hostility versus guilt, the wish for intimacy versus fear re-engulfment, the wish to be assertive versus fear of criticism, or the desire for autonomy versus fear of abandonment/rejection.

**The object relations scenario and self and object representations.** Children's stories sometimes portray a unique object relational experience derived from important, affectively charged early encounters with parents, siblings, and others. Such an experience may then serve as a lens through which all subsequent object relations may be understood. For example, a ten-year-old boy whose mother tended to be overprotective, as well as somewhat intolerant of his efforts to achieve psychological autonomy, told stories in which a small, rather helpless character (usually depicted as a small animal) was dominated by a larger and more powerful character. Every autonomous effort of the smaller character was somehow thwarted or undermined by the larger one, who, like the patient's mother, tended to discourage the smaller character from venturing out, from being more assertive, and so forth. Even when such an object relational scenario cannot reliably be identified, it is always useful to determine which character may represent the storyteller and which character(s) appear to represent other important figures in the child's life (e.g., parents, siblings, or the therapist).

**The affective tone of the story.** Another important element in a child's autogenic story is affective or hedonic tone. Is the story told with anticipatory pleasure, vigor, and enthusiasm? Or is it narrated in a monotone, perhaps with a hint of dysphoria? Does the child sound mildly annoyed, angry, hurt, frustrated, anxious, agitated, fatigued, or confused? Does the affective tone match the

Continued on page 19

# Tuff Love

Denia G. Barrett, MSW

As I write this, the 2013–2014 school year is getting underway, and there is good news to celebrate. Yet another shooting tragedy was averted at a school in Decatur, Georgia, this week, thanks to the kindness of one stranger to another. Antoinette Tuff, the bookkeeper at the Ronald E. McNair Discovery Learning Academy, single-handedly disarmed a young man who entered the school with an AK47, hundreds of rounds of ammunition, and the intent to die that day.

Alone in an office with him, Ms. Tuff had no question that twenty-year-old Michael Brandon Hill was serious about harming himself and others, including her. He told her that he didn't care if he died, that he had nothing to live for. He acknowledged that he had not been taking his psychotropic medications and was so unstable that he belonged in the hospital. In an interview after the event, Mr. Hill's brother said that Brandon had been hospitalized some ten times previously. Reportedly he once he set a fire in the attic of the family home. Another time their mother awoke to find Brandon standing over her with a knife; after that, the family moved all the knives to the trunk of the car. Brandon threatened to kill his brother and he made numerous suicide attempts. His stepfather asked authorities what was going to have to happen before protective measures would be taken. Antoinette Tuff did not know any of this on August 20, but she could see that Brandon was getting agitated, and, more important, she could see that he was "a hurting soul." And she responded to his pain with great compassion and empathy, telling him, "It's going to be alright, sweetie, . . . I love you. Everybody goes through something in life . . . We're not going to hate you, baby." She spoke to some spark of ego strength in Brandon and emphasized that he had not hurt anyone and that she was proud of him for this. Ms. Tuff offered hope and encouragement, sharing that she had been suicidal herself. After learning that his last name was the same as her mother's maiden name, she told him she was a Hill too. Her words did not come from any theory about drives, or object relations, self-states, or mentalization; she was not using self-disclosure as a therapeutic technique. Ms. Tuff recognized Brandon Hill as a person deserving of her respect and, yes, her love. Her tone of voice was utterly sincere and nurturing, the voice of a mother soothing an

out-of-control child. "Lay down now," she instructed and Brandon did; the school siege drew to a close without a single injury.

Other writers will take up the critical questions about the mental health needs of young people like Mr. Hill, including relationship-based therapy. Some may raise questions about the limits of psychopharmacological treatment and even whether some of the drugs that Mr. Hill took over the years may have had an iatrogenic effect.<sup>1</sup> I will set these matters aside and turn my own focus to the contributions child psychoanalysts have to offer in understanding what went right on this late August day in Georgia.

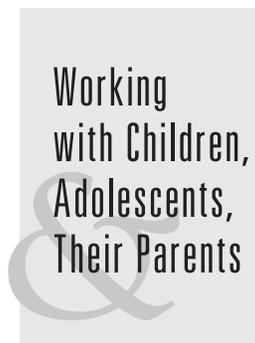
As I listened to the 9-1-1 tape of Ms. Tuff containing Mr. Hill with her supportive, warm words, I found myself thinking of Anna Freud's classic considerations of aggression in the post-WWII era more than sixty-five years ago. Her experiences in the Hampstead War Nurseries, providing care for children separated from their families during the Blitz, helped her recognize both normal and pathological manifestations of aggression.

She sought to understand those children for whom "senseless" destructive urges seemed to predominate and brought either indifference or pleasure in the suffering they inflicted on others. She wrote from the perspective of drive theory, but the importance of the object world was taken for granted:

The pathological factor is found in the realm of erotic, emotional development which has been held up through adverse external or internal conditions, such as absence of love objects, lack of emotional response from the adult environment, breaking of emotional ties as soon as they are formed, deficiency of emotional development for innate reasons. *Owing to the defects on the emotional side, the aggressive urges are not brought into fusion and thereby bound and partially neutralized. . . . The appropriate therapy has to be directed to the neglected, defective side, i.e., the emotional libidinal development.* (Freud 1947; emphasis mine).

Put another way, destructiveness has to be met with love. Antoinette Tuff understood this and soothed the losing-control Mr. Hill: "It's going to be alright. . . . You know that I love you. . . . We're not going to hate you."

Miss Freud was invited to share her psychoanalytic insight in an address to the United Nations' Educational, Scientific, and Cultural Organization. Her lofty title,



“The Bearing of the Psychoanalytic Theory of Instinctual Drives on Certain Aspects of Human Behavior,” would not draw much of an audience today, and even the invitation to weigh in would be unlikely. But her message was stated simply in her timeless conclusions:

The success or failure of an adult to establish peaceful and positive relations with his fellow beings depends on his childhood experiences

The early relationship with the parents determines the character of all later attachments, affections or enmities  
The figures who are of importance in adult life represent for the individual the important people of his first childhood

Aggression is an integral part of human nature and enters into every human relationship

The manner in which the child attempts to combat his aggressive feelings toward the parents is responsible for many of his hostile, intolerant attitudes toward fellow beings in adult life. Two examples for such developments are (a) displacement of hate onto strangers; (b) projection of aggression

Since the attitudes which are responsible for tensions, conflicts and hostilities between individuals, or groups of individuals, are established in childhood; in adult life they cannot be undone by the ordinary methods of teaching, instruction, etc. They are then only alterable by deep emotional experience or, in individuals, with the help of the psychoanalytic method (Freud 1953)

Imagine a world in which more adults help children with “drive fusion” in infancy and toddlerhood, when taming hate with love is an indispensable emotional achievement. Imagine more parents, caregivers, and teachers responding to rage and omnipotence with the kind of containment we heard from Antoinette Tuff.

This brings me to the other child analyst who came to my mind this week. Among the first papers assigned in my training was one by Christine Olden, “On Adult Empathy with Children.” Olden (1953) defined empathy as “the capacity of the subject instinctively and intuitively to feel as the object does” (112–13). “I am a Hill, too.” In addition, according to Olden, empathy allows one to see beyond defenses to the real feelings of fear and helplessness of the aggressive child. Her paper ends:

Good childhood or bad, happy or unhappy, if for some reason the adult can allow himself to live with the sufferings of his childhood and reach a degree of reconciliation with them as part of his development; if he is able to “refeel” or relive the same emotions he had as a small child on this or another occasion; if he has managed to work through his early experiences (not necessarily in analysis) and come to find it natural in retrospect and remoteness that he did once have infantile needs; if he considers those

needs of the past as much a part of himself as his history is a part of himself; if in the course of growing up, and perhaps with the aid of his sense of humor, he has gained some perspective toward those needs—then he can begin to take for granted the child’s primitive behavior. Then he will not feel seduced and endangered by being confronted with manifestations of the primary processes. Then he can permit himself guardedly to live in the strange fantasy world of children and, by ways of sublimation, to be their guide and enjoy their growth. (125)

We can all be thankful that Antoinette Tuff was “a Hill too” and could guide Brandon Hill toward a peaceful outcome. I, for one, would like to be able to say, “I’m a Tuff too.” ■

*Denia Barrett, MSW, is a faculty member and child and adolescent supervisor for the Chicago Institute for Psychoanalysis and former president of the Association for Child Psychoanalysis. She is in private practice in Chicago, Illinois.*

### Note

1. See chapters 11 and 12 of Whitaker 2010 for a hard look at the use of such medications for children.

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# Infant Research & Neuroscience at Work in Psychotherapy: Expanding the Clinical Repertoire

by Judith Rustin, LCSW; W. W. Norton, 2013; hardcover, 211 pages; \$28.45

Reviewed by Anne Marie Dooley, LCSW

Judith Rustin begins this treasure trove of a book with a clinical dilemma she encountered early in her practice. After inheriting a patient from a senior clinician, she finds herself unable to empathize with his expressions of sadness and pain. Puzzled and chagrined by this uncharacteristic failure, she brings it to her patient's attention. What ensues in the treatment beautifully and succinctly captures the heart of the book: the two person model; the attunement to nonverbal communication within the dyad; the understanding of early implicit memory; and the value of integrating infant research and neuroscience into our clinical work.

Rustin traces her professional development from its beginnings in what she calls the ego psychology tradition of classical drive theory and a structural model. (Reading this, I renewed my gratitude to my teacher, Gertrude Blanck, whose integration of developmental ego psychology and object relations was so relational and precociously attuned to the unspoken, presymbolic in the therapeutic dyad.)

Rustin's emergence from classical psychoanalytic constraints occurred when she discovered Kohut's self-psychology. She embraced the two-person perspective, still central to her work, and its subsequent expansion to intersubjectivity systems theory. Layered upon this rich and solid foundation is the wealth of knowledge acquired from listening and learning over the past twenty years to the diverse voices of neuroscience, cognitive psychology, infant research, and mind-body perspectives. This book is the result of her quest to understand, as fully as possible, how we as therapists can help people change. In it, Rustin has culled her impressive knowledge and has managed to present, simply and intelligently, clearly and nondogmatically the latest contributions in psychoanalytic thinking. Her mastery of the material is evident. Integrating influential thinkers from infant research (her colleague,

Beatrice Beebe), affective neuroscience (Panksepp), affect regulation (Schoore), neurobiology of emotion (Pally), and the Boston Change Process Study Group (Stern, Lyons-Ruth, etc.), to name just a few, Rustin distills complex ideas to their essence.

Throughout, her focus is unflinching on how to work more effectively with patients. She demonstrates how expanding our thinking to include infant research and neuroscience results in a richly expanded clinical repertoire and helps promote change. In her words, "The science provides new languages and ways to understand ourselves, to communicate with patients and to deepen our understanding of the unit (therapist and patient) that we create together."

Emphasizing dyadic interaction and a two-person perspective, Rustin's starting point in chapter 1 draws from the findings of infant research and addresses self- and mutual regulation from its earliest days in the mother-infant dyad to the therapeutic dyad. Here attention to the implicit/procedural dimensions of communications and interactions (rather than explicit, verbal exchanges) is emphasized and illustrated with a powerful clinical example of a severely traumatized man.

Rustin then embarks on a discussion of memory, demonstrating how a neuroscience-informed perspective enhances what we bring to the most vital process of the therapeutic endeavor—reworking early experiences. Providing the reader with a basic understanding of memory and its complexities, chapter 2 defines and illustrates the various forms and categories of memory (implicit, explicit,

conditioned, emotional, procedural, mood, or state-dependent, etc.) and how they are subjectively experienced by both members of the therapeutic dyad.

In the clinical illustration we see a beautifully and

Continued on page 14

## Book & Film REVIEWS

I welcome suggestions for books to be reviewed, and if you have a chapter in an edited book, please send me the book and we will review the entire book.

If you are interested in reviewing books, or films please send me your name and e-mail address.

I can be reached by e-mail at [dwsiskind@aol.com](mailto:dwsiskind@aol.com)



Diana Siskind, MSW

# Are You My Mother?

by Alison Bechdel; Houghton Mifflin Harcourt, 2012; hardcover, 290 pages; \$22.00

Reviewed by Christine Schmidt, LCSW

A graphic psychoanalytic memoir? It really is. Cartoonist and writer Alison Bechdel's line drawings are simple, eloquent, and emotionally evocative. Her text embodies the voices of a lonely child, a confused adolescent, and a searching adult. Her stories are hilarious, heartbreaking, messy, and wonderful. Bechdel borrows the title, *Are You My Mother?*, from P. D. Eastman's classic for beginning readers. Bechdel's journey through psychoanalysis parallels baby bird's search, mismatches, and misunderstandings until he finds his mother. Bechdel ironically "finds" her mother by achieving a psychic separation from a mother whose narcissism prevented Bechdel from feeling loved, understood, and accepted. Front and center to this story is Bechdel's lesbian orientation and the shadows of her father's bisexuality that nearly undid her parents' marriage. Bechdel yearns for maternal acceptance, but her mother's preoccupation with her own life brings on in Bechdel a fierce but false sense of independence, peppered with bouts of anxiety.

Psychotherapy and psychoanalysis provide the cornerstones for understanding Bechdel's relationship with her mother. Don't mistake this book for a memoir about her mother; it is a memoir about her relationship with her mother and about her search, with two therapists and many authors, to make sense of this relationship. She pays extensive tribute to D. W. Winnicott, titling the seven chapters of her book after Winnicott's seminal papers and introducing each chapter with a dream. Beginning with Winnicott's pronouncement that there is no such thing as a baby—there is a baby and a mother—she fantasizes Winnicott as her mother (alas, she learns that D. is for Donald).

Illustrating fundamental psychoanalytic concepts, Bechdel graphically shows the essential infant developmental task, achievement of self, by exploring the development and use of a transitional object. She uses her therapists as transitional objects to help her navigate life situations. Bechdel humorously likens the maternal-like care she receives from her therapist as "a psychic diaper change." Grasping the essence of transference (yes, she draws this concept, too), her therapists become positive introjects that she uses to support her life decisions.

Bechdel is a diarist and, like her admired Virginia Woolf, maintained a chronicle of her life since childhood. Realizing that her diaries offer her insight and serve to maintain her emotional distance, she struggles between

her desire to see and her desire to be. She comes to understand how the diaries sustain her False Self—that fiercely independent person who relied more on her mind than her feelings—by documenting her disappointments rather than expressing them. Her False Self led her to cathect her mind rather than another person. This began to change in therapy as she allowed herself to become dependent on her therapist, cathected as her loving, maternal selfobject.

With the help of Winnicott's "Hate in the Countertransference" and her therapist, Bechdel achieves a breakthrough: she realizes that hate is a part of love. Hate is not an obstacle but a tool, and she begins to use it to examine her anger at her mother for failing to be what she needed. She comes to understand that her compliant behavior toward her mother—swallowing her anger and aggression—was the core of her anxiety. Bechdel realizes that what she wanted from her mother "simply wasn't there

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## Fierce Joy: A Memoir

by Ellen Schechter; Greenpoint, 2012; paperback, 276 pages; \$16.16

Reviewed by Hank Blumfarb, LCSW, and Robin Halpern, LCSW, DCSW

If as a clinician you are looking for a book that attempts to model the actions of mentalization and mindfulness as well as the splitting of consciousness/the witnessing-mind, while under chronic duress, this is a book to consider.

Reflecting on what it's like to experience a serious chronic and debilitating medical condition, the writer describes both her intrapsychic and interpersonal process throughout her journey. The style is an imaginative one, with telltale signs of a children's book writer and thus the style in which it is written will probably not threaten the reader's defenses. The tools for coping must be inferred.

This memoir is a useful introduction written for someone who is struggling with serious chronic medical conditions or for those who know someone with a chronic illness. ■

*Hank Blumfarb, LCSW, and Robin Halpern, LCSW, DCSW, are both in private practice in New York, New York.*

clearly described application that is as compelling as it is helpful. Rustin demonstrates how the therapist's awareness of and response to the nonverbal, nonconscious communications (tone of voice, gestures, facial expressions, enactments, etc.) between herself and her patients reaches the core of early relational experiences and what Lyons-Ruth calls "implicit relational knowing." Working with these implicit memories, rather than relying on words and interpretations, is a powerful, affective, experiential route to change "during which the patient has a new relational experience of self with the therapist."

Addressing in chapter 3 the recent developments in affective neuroscience, a perspective that understands the body as the starting point for emotions, Rustin expands on the mind-body connection and focuses on the clinical implications of the right hemisphere, subcortical bodily communications of both patient and therapist. Explaining and integrating core concepts, Rustin teaches us how the body speaks, how to translate somatic language to linguistic language, and how to apply that knowledge within a psychodynamic framework. This is illustrated with the treatment of a thirty-year-old man with fibromyalgia whose early relational experiences are powerfully embodied. While awareness of and attunement to somatic expression enriches our work in general, perhaps nowhere is it more essential and relevant than in working with trauma, where unsymbolized memories and dissociative states are the norm.

After describing the neuroscience concept of "primary emotions" in chapter 3, Rustin progresses to one emotion in particular in chapter 4; here, her focus is on fear and its expression in anxiety, panic, and PTSD. Reviewing the current understanding of the neural mechanisms of fear, she offers a brief and clear synopsis of the limbic system, addresses the relationship between fear and memory (with particular attention to understanding traumatic memory), and presents an expanded range of clinical responses to anxiety disorders and trauma generated by this understanding.

Rustin follows this with a discussion of mirror neurons and shared circuitry, the recent discoveries in neuroscience that explain how we know the other, and how nonverbal communication of affect occurs. This concept of having implicit knowledge of the other, of course, has major implications for the therapist-patient dyad. This is illustrated by her work with Linda, whose "implicit mandate" for her therapist's silence made room for a one-way only relationship, leaving Rustin flooded by a torrent of words and negative affects. At a crucial point in the work, using her awareness of shared internal experiences, of "communicating through shared circuitry

outside of each one's reflective awareness," Rustin "listened" to a shift in her own powerful emotional response and "heard" that Linda was making space for her—a shift that, at last, made room for two people to exist together and invited the beginning of mutual interaction.

The last chapter, "Weaving Together New Research with Traditional Theory," offers a beautiful, "hands-on" synthesis of the progression of theory and practice and captures the excitement of growth and change—in our profession as well as in our patients. The integrated approach that Judith Rustin presents, one that is open and dynamic, receptive to the contributions of other disciplines while preserving the solid (yet evolving) foundation of our own, is a fool-proof recipe for such movement forward.

Finally, as a teaching and training resource for a broad spectrum of students, this book is a gem. Written both to introduce beginners to this material and to enrich more sophisticated, seasoned practitioners, it is ideal for reading assignments in classes and study groups. ■

*Anne Marie Dooley, LCSW, practices in New York City and Nyack, New York, with a specialization in addictions. She is on the faculty of the Psychoanalytic Psychotherapy Study Center, is a member of their Committee on Psychoanalytic Addictions Treatment, and is in the trauma training program at the Manhattan Institute for Psychoanalysis.*

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tee has been restructured to include a variety of educational activities. Since taking on this role, Judith and her committee have been addressing the fact that scientific knowledge and its dissemination is changing dramatically with the advancement of technology. How to best meet the educational needs of our members is first and foremost on her mind. Most recently, she has been working with the Technology Committee to investigate the possibility of offering webinars to our members. If and when this comes to fruition, it will be another terrific benefit for our members.

There are a number of other members of our board that make valuable contributions that we appreciate. This year Cole Hooley joined Sally Fine to co-chair the New Professionals Committee. At Cole's suggestion, a separate listserv for those members who have been in practice for less than five years was established. This listserv is a vehicle for new professionals to connect with one another. Richard Karpe, our Technology chair, is working with committee members to upgrade our website, thereby making it more relevant to our members. Lou Straker, a new member to AAPCSW, has joined the committee and is introducing the use of social media such as Facebook to our organization. In addition, during the past two years, we launched a monumental website project—Member Clicks. This program is designed to make your membership renewal process more efficient. I've appreciated everyone's patience, perseverance, and willingness to seek assistance from Barbara Matos as we worked out many of the glitches that occur with such a program.

Joel Kanter continues to moderate our listserv, a benefit I know our members treasure and appreciate. The quality of this listserv is surpassed by none. Donna Tarver's and Ashley Warner's work on the *Newsletter* is another ongoing achievement of our organization. It seems that the newsletter keeps getting better and better every year. Donna has worked tirelessly to develop our newsletter into a top-notch publication. Ashley's contributions in assisting Donna are deeply appreciated as well. I for one look forward to reading the area news and learning about what our members are doing. The newsletter and the listserv are vital communication resources for our membership.

Carol Thea and Myrna Ram have continued to send out congratulatory and condolence cards to our members as needed. Their work on the Hospitality Committee goes relatively unseen, except for the recipients of their notes. While less visible to the organization as a whole, acknowledging our members' celebrations and losses are important. I have appreciated the committee's prompt responses to my requests. Finally, in terms of our committees, I am

delighted to inform you that after a leave of absence Golnar Simpson is returning to her role as chair of the Diversity-Otherness Committee. She is already meeting with her group and preparing for the 2015 conference.

In addition to the conscientious work of our committees, we put forth a great deal of energy and emphasis on our conference held in North Carolina this past March. For those of you in attendance, you know that it was a smashing success and certainly a highlight in terms of our achievements. The plenary sessions were impressive, as were the individual papers, panels, and workshops.

Due to our great success and the 2013 Conference Committee's good feelings about the event, the board decided to once again hold our conference in Durham. In fact, the committee has begun the planning for the 2015 conference and has established the title and theme: *The Art of Listening: Psychoanalytic Transformations*. By now you have seen that the Call for Papers has gone out (see page 20) and that Penny Rosen, our current president, will once again serve as the conference chair. You can count on another high-caliber conference. Mark your calendars for March 12–15, 2015.

On a different note, one of my aspirations was to increase our membership roles to 1000. While I am disappointed to say that this did not come to fruition, I am proud to say that we remain the largest clinical social work organization in the country. We are 970 members strong, and I have faith that in time we will reach our goal of 1000 members. John Chiamonte has continued to dedicate his time working with the board of directors and the area chairs promoting membership and broadening member benefits. Most recently, he added the *Journal of Infant, Child, and Adolescent Psychotherapy* to our list of discounted journals.

The area chairs are invaluable to our organization. The local programming they create not only provides professional development and fosters membership but also promotes our educational mission. I would like to collectively thank them for their dedication and service. A new chapter is being formed in Indiana, with David Kearby as the area chair. Welcome, David!

You can see that we continue to thrive and expand our presence because of the joint efforts of many. In addition to the committee chairs and the area chairs, I've had the privilege of working with an executive board that is invested in the success of the AAPCSW. I want to thank Kim Sarasohn, our ethical and competent treasurer, for her dedication and prudent management of our treasury. We remain financially healthy due to her hard work. We are saying goodbye to Kim, as she leaves the board, and welcoming Lou Pansulla. Judith Batchelor, secretary for

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# New Jersey Society/CSW Guild Win Appellate Action

Licensed clinical social workers win! The NJ Society for Clinical Social Work/CSW Guild 49 took legal action against the State Employees Health Benefits Plan (SE-HBP) and Horizon BCBS for lowering their rate of reimbursement to out-of-network LCSWs in 2009.

The NJ State Appellate Division has decided in our favor. The court agreed that the lowering of reimbursement rates by the SEHBP and Horizon was done in violation of N.J.S.A.52:14-17.46.7. Therefore, the SEHBP must reverse the reduction to out-of-network reimbursement rates. That means that Horizon BCBS must increase their reimbursement rates to LCSWs to levels before their reduction in 2009. This decision benefits all clinicians, including psychologists.

The court found that the statute at issue “does not authorize the Commission (Horizon) to deviate in any way, including . . . relying on a non-nationally recognized database of prevailing health care charges to change that fee schedule, and imposing a percentage rate or condition the statute does not permit. Thus the decision . . . must be reversed.” ■

—Luba Shagawat, LCSW, F-NAP  
Director of Legislative Affairs  
NJSCSW-CSW Guild 49

From the President, continued from page 15

a year, attentively recorded significant business decisions, policies and organizational history. I am appreciative of her service and to Wendy Winograd, who graciously and thoughtfully accepted the appointment of secretary when Judy stepped down. Cathy Siebold, as past president, was helpful in maintaining “institutional memory.” Cathy has made significant contributions to the AAPCSW through her educational efforts: PEP, regional conference proposals, and her continued participation in our national conferences. Barbara Berger, a steady force within the AAPCSW, has continued to be our liaison to the Consortium.

Finally, over the past two years president-elect Penny Rosen and I have developed a close working relationship as we met weekly to discuss AAPCSW business. I am appreciative of her contributions and loyalty to our organization. She is familiar to many of us in her role as conference chair. I am confident she will be an excellent president.

In conclusion, I want to remind you that in my inaugural address I stated that my success as your president would be the result of our collective efforts. And, indeed, this has been the case. The hard work of the board of directors, the committees, and area representatives has contributed to the strength of our organization and to the success of my past two years as your president. It has been a productive and rewarding two years. ■

Are You My Mother?, continued from page 13

to be had,” and she liberates herself by destroying her idealized mother and accepting her mother as she is.

Alison Bechdel is well known for her comic strip “Dykes to Watch Out For.” Her foray into memoir-writing began with *Fun Home: A Family Tragicomic*, a graphically described account of her relationship with her semi-closeted, bisexual father and of her emerging orientation as a lesbian. While *Are You My Mother?* can be considered a sequel to this earlier book, its scholarly quality makes it quite different. Her extensive referencing to classic psychoanalytic texts by Winnicott, Freud, Alice Miller, Melanie Klein, and Carl Jung, as well as her spot-on illustrations of psychoanalytic concepts, makes this book professionally significant. Like Winnicott’s BBC broadcasts about infant development that were intended for popular audiences, Bechdel’s book presents psychoanalysis in everyday language. Through her simple line drawings she conveys emotional experiences that couldn’t

be described in a thousand words. With psychoanalytic understanding, she explains the emotional experiences.

Alison Bechdel is a truly crossover artist whose work appeals to popular and professional audiences. Many consumers of psychotherapy services are interested in how psychoanalytic psychotherapy works—and how a psychotherapeutic relationship could improve their lives. Bechdel offers a poignant picture. Recommend this book to patients who are interested in psychoanalysis. Many professionals steeped in the principals of British Object Relations will enjoy this refreshing visual visit to renowned analysts. Psychoanalysis heals. Bechdel graphically conveys this message. ■

*Christine Schmidt, LCSW, is a psychoanalytic psychotherapist in Brooklyn, New York. She treats adolescents, adults, and couples.*

# Self-Responsibility & Contractual Psychoanalysis

M. Louis Ruffalo, MSW

The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant . . . [freedom] requires liberty of tastes and pursuits; of framing the plan of our life to suit our own character; of doing as we like, subject to such consequences as may follow; without impediment from our fellow-creatures, so long as we do not harm them, even though they should think our conduct foolish, perverse, or wrong.

—John Stuart Mill

Emergencies are a common problem that arise during the course of the psychoanalytic relationship. The patient threatens suicide, is arrested for criminal behavior, or becomes involved in some activity that threatens his own well-being. The manner in which the therapist responds to these situations reflects not only his professional training but also his own personal values as they relate to the practice of psychoanalysis. More generally, it correlates with the therapist's own need for power and authority.

In a truly contractual psychoanalytic relationship,

power is distributed equally between the therapist and the patient. In some sense, the patient has more power than the therapist. The patient is responsible only for keeping his appointments (or providing adequate notice for cancellation) and paying his bill. The therapist, on the other hand, if he is to practice contractually, has many responsibilities: to maintain confidentiality, to keep appointments, to observe and analyze, to educate the patient, and to maintain appropriate boundaries. In a contractual relationship, the patient and the therapist both “select” each other—the patient by agreeing to work with a particular therapist, and the therapist by accepting the patient as his client. Likewise, the therapist may suggest stopping analysis and give reasons for and against doing so, but he may not “terminate” the contract without the consent of the patient.

The ethical principle underlying contractual psychotherapy is autonomy, the freedom of a person to live one's own life, to choose among alternative courses of action so long as no injury occurs to others. Autonomy is closely related to the social work ethical principle of self-determination, which is why it is an important concept for social workers, especially those engaged in psychoanalytic practice. It is common today for social workers and other mental health professionals to pay lip service to the principles of autonomy and self-determination (such as inclusion of self-determination in the NASW Code of Ethics), but in practice these principles are rarely followed. Social workers routinely restrict patients' freedom of choice and action when such action is negatively valued by society. Examples include substance abuse and involuntary commitment when the patient is deemed a risk of suicide or self-harm.

In the event of a patient emergency—either real or perceived—the therapist's obligations to uphold his end of the therapeutic contract remain unchanged. If the therapist is to practice in a manner that is consistent with autonomous psychotherapy, he must be steadfast in his commitment to the patient's personal liberty and self-determination, regardless of any so-called emergencies that may arise during the course of the relationship. For instance, a depressed patient reports that he is thinking of ending his life. The therapist's initial reaction may be to hospitalize the patient and treat him with medication



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His presentation will include two papers: "What We Have Learned: A Conceptual and Clinical Stance for a Psychodynamic Psychotherapist Today" and a semi-autobiographical account, "Moments: The Psychobiography of an Idea."

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Continued on page 18

or electroshock. Whether or not the therapist's proposed course of action is done in the "interest" of the patient—in this case involuntary hospitalization—is irrelevant to the practitioner of autonomous psychotherapy. Such action is not part of the therapeutic contract and obscures the roles of analyst and analysand. If the therapist is to intervene in the case of an emergency, he engages the patient in a realm outside of the analytic contract and vitiates his role as psychoanalyst. Once he has done so, he may find it difficult or impossible to reestablish a contractual relationship. This doesn't mean that the therapist should not attempt to dissuade the patient from suicide; it means simply that the therapist should not forcibly prevent someone from making such a decision about his or her own life.

In *The Ethics of Psychoanalysis* (1965), T. S. Szasz outlines the central principle of autonomous psychotherapy: "[The therapist] is not responsible for the patient, his health (mental or physical), or his conduct; for all this, the patient is responsible" (220). With freedom and autonomy comes responsibility, specifically self-responsibility. In contractual psychotherapy, the therapist must not have or desire to have any influence over the patient

outside the consulting room. I have found in my own practice with private patients that if the therapeutic contract is developed fully and mutually before beginning the analytic work, very few situations arise wherein I am forced to choose between behaving ethically (and upholding the contract and the principle of autonomy) and abandoning it. ■

*M. Louis Ruffalo, MSW, is a psychotherapist and psychoanalyst in private practice in New Bern, North Carolina. Previously he served as a staff psychotherapist at Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center.*

### References

Szasz, T. S. 1965. *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy*. New York: Basic Books.

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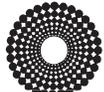
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feelings of the story characters, the action, or the thematic content? Does the child's affect remain invariant throughout, or does it shift mildly or even markedly? At times, a child's identification with a particular story character becomes clear only when the therapist realizes that the storyteller's affects are changing each time that character is described or speaks, in a manner somewhat analogous to the use of leitmotif in Wagnerian opera.

**Paralinguistic, visual, and kinesic cues.** The narration of stories is usually accompanied by a variety of sublingual utterances, distinctive facial expressions, and other, sometimes quite revealing bodily movements. Although such cues are generally consonant with the content of the story and simply serve to "drive home" particular themes or story action, they will occasionally be rather asynchronous or poorly matched with story content and theme. For instance, a very depressed nine-year-old girl, whose father abandoned the family, had quite a fanciful imagination. Her stories often had themes involving larger-than-life characters who embarked on high adventures in exotic locales. As she told these stories, however, her manner was remarkable for its economy of movement, and she looked and sounded depressed, her demeanor at striking variance with the imaginative tales she told.

**The child's defensive behaviors, discrete defenses, defensive strategies, and conflict-free solutions.** According to a classic research investigation of normal two-to-five-year-olds (Pitcher and Prelinger 1963), autogenic stories, like dreams, contain compromise solutions to conflict. In stories, children struggle with unconscious wishes (generally of a disturbing libidinal or aggressive nature) that strive for direct expression or discharge. These wishes activate the synthetic function of the ego, which recognizes the danger of direct expression or fulfillment of the disturbing wish and seeks to disguise it, constructing a story that, according to these authors, both assuages the superego and appears to conform to essential standards of realism and social acceptability. Ultimately, the autogenic story, in a manner analogous to the dream, attempts to resolve the conflict activated by the disturbing wish through whatever means are readily available to the ego. Among these are defensive behaviors in very young children (e.g., transformation of affect), discrete defenses (e.g., denial, undoing, isolation, or withdrawal), and wishes used defensively (e.g., hostility directed against the self, defensive intimacy, or defensive assertion). Relatively conflict-free adaptive strategies emerge as the child acquires more capacity for self-observation and insight, usually during the latter phases of treatment.

## Conclusion

Although stories and storytelling have long been utilized as a means of therapeutic communication with children, storytelling activities have generally not been formalized, usually occurring in conjunction with other therapeutic activities such as doll play, puppetry, or therapeutic board games. Storytelling, however, can be used to considerable therapeutic advantage when it involves autogenic content and occurs within a reciprocal exchange. In such a procedure, the therapist identifies the most salient dynamic issues or themes in the child's version, offering a therapeutic rendering of the child's story that preserves the basic theme, plot elements, and characters from the child's autogenic story. The therapist's story is intended to offer dynamic interpretations of the child's original version, but within the metaphor. Such a procedure establishes safety in the therapeutic dialogue, permitting the child therapist to make important dynamic communications and to suggest increasingly adaptive alternatives for the resolution of conflict without educing the resistance that so often accompanies more direct interpretation of dynamic issues and intrapsychic conflicts. ■

*Jerrold R. Brandell, PhD, BCD, is Distinguished Professor, Wayne State University School of Social Work (Detroit). A practicing psychoanalyst and psychotherapist, he has published eleven books, including *Of Mice and Metaphors: Therapeutic Storytelling with Children (Basic, 2000)*, and *Psychodynamic Social Work (Columbia University Press, 2004)*. His most recent book project, *Essentials of Clinical Social Work*, is due to be published in early 2014 by Sage.*

## Note

1. It should be noted that Winnicott characteristically used the squiggle content as a springboard for analytic investigation; he did not always work within the metaphor of the drawing in the discussions that followed, nor did he ask the child to use the picture to compose an original story, although some of his subjects did this spontaneously.

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- Winnicott, D. W. 1971. *Therapeutic Consultations in Child Psychiatry*. New York: Basic Books.

## Further Resources

- Brandell, J. 2000. *Of Mice and Metaphors: Therapeutic Storytelling with Children*. New York: Basic Books.
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# THE ART OF LISTENING

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# Area Representatives' Corner

## Northern California

Reported by Velia K. Frost, LCSW & Rita Karuna Cahn, LCSW, Area Co-Chairs

In the last *Newsletter* we shared the news of an upcoming event titled "Therapeutic Issues with Male Survivors of Sexual Abuse," presented by Bill Burmeister. The event fulfilled our mission, that is, offering presentations that generate open discussion where participants can share their own experience in a safe and supportive context and explore rarely talked about issues. Bill's case material was both moving and informative, generating a lively discussion.

In our next presentation, titled "On Being Flappable," Dvora Honigstein will present a paper which pushes the envelope. She will be talking about how the therapist's personal experience, labeled "subjective transference," can contribute to complicated and frustrating therapeutic impasses. By revealing her own issues with a patient, she shows how the therapist's self reflection can be the salient factor in resolving such situations.

We have two new members on our committee, Saralie Pennington and Gabie Berliner. Both are seasoned therapists who are contributing meaningfully to our organization. We are delighted that they are joining us.

We continue a very rich collaboration with the California Society for Clinical Social Work. Also of interest, we are involved with a new organization, the Coalition for Clinical Social Work, spearheaded by Elizabeth Simpson. The mission of the organization, supported by the San Francisco Center for Psychoanalysis, is to bring psychodynamic education to recently graduated social workers. Gabie Berliner, Velia Frost, Billie Violette, Saralie Pennington, and Judy Schiller are participating in the organization as mentors and group leaders.

We are in the process of putting together two more programs for the year and will report on them in the next *Newsletter*. Please join us should you be in the area. ■

## Southern California / Orange County

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

On Saturday, October 13, our Orange County California Chapter was pleased to host a seminar titled "Becoming Mindful of What? Integrating Practices of Psychoanalysis and Mindfulness." As presenter, I explored how my psychoanalytic and mindfulness-based meditation practice

informs and deepens the holding and containing function of the psychotherapeutic process. With the added dimension of mindful engagement, the clinician and patient have stronger access to inter-being states of relating. Marjorie Schuman, PhD, acted as discussant. Dr. Schuman is on the faculty of the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS) and is the author of the forthcoming book *Inquiring Deeply: Mindfulness and Self-Reflection in Psychotherapy*.

The meeting was held in the home of one of our members with lunch served beforehand to allow time for participants to meet. A group discussion followed the presentation. We have found that this format allows for an informal and reflective experience with colleagues around more personal themes that pertain to ways that we think and work. ■

## Indiana

Reported by Penny Rosen, MSW, LCSW, BCD-P

We are pleased to announce that David A. Kearby, MSW, LSW, is the new AAPCSW area chair for Indiana.

David is a lifelong Hoosier and has lived in the Indianapolis area since 2002. He grew up in a large extended family in the Indiana suburbs of Chicago. He received his MSW from Indiana University in 2011, and he is currently a PhD candidate at the Institute for Clinical Social Work in Chicago. Additionally, he is in private practice, where he works with adults across the lifespan. He specializes in working with a broad range of symptoms and concerns, including depression, anxiety, trauma, relationship conflict, and LGBT issues. He has been a member of the AAPCSW for several years and looks forward to serving the "new" Indiana region. ■

## Minnesota

Reported by Ellen T. Luepker, Member AAPCSW-MN Steering Committee

Weather matters in Minnesota! After enduring a seemingly never-ending cold, snowy spring and painfully hot days of August, we are enjoying a comfortable fall season. We are also feeling blessed by co-chairs Bev Caruso's and Elise Sander's leadership of our AAPCSW-MN group and



an amazing climate of cooperation throughout the entire Twin Cities' psychoanalytic community, all of which has helped us to continue offering enriching, popular conferences. Here are recent highlights:

Over the weekend of September 7, our conference "Surviving Unthinkable Trauma: Dissociation, Delusion and Hallucination," with Judith Mitrani, PhD, training and supervising psychoanalyst from California, brought a large multidisciplinary audience comprised of clinical social workers, psychiatrists, psychologists, marriage and family therapists and counselors, and academic professionals from other fields. Participants eagerly discussed Dr. Mitrani's vivid morning presentation of clips from the movie *Life of Pi* and her afternoon presentation of a clinical case. That evening, Emily Hunsicker, a member of our steering committee, hosted a delicious dinner in her lovely home, and steering committee members enjoyed becoming personally acquainted with Dr. Mitrani and discovering what led her to write her paper on the *Life of Pi*—which she presented first to Danish and Swedish psychoanalysts in Lund, Sweden. The next morning, Bev Caruso hosted a brunch meeting for AAPCSW-MN's current and prospective members, where Dr. Mitrani presented another clinical case—again stimulating discussion and enhancing our understanding of primitive defense organizations and their challenges to clinical work.

We enjoyed another conference in September, this one on Bion's Theory of Container, presented by our very own Sharon Grostephan.

In October, we repeated our successful thirty-hour clinical supervision training seminar series, "Advanced Clinical Supervision: Concepts, Dynamic Processes, and the Supervisory Relationship," for experienced supervisors wishing to enhance supervisory skills and for beginning supervisors needing to fulfill MN Board of Social Work's supervision training requirements.

In January 2014, we will choose a movie to discuss. ■

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# Member News . . .

**Theresa Aiello**, PhD, associate professor, NYU Silver School of Social Work, received the Distinguished Alumni Award from New York University, Silver School of Social Work on October 19. Dr. Aiello is currently director of the Advanced Practice Post Master's Certificate Program and is co-director of the Advanced Certificate in Child and Family Therapy at NYU Silver School of Social Work. She teaches at NIP and at the Institute for Mental Health and is in private practice in New York City.

**Esther Amini**, MSW, LCSW, has written stories that will be performed by Jewish Women's Theatre in a show titled *Saffron and Rosewater* at the Kaufman Concert Hall of the 92nd Street Y in New York City on Saturday night, November 23, at 8:00pm. *Saffron and Rosewater* is written by five



Iranian women who illuminate the struggles and triumphs of Persian Jewish women; Esther's humorous and poignant stories are about growing up as a first-generation American. Tickets may be purchased at [www.92y.org/Event/Saffron-and-Rosewater.aspx](http://www.92y.org/Event/Saffron-and-Rosewater.aspx).

**Karen E. Baker**, MSW, began her new position this fall as the child development director at Allen Creek Preschool, which is a founding member school of the Alliance of Psychoanalytic Schools, an international consortium of schools that integrate psychoanalytic ideas and education into the curriculum.

## What's 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](mailto:awarnerlcsw@gmail.com)

**Sue Cebulko**, PhD, LMFT, has a chapter, "Internet Pornography as a Source of Marital Distress," published in *Psychoanalysis Online: Mental Health, Teletherapy, and Training*, edited by J. Scharff (Karnac, 2013; 37-48). She also presented on this topic at the International Psychotherapy Institute weekend conference in Rockville, MD, in October 2012. The title of that conference was "Teletherapy on the Telephone and Skype: Ethical Considerations, Clinical Illustrations, Personal Reflections." Sue is a faculty member of the Institute for Clinical Social Work and the International Psychotherapy Institute and is in private practice.

**Joe DeAngelis**, LICSW, CGP, is pleased to announce that he has graduated from the Massachusetts Institute for Psychoanalysis' four-year psychoanalytic training program. His final project paper explored the benefits and challenges of introducing a patient to group treatment as an adjunct to her individual psychoanalysis.

The first volume of *Eat the Evidence*, a book by **John Epsy**, PhD, LCSW, will be published in December by Karnac Press. The book details the psychopathic journey of a pedophilic cannibal named Nathaneal Bar Jonah. It examines the case from the perspective of projective-identification in a narrative form. See [www.karnacbooks.com/Search.aspx?Keywords=espy&SearchCategory=0&SearchType=2&btnSearch.x=-749&btnSearch.y=-100](http://www.karnacbooks.com/Search.aspx?Keywords=espy&SearchCategory=0&SearchType=2&btnSearch.x=-749&btnSearch.y=-100).



**Sharon Farber**, PhD, has had two papers published recently. "The Comorbidity of Eating Disorders and Attention-Deficit Hyperactivity Disorder" and "Eating Disorders in Women's Prisons: An Under-reported Phenomenon?" Copies are available for those interested. She has also received a lovely review on Amazon.com of her book *Hungry for Ecstasy: Trauma, the Brain, and the Influence of the Sixties*. The price has been reduced, making it a good time to buy. Also, Sharon's writing group for clinicians who want to write about their work or life in a lively, engaging way is in its fourth year. She says, "It's so exciting to see someone's writing really take off." There is still

room in the group, and for those at a distance from her office in Hastings-on-Hudson, New York, phone participation is possible. Contact Sharonkfarber@gmail.com.

■  
*Narcissus in Treatment: The Journey from Fate to Psychological Freedom* by **Richard I. Feinberg**, PhD, has been published by Karnac Books. The book explores the nature of psychic suffering due to the narcissistic drama and how one can emerge over time to live an autonomous life. The dynamics of the narcissistic drama are demonstrated through an analysis of experience in D. H. Lawrence's autobiographical novel, *Sons and Lovers*. The emotional suffering depicted in this novel provides a pristine picture of the drama itself. The focus of *Narcissus in Treatment* subsequently takes up the question of what narcissistically injured adults can do to become free from the constraints of this drama. This is accomplished through a discussion about the nature of therapeutic action and centers on describing a therapeutic approach to resolve psychic defenses that have led to blocks in emotional growth and the progressive formation of the mind. The aim of therapeutic action is to put old ghosts to rest and pave the way toward psychological birth and freedom.

■  
*The Same but Different: How Twins Can Live, Love, and Learn to Be Individuals* by **Joan A. Friedman**, LCSW, PhD, will be published in February 2014. "As a psychotherapist, author, mother of twins, and an identical twin



myself, I have long been dismayed about the dearth of information concerning adult twins and their emotional well-being." Twin relationships can be fraught with competition, jealousy, and guilt. In *The Same but Different*, Joan teaches adult twins how to acknowledge their feelings, communicate openly about their needs, and separate from one another in order to build a healthier relationship. Her first book, *Emotionally Healthy Twins*, was published in 2008.

■  
In addition to maintaining a private practice in the Lincoln Square area of Manhattan, **Robin Halpern**, LCSW, DCSW, continues to pursue her other passion as

a painter. She had a solo show in upstate New York in August 2013, and one of her paintings was recently selected as part of a juried show at the BWAC exhibition space in Red Hook, Brooklyn, from September 21 to October 20. You can view some of her new work in "living color" on her website, [robinhalpern.com](http://robinhalpern.com).



*Helen's T-pot*; mixed media on canvas, 40 in. x 30 in. © Robin Halpern

■  
Frances M. Levine, LCSW, BCD-P, will be teaching self psychology this fall at the New Jersey Institute in Teaneck, NJ. She will also be supervising interested mental health professionals of all levels who are working with

Continued on page 26

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## ... and New Members

Welcome to new member **Joanne Lindbom**, LISCW, ACSW. "I am glad to be a new member of the AAPCSW community," Joanne tells us. "I am a psychotherapist in Portsmouth, NH, where I work with adults, older adolescents, and couples in full-time private practice. I received my MSW from Hunter College School of Social Work in New York in 1994. Before moving to New Hampshire, I was a candidate in the analytic training program at the Institute for Contemporary Psychotherapy. I have also worked as a clinician in the Recanati/Miller Transplantation Institute at Mount Sinai Medical Center and was faculty in the hospital's Department of Community Medicine."



children and want to increase their understanding, skills and techniques of play therapy. She will be endorsing the self psychological approach as a way of obtaining data and providing meaningful interventions.

**William (Bill) S. Meyer**, MSW, BCD, is to be the keynote speaker for The Sixth Annual Mid-Atlantic LGBTQA Conference, “Unmasking Prejudice and Dispelling Myths in the LGBTQA World.” His talk will be titled “On the Diagnosis and ‘Treatment’ of Homosexuality: When Prejudice Masquerades as Science.” The conference will be held November 1–2, 2013 on the campus of Bloomsburg University.

*The Psychology of Beauty: Creation of a Beautiful Self* by **Ellen Sinkman**, LCSW, was recently released by Jason Aronson Publishers. Recent talks of Ellen’s include “Speaking with Our Bodies: Cautionary Tales for Psychotherapists” in March 2013 at the Karen Horney Psychoanalytic Center; “Obsessed by Beauty” in April 2013 at the IPTAR conference “Gender 2013: Is Anatomy Still Destiny?”; and “Confronting a Taboo in Clinical Work: Where Have All the Bodies Gone?” in May 2013 for Psychoanalytic Practitioners of Long Island. In October 2014, at the Committee on Women and Psychoanalysis, she will present “Women in Mythology and Fairy Tales, Ancient and Modern: What Fantasy Images of Women Does a Clinician Today Face?” Ellen is also co-chair of a discussion group titled “Beauty and Body in Therapeutic Work,” which meets at the annual scientific meeting of the American Psychoanalytic Association. Ellen practices psychoanalysis and psychotherapy in New York City and in Westchester, New York.

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**Brian Smith**, LCSW, has been appointed a Fellow of the American Psychoanalytic Association for the 2013–2014 academic year. Of the seventeen Fellows, he is the only social worker.



**Lucille Spira**, LCSW, PhD, along with Drs. Arlene Kramer Richards and Arthur A. Lynch, edited the new anthology *Encounters with Loneliness—Only the Lonely* (IP Books, 2013). Dr. Harold P. Blum said about this book: “This remarkable anthology of fascinating papers on loneliness is unique in the psychoanalytic literature. Although loneliness is a universal and ubiquitous experience, it has not previously been discussed in the rich variety of its sources and manifestations.”

**Louis Straker**, LCSW-C, has been accepted for a one-year Adult Psychoanalytic Fellowship program at the Baltimore Washington Institute for Psychoanalysis. Louis will begin the program in late September 2013.

**Lee Miriam Whitman-Raymond**, PhD, MFA, has had two poems published in *Psychoanalytic Perspectives* in the Spring 2013 issue. Additionally, her area’s monthly study group is entering its third year, and continues to be a wonderful resource for its members.

A revised version of the paper “Skin of Hate, Skin of Love,” by **Peter Wood**, MSW, which he presented at the AAPCSW conference in North Carolina last March, has been accepted for publication in *Psychoanalytic Social Work*. Peter is a psychoanalyst in private practice in East Lansing, MI, and is vice president for education and training for the Michigan Psychoanalytic Council.

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With which modalities do you work? Check all that apply.  Individual  Group  Couple  Family  Consultation  Supervision

What is your client population? Check all that apply.

- Infants  Children  Adolescents  Young Adults  Adults  Older Adults

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## Optional Contributions

- A tax-deductible contribution of \$\_\_\_\_\_ is enclosed to support NIPER—National Institute for Psychoanalytic Education and Research.  
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 A contribution of \$\_\_\_\_\_ toward the funding of national advocacy for clinical social work (Federal Legislative Activities) is enclosed.  
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Mail this form and dues/contribution to: Barbara L. Matos, MS, AAPCSW Administrator, 12841 Braemar Village Plaza, PMB 159, Bristow, VA 20136 ([barbara.matos@aapcsw.org](mailto:barbara.matos@aapcsw.org))

**PSYCHOANALYTIC ELECTRONIC PUBLISHING (PEP)**—PEP ([www.pep-web.org](http://www.pep-web.org)) provides online access to a number of psychoanalytic journals from the late 1800s until 2005. Included with the PEP are Freud's *Standard Edition* and other well-known books. PEP subscriptions are annual and are paid to AAPCSW. You will be assigned an ID and password. (Access to PEP is restricted to the subscriber; no shared access and no distribution of the material.)

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**Questions? Contact:** John Chiamonte, LCSW, AAPCSW Membership Chair, 908.918.1192, [johncsw1@verizon.net](mailto:johncsw1@verizon.net)



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