

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

in partnership with The Clinical Social Work Federation

Spring/Summer 2004

From the President

My article for this issue of the NMCOP Newsletter is going to describe my view, as President, of our recent, highly successful Conference, *Psychoanalysis: Changing in a Changing World*.

To begin at the beginning: On Thursday, the NMCOP National Study Group surpassed their own extraordinarily high standard with this year's Pre-Conference Seminar entitled *Relational Social Work and Supervision: Reclaiming Our Contribution to the Analytic Process*.

I then had the pleasure of officially opening the Conference Thursday evening and welcoming everyone:

It has been almost four years since our last New York conference in 2000, held in the actual presence of the Twin Towers. Since that conference, 9/11 changed the world, and since 9/11 we've had time to reflect upon our experience of those attacks, and the resultant violation



NMCOP PRESIDENT

Judy Ann Kaplan

of our sense of safety in the social work psychoanalytic space, and in the world at large.

As we look around today's world, we are constantly reminded of the irrational forces that affect every aspect of our lives, from those trivial moments of forgetting a name, to the threats to human welfare like the attacks on 9/11. Psychoanalytic Social Work as a field is devoted to studying these forces so that they can be tapped for constructive rather than destructive purposes. Psychoanalysis elucidates the irrational in the individual, while psychoanalytic theory and research help us understand the role that unconscious forces play in the wider world. We Social Workers also stress the social and the environment; as Jean Sanville says, how the outside gets inside of us.

So, analyst and patient now coexist in a shared world where trauma is both objective and subjective, both common and unique, located out there in the world and within ourselves.

See President's Message on page 3...

NMCOP —

rooted in the past, focused on the present, looking toward the future

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from the Editor...

Donna Tarver,
Editor



Thanks to all who contributed to the New York Conference! It was superb. I was so happy to have the opportunity to meet so many of you in person! We are very pleased to have several articles and pictures from the Conference in this newsletter. We will continue to include materials from the conference in future newsletters. One of the highlights of the conference was the presentation of NMCOP Lifetime Achievement Awards to Elaine Rose and Marga Speicher. Sadly, Elaine was too ill to join us for the presentation. Joyce Edward accepted the award for Elaine and read an acceptance letter from her. We hope to be able to print this in the next newsletter. Marga was generous in giving us a copy of her acceptance and it is included here.

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

Thanks to all contributors to this issue: Karen Baker, Ellanor Toomer Cullens, Velia Frost, Judy Kaplan, Betsy McConnell, Marilyn Schiff, Cathy Siebold, Diana Siskind, Marga Speicher, Patsy Turrini, Audrey Thayer Walker, and Beverly Quint. ■

NMCOP

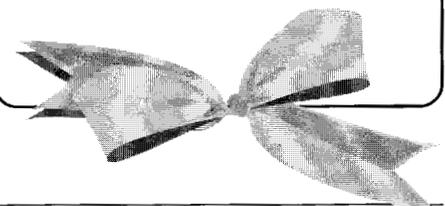
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Our recovery—our adjustment to base line—has been referred to as the “New Normal,” an adaptive yet disquieting re-alignment of our sense of security.

Recently a colleague spoke about an experience he had on his first flight after 9/11. He said,

Consciously I was anxious, but of course, like a good analyst (at least I hope) I was able to put it in objective and subjective context for myself. Then the doors of the plane slammed shut—once familiar sounds, now potential harbingers of peril. The tension was palpable—was it only my reaction, a projection, a shared experience?

The pilot interrupted my reverie—he introduced himself and then said: “Now please take a moment and introduce *yourself* to the person next to you. For the duration of this flight, we’re all family here—all in this place together.”¹

Like those passengers on that flight, we here are family, friends, and colleagues—all in this place, the Marriott Hotel, together.

Our Conference this year, held in the emotional shadow of the World Trade Center, will present the best in today’s changing thinking and practice in the field at large. We have so many exciting presentations on cutting-edge topics, based upon outstanding scholarship and a tremendous depth of clinical experience, which could only come about through the hard work of many dedicated, industrious individuals. We owe a great debt of gratitude to the leadership of Conference Director Penny Rosen, and Program Chair Miriam Pierce, as well as to the efforts of their committees, all crucial to the success of our meeting.

One of the most satisfying aspects of being NMCOP President is that I am able to express my love and appreciation for colleagues of many years’ standing. At this Conference, I was thrilled to have the privilege of presenting the Lifetime Achievement Awards to Elaine Rose and Marga Speicher.

Elaine Rose

Elaine Rose, PsyD, LCSW, BCD, is a Training and Supervising Analyst at the Los Angeles Institute and Society for Psychoanalytic Studies and a member of

the International Psychoanalytical Association. A Distinguished Practitioner in Social Work of the National Academies of Practice, she taught and supervised at the Wright Institute, Los Angeles and has lectured at the University of Southern California and Pepperdine University. Along with Joyce Edward, Elaine co-edited *The Social Work Psychoanalyst’s Casebook: Clinical Voices in Honor of Jean Sanville*.

Elaine is also the Founding Chair of the National Study Group.

I thought I would tell you about the beginning of the National Study Group, which was established at the 1990 NMCOP Conference in New York. I was honored to have been chosen to be an original member of the Study Group, and delighted to have the opportunity to work with Elaine.

The Study Group was created when a group of clinical social workers with considerable experience in both social work and psychoanalysis gathered to map out an approach to the immense task of studying, articulating, and strengthening the relationship between the practice of social work and psychoanalysis (including psychoanalytic psychotherapy).

Appreciating the rich history of our fields, as well as cognizant of the agreements, disagreements, conflicts and tensions amongst clinicians, the group focused on ways to support and advance cooperative work. It aimed at elucidating and strengthening the role, impact, and influences the two fields have had on each other.

Specifically, the goals of the Study Group were to review the history of the influence of psychoanalytic theory on the development of social work; to discover what social work theory has contributed and can contribute to psychoanalysis; to assist in defining and clarifying the identity of the clinical social work practitioner of psychoanalysis and psychoanalytic psychotherapy; to demonstrate the usefulness of psychoanalytic theory and techniques to clinical social workers practicing in diverse settings with varied patient populations, and; to assist in re-establishing a dialogue between clinical social work psychoanalysts and the broader community of social work practitioners.

The Study Group continues to pursue these goals, and is working to develop ways in which to return a psychoanalytic perspective to social work education.

Unfortunately Elaine was unable to be with us that night, so Joyce Edward, who is also a past President of the National Study Group, and a past recipient of a Lifetime Achievement Award, accepted for her.

See President’s Message on page 22...

¹ Joseph Cancelmo, Opening Address at the Conference *Terrorism and the Psychoanalytic Space: International Perspectives From Ground Zero*, May 3-4, 2002.

The Ninth NMCOP Conference “Psychoanalysis: Changing in a Changing World” opened its Friday March 12 conference day with a stirring and most relevant keynote address given by Judith Wallerstein, PhD. She was introduced by the Honorable Justice Jacqueline Silberman, the Chief Administrative Judge, of the Supreme Court, New York County and Statewide Administrative Judge for matrimonial matters. Justice Silberman spoke about the importance of the contributions Judith Wallerstein has made to child custody concerns before, during and after divorce. She underscored the necessity for the legal and mental health professions to continue to work collaboratively on behalf of children and their families and cited Dr. Wallerstein’s outstanding contributions to that endeavor. In the overflow audience the legal profession was well represented. In addition to Justice Silberman, we were honored with the presence of Judge J.P. Barr, Justice Laura Drager and Judge George Jurow, each of whom sits in the matrimonial courts and deals with child custody issues.

Dr. Wallerstein, founder of the Judith Wallerstein Center for the Family in Transition in California comes from a background in social welfare and is a much sought after lecturer and teacher by both the legal and mental health professions. Her address, “What About the Kids: Before, During and After Divorce,” was wonderfully informative as she presented the results of her longitudinal study which followed children of divorce to adulthood.

It is long overdue that we recognize that the child who is raised in the divorced or remarried family grows to adulthood in a different culture from the child raised in an intact family. The divorced family is a new kind of family, with an inherently unstable structure, and

by no means just a truncated version of the traditional family that we know. Both the courts and the clinical professions, including psychoanalysts, have been slow to recognize the distinctiveness of this population.

In our clinical practices we often are confronted with the unresolved problems that these families are struggling with. Dr. Wallerstein emphasized the need for us to reformulate our treatment approach and recognize the profound reality changes in the contemporary family structure. Divorce is on the rise. Close to one half of all marriages and 60% of second marriages end in divorce. Half of the one million children each year whose parents divorce are age six and under after the breakup and half of those are three years or younger. This presents a challenge to the mental health professions as more than

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March 11 though 14, 2004**

Psychoanalysis: Changing in a Changing World

Keynote Address Set the Stage for the Conference Theme

65% of referrals to child and family agencies comprise children of families of divorce.

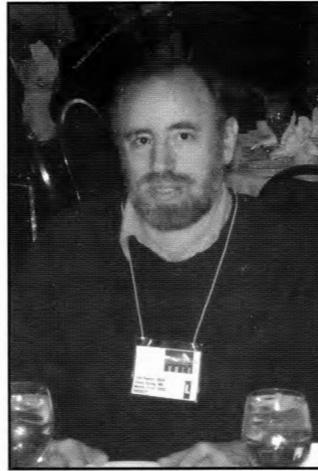
Dr. Wallerstein’s pioneering work on the effects of divorce on children and families has been inspirational. Her keynote address set the tone and stage for the high level, excellent and successful conference that followed. Her clinical contributions can be found in her many books, with the latest results of her research being discussed in her newest book, *What About the Kids? Raising Your Children Before, During and After Divorce.* ■

~ Miriam Pierce, Conference Program Chair

Aims & Purposes of the NMCOP

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

*Jean Sanville & Patrick Casement,
Honorary Lifetime Member of NMCOP.*



*Joel Kanter, NMCOP
List Serve Moderator.*

*Joyce Edward, who accepted
a Lifetime Achievement Award
for Elaine Rose.*



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*Marilyn Schiff,
New York
Area Chair.*



*Left to right: Student Paper Award Winners
Karen Szurek & Jenny Putnam,
with Bijal Parikh, Honorable Mention.*

*Diana Siskind & Sue Sherman,
Call for Papers Co-chairs.*



*Founder Crayton Rowe & Marga Speicher,
Lifetime Achievement Awardee*



Thank you so very, very much!

Words are inadequate to give voice to the range of feelings I have about this award: When Judy called to tell me about it, I was soooooo surprised—there are many in this room who, in my view, should be receiving this award ahead of me. My surprise, then, was followed by deep appreciation for the honor you are giving me. This moment will always be an unexpected and treasured gift.

I deeply regret that Elaine Rose is not here to receive the award for her contributions. I wish and hope that she will recover and be able to join us in future years.

In the weeks since Judy's phone call, I have wondered about the meaning of "life time achievement." In my reflections, the analytic stance of always looking at overt and covert levels in everything inevitably pushed me to look beyond the obvious, professional level to a subjective, personal understanding of life time achievement.

To begin on the overt, manifest, professional level: Judy asked me to say a few words about my point of view on the confluence of social work practice and psychoanalytic practice.

Over my 45 years of continuous work in the field, several phases in professional direction are clearly visible: I was engaged in child and family welfare in the late '50s and in the Community Mental Health efforts of the '60s. I moved into psychodynamic psychotherapy practice in the late '60s and into analytic practice in the late '70s. For me, the movement through these periods was an organic progression, an unfolding, extending, deepening of life long interests in what is involved in being human. In graduate school (1957-59), social work's humanist and egalitarian philosophy (so concisely expressed in "helping people help themselves") was explicitly cited as basis for any and all social work practice. That philosophical stance translated itself readily into an internal basis for psychodynamic and analytic thinking. It guided me steadily although it definitely encountered obstacles.

For instance, in reading the analytic literature, I bristled (and bristle) at the concept of "giving an interpretation."

And, obviously, I now feel very much at ease in the conceptual shift that has led us to think and say "interpretations arise" rather than "are made" or "given." Actually, I no longer like the term "interpretation." I prefer to say "additional understanding" and I now use that term steadily in teaching and supervision. For me, that term

conveys clear respect for all levels of psychic reality across the range from fully conscious to profoundly unconscious phenomena. Conscious and unconscious, manifest and latent, forefront and background, surface and depth - each exists and each plays a role; each needs to be encountered; each has value; each adds understanding to what I already know. For me, social work's egalitarian philosophy demands that I value all phenomena of life: of body, mind, emotion, and spirit; of the human and the non-human environment; and on all levels of visible and non-visible realities. Such an egalitarian perspective, then, sees multiple levels and approaches, multiple means to multiple ends. It invites me to befriend paradox so that I can hold multiple and often contradictory phenomena in mind at the same time. It leads me to a pluralist-integrationist perspective.

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Acceptance of Lifetime Achievement Award

Given to Marga Speicher, March 11, 2004



Psychoanalytic thinking, from its beginnings, sought to enlarge psychological understanding of human nature. In the early years, though, it tended to do so in an authoritarian and, at times, dogmatic style that ran counter to its professed stance of seeking understanding. Social work, from its beginnings, sought to assist our fellow humans to lead a more stable and secure life. In the early years,

though, such assistance tended to have a patronizing style that ran counter to its professed stance of democratic values. We have come a long way to where we see psychoanalysis' search for depth understanding become infused with social work's egalitarian, democratic, collaborative stance: such confluence creates solid means towards a sound basis for the internal security we need to live this hazardous life.

Now, to go to the not-so-obvious, quite subjective level

of the Award: What do I personally make of it? My early psychological life was lived in a moralistic worldview of either-or, good or bad. To that view was added an ethic of service which easily led to the field of social service. Immigration, life in a new culture and language, graduate school, professional workshops: they shook and disrupted the original worldview and led to a process of in-depth looking at and working with inner dynamics and the existential questions (that is: years, no, decades of personal analysis). It led to a worldview that sees multiplicities vs. bipolarities, that focuses on levels and processes, that knows more and more profoundly how little it is, indeed, that I do know. What is my personal lifetime achievement? To have grown and developed and to be developing to where I see the world as full of potential, hope, resilience, and capacity to heal; but also as full of horror, abuse, and fear; as containing isolation and relatedness, meaning and meaninglessness. Life, the world, is all of these—is none of these—contains infinitely more than we know and imagine.

Winnicott speaks of a line from Tagore that accompanied him throughout life: *At the seashore of endless worlds, children play*. He understood that line to have quite different meanings at different times in his life; finally, it came to be symbolic of the transitional process as source of the creativity of living. Analogously, a Rilke poem became companion to me during High School years in Germany, a poem that also carried varied understandings over time and became symbolic of growth as never-ending process. Speaking of life, Rilke says:

*I live my life in evergrowing circles
Which extend over all things.
Maybe I will not complete the last one
But I will surely make the attempt.*

*I circle 'round God, 'round the ancient tower
And I circle for thousands of years.
And I do not yet know
Am I a falcon, a storm—or a great song.²
[Translation mine]*

I accept this Award for each person here—and not here—who daily engages in creating and living a life of one's own and who assists others in creating and living

¹ D. W. Winnicott, *The Location of Cultural Experience, Playing and Reality*, New York: Penguin Books, 1971, 112-113.

² *Selected Poems of Rainer Maria Rilke*, selected & translated by Robert Bly, New York: Harper & Row, 1981, 12.

theirs. I accept this Award with deep gratitude for what Life has brought me, personally and professionally; for relationships of family (in particular, my husband who is here tonight), friends, colleagues; and, especially, for relationships with NMCOP friends and colleagues.

Thank you so very, very much! ■

~ Marga Speicher

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

LEAH ZONIS, MSW
ICSW Student

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Patrick Casement's presentation about the use of analytic space gave attendees of the 2004 NMCOP annual conference a number of ideas to ponder. His poetic use of metaphor struck a cord with many in the audience and I will summarize here some of his major points.

As indicated in his title, "Using Analytic Space: A Challenge to Contemporary Psychoanalysis," Casement focused on the concept of an analytic space and the way that external realities of the patient or analyst impinge on this space. The first task of his presentation was to define the meaning of the term analytic space. Initially, Casement defined the space as the place which was created by analyst and patient to allow for the "emerging of the individual mind." For Casement, the analytic space is the context most conducive to the analytic process. Before continuing to develop his ideas about analytic space, Casement discussed potential impediments to creating such a space.

Consistent with contemporary theories that encourage a focus on current realities and subjectivity, Casement acknowledged that analysts should not ignore the impingements on the analytic space from the patient's external realities, nor from the analyst's subjectivity. Patients living in terror or analysts who have their own fantasies about their patients' thoughts, feelings and behaviors are factors to be considered and respected as part of the analytic process. Attention to the reality of the patient's environment is always a consideration for the analyst in understanding the patient. If a patient's external world is filled with real danger, it would not be helpful to see the patient's anxiety solely as a defensive process. Instead, it would also be viewed as an appropriate response to a real threat.

Similarly, although there is no way to completely know the way that an analyst's subjectivity influences the patient, we know that it is there. Internalizing the analyst as a good object is one way that the patient experiences the analyst's subjectivity. Too much focus on the analyst and his or her perceptions in the emerging ideas of the patient, however, can result in the analyst's contaminating the space. In other words, by over-emphasizing his or her beliefs and influence, the analyst may direct the patient to an area of inquiry that is more important to the analyst than it is to the patient. Casement further contended that cluttering the analytic space with the analyst's subjectivity interferes with "the melody of the transference."

Casement pointed out that too much attention to any theoretical or technical stance can be detrimental to the establishment of an analytic space. He believes that the analyst's pre-conceptions may interfere with the analytic process. As he asserted, they are the "spoilings." One example is the current emphasis by some analysts on projective identification. That an analyst's thoughts and feelings may be induced by the patient's disavowed feelings is one possible explanation for the analyst's responses to the patient. Casement suggested that this may also be a convenient view for the analyst and the patient may feel blamed, rather than accepted. Similarly the analyst who attempts to act as a new object and provide a reparative experience may inhibit the patient's expressions of anger and rage. Keeping in mind the idea of an analytic space that is created by the patient may temper an overuse of one perspective or another.

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Patrick Casement's Discussion of Analytic Space

by Cathy Siebold, DSW, Member NMCOP Study Group

As I noted earlier, Casement's definition of the analytic space is a creation of a structure by analyst and patient that allows for the emergence of an individual mind. It is an emotional space "filled or empty, a space for thinking, relating, experiencing or being." The patient fills the space in his or her unique way. When the analyst puts something into the space, the patient will be sensitive. It is not that the analyst can always control his or her own subjectivity, nor can he or she ever really know the way that this subjectivity is impacting the process. But Casement stressed that the analyst's task is to try to manage his or her pre-conceptions and subjective responses to listen to the patient's perceptions and the transference.

For Casement, the heart of the therapeutic action is in the transference experience. Offering the example of working with patients who have experienced trauma, Casement proposed that in the experience of being together the patient will draw the analyst into repeating the trauma with the patient. If the analyst deliberately tries to be different, the patient may split off objectionable feelings and the therapeutic work will not progress. Allowing the experience of repetition to recur, according

to Casement, facilitates the emergence of the patient's inner truth in the analytic space. It also provides the patient with an opportunity to experience feelings and perceptions of the past in a way that feels real or true to his or her experience, rather than contrived. Because the analyst allows for the emergence of the past and survives these experiences, the patient can begin to perceive the similarities or differences of the analyst to past object experiences and hopefully work through trauma. Moreover, such an experience with the analyst allows the patient "to move beyond the fantasized object that must be preserved to a more objective view of the other in the real world."

The language of Patrick Casement's description reminded me of Winnicott's concept of transitional or potential space. Transitional space can be defined as 'the bridge between self and other and inner and outer reality (Flax, 1990). The "good enough" object provides the developing child or patient a neutral space in which to experience inner and outer realities and manage the feelings attendant with these experiences. Casement's way of being with a patient is also reminiscent of approaches articulated by social workers such as Middleman and Wood (1990) or Sanville (1987) who caution us against being too influenced by our theories of human behavior and development. They suggest a phenomenological approach to practice. Practicing from this perspective encourages social workers to recognize their preconceptions and listen to their patients' narratives as unique constructions different from those of the social workers'.

By preserving to the best of our ability an open mind to the patient's perspective and thus providing a potential space for new experience, the analyst may become a new object to be found by the patient (Casement, 1991). Such a process cannot be contrived or induced. As Casement succinctly reminded us, the experience "can't be provided, it can only be found" by the patient in the patient's time. ■

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Affect Intolerance in Patient and Analyst

by Stanley J. Coen

Jason Aronson, Northvale, NJ and
London, 2002

(Reviewed by Donna Tarver, LCSW)

Stanley Coen, in his latest book *Affect Intolerance in Patient and Analyst*, takes us step by step through his process of learning better ways to treat his most difficult patients over the last decade. As always, Coen's writing is alive and engaging. He gives us a window into the development of his thinking as he shares his struggles affectively as well as theoretically with treating a subset of his most challenging patients. Though he wants to share with us what he has learned, he is just as interested in sharing how he has learned. He takes us with him as he presents process material from these cases to colleagues in different forums—at professional meetings, in study groups, etc.—and as he writes about these cases. This allows him to gain a better understanding and learn better ways to manage what transpires between him and the patient. The primary premise of this book is his belief that “presenting to others and seeing an interaction through their eyes opens up what I may have seen but not have been able to fully grasp by myself—as well as what I have not been able to see at all.” He encourages us as clinicians to be willing to present our cases to each other—both the therapeutic “successes” and more importantly the cases that we find most troublesome and struggle with the most. He describes in detail his own experiences with such collaborative explorations and how he has learned from both colleagues with his own theoretical bent as well as from those whose theoretical persuasions and experiences are quite different.

Book Film

R E V I E W S



The group of patients that Coen is writing about in initial assessment appeared able to tolerate intensive exploratory treatment—psychoanalysis or psychotherapy—but after a period where internal conflicts would have been expected to become accessible through consistent interpretation of defense, resistance and transference these patients seemed for a variety of different reasons incapable of collaborative exploration. Though a majority of Coen's colleagues saw these patients as not analyzable and recommended that he give up on analysis or intensive psychotherapy and shift either to a

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

Diana Siskind

BOOK REVIEW EDITOR



supportive psychotherapy or give up on treatment completely, his belief that intense analytic treatment offered their only hope for change caused him to continue to seek to learn more productive ways to treat them. Coen's presentation of his patient, Professor J., to a group of hospital based analysts at the Austin Riggs Center helped him learn to tolerate the patient's extraordinary need for control over his attendance at and participation in his treatment. Their advice was, that like many of their hospitalized patients who had had multiple prior failed treatments, success with Coen's patient required him to let go of his need to differentiate psychoanalysis from psychotherapy (or determine analyzability), to sustain the treatment as long as needed, and to change his expectations of his patient. In this vein, Coen proposes that to be more effective in treating such difficult patients the analyst must become more able to tolerate painful, dreaded affects both in themselves and in their patients. He believes that the more “of our feelings and wishes for which we can be responsible the more we can tolerate, contain, and eventually interpret what our patients find unbearable (p. xi).” It is this premise that Coen discusses in Part I: “What Makes Affect Intolerable for the Patient and Therapist?” and Part II: “What is the Therapist's Role in Helping the Patient Develop Affect Tolerance?” of his book. Both parts deal with the therapist's resistance to his own feelings toward his patient. Feelings of love, passion, envy, rage, hate, etc. are considered. Though many analysts have cautioned Coen that such awareness of and discussion of the analyst's own intense affects, wishes, and needs will lead down the “slippery slope” of loss of control and enactment, Coen emphasizes that taking responsibility for our feelings

toward our patients actually provides our best protection against such actions. Tolerance of intense affect in oneself is seen as necessary to tolerate corresponding intense affects in the patient in the treatment situation making possible containment, the patient's eventual tolerance and metabolizing of the dreaded affect, and finally interpretation of the patient's internal conflicts.

Chapter 1: "Barriers to Love Between Patient and Therapist" focuses on avoidance of loving feelings between therapist and patient, while Chapter 4: "Dangerous Need and Desire," focuses on such temptations as greed, envy, sexual desire, erotic transference and dangerous needs of both patient and clinician. Chapter 2: "How to help Patients and Therapists Bear the Unbearable" and Chapter 7: "How Much Does the Therapist at Work Need to Feel?" suggest ways to increase patients' ability to endure affects that seem unbearable. Chapter 3: "Managing Rage and Hate in the Treatment Setting" discusses therapists' uneasiness with and avoidance of hatred in either the patient or themselves and suggests ways of managing these intense, frightening affects. Chapter 6: "The Wish to Regress in Patient and Therapist" discusses the possibility that mutual regressive wishes can provide defenses against intolerable affect. Chapter 5: "Perverse Defenses in Neurotic Patients" discusses the development of perverse defenses in situations where a patient's ordinary defenses seem insufficient to manage what is threatening.

Part III: "Helping Therapists' Affect Tolerance through Talking and Writing About our Work" contains two chapters—Chapter 8: "Discussing Colleagues' Therapeutic Work," and Chapter 9: "Why We Need to Write Openly about Our Clinical Cases"—that discuss in depth

the benefits of therapists discussing and writing about their work. Coen's consideration of the role of the discussant in clinical presentations uniquely outlines the choice of constructive opportunities as well as competitive, destructive possibilities for the person in the role of the discussant. He notes that many highly distinguished colleagues refuse either to write about their work or to present their work in public because of past humiliating experiences with critical attacks from discussants. This is an unfortunate loss for everyone. In chapter 9, Coen defines open case writing in which the inner experience of the therapeutic couple is elucidated as opposed to closed case writing which provides no information about the affective force-field between patient and therapist. Coen strongly argues for open case writing which he feels

offers the opportunity for readers to engage the material, follow what the therapist has done, and rethink the material in a creative process that is more conducive to learning.

Coen's book is a compendium of articles most of which were published in original form in *JAPA* between 1994 and 2000. Clearly, he must have had this book in mind because as they are revised here they hold together and present the development of his thinking very well. The last two chapters—Chapter 10: "Is There a Child in the Room? Applications of Child Development Research to Adult Treatment" and Chapter 11: "The Pleasures and Pitfalls of Interpretation"—are interesting discussions of these topics but they seem less connected to the major themes of the book.

See Affect Intolerance on page 26...



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Expectable Anger

Summary of a Workshop & Proposal for a Clinical Social Work Book

This article, by Patsy Turrini, CSW, is the fifth in a series of six articles originally provided for *The Clinician* by the National Membership Committee on Psychoanalysis (NMCOP) in cooperation with the New York State Society for Clinical Social Work. Earlier articles were written by Jane Hall, Diana Siskind, Miriam Pierce, and Joyce Edwards.

I was pleased to speak with 25 fellow social workers who attended an early morning workshop on November 2, 2003, in Great Neck, New York, that brought together members of the National Membership Committee on Psychoanalysis (NMCOP) and the Clinical Social Work Federation. These are excerpts from that presentation. Susan Kahn graciously hosted the group at her home, and Marilyn Schiff can be thanked for organizing the program and creating a warm welcome.

My interest in learning about aggression, hostility and expectable anger flows from multiple experiences and alarming observations. One source developed from listening, for the past 40 years, to mothers expressing their fears and shame about their children's hostility and tantrums.

Henri Parens and I, along with others, recently undertook a research project on mothers' experiences with children's hostility at the Mothers Center (paper in preparation). That project was also stimulated by one mother's report that she had read, with great relief, H. Parens' book, *Aggression in Our Children, Coping With It Constructively*, and it had made her feel that "all is not lost." The goal of the project was to enable mothers to understand the aggression in their children as expectable, and help them find creative ways to ensure their children's healthy development. The Mothers Center Model is a program that can be organized in any community to bring needed resources to mothers; information, camaraderie, help and referrals.

Beyond that were my observations of the large number of psychosomatic symptoms that are correlated with repression of emotions, especially anger (John Sarno, *The Mind Body Connection*).

Then came 9/11, and with it the experience of hatred literally exploding into our lives. In my need to learn more, I read, *The Man Behind Bin Laden*, an article in the *New Yorker*, Sept. 16, 2002, about the life of Dr. Ayman al-Zawahiri. It reported that he had formed some of his searing hatred and the impulse to act it out while in

prison. And I thought, here was a man from the professional class, born into a rich family. What could have made him so exceptionally dangerous? Indeed, many have speculated that prisons are breeding grounds for organized hate and violence.

In addition, I have been concerned, since first working in mental health clinics, about the mistreatment of paranoid schizophrenics, some of whom develop paranoid delusions that incite them to murder (more about this later).

I am describing these issues in the hope that you will join me in the further examination of aggression, both its extreme and normal forms. There is a lot of information available to us in the worlds of clinical social work and psychoanalytic social work. Social workers provide services and create programs in many settings that bring them in contact with a wide spectrum of problems with anger. Perhaps we two communities can develop a book, tentatively entitled *Expectable Anger: A Psychoanalytic and Clinical Social Work Practice Presentation*. We can recruit social work specialists, each could write a chapter, and we would showcase our best and share our knowledge.

Thoughts on Categories and Chapters for the Book

Category one could be entitled **Culture and Anger**. I was taught a prayer when I was a child, and I report it here for the purpose of demonstrating a type of culture and morality about anger: *The heart is a garden where thought flowers grow, Every thought that we think is a seed that we sow. Every kind, loving thought bears a kind, loving deed, While a thought that is angry is just like a weed. We must plant all the love thoughts so thick in a row, There will not be room for weed thoughts to grow.*

Now, that leaves no place for understanding, knowing, or creatively using anger. The message of denial and repression are served well by this poem's superego/ego demand. This poem, among other things, leads me to recommend a chapter in the book that discusses various religions, concepts, and teachings about anger and revenge.

A selection of definitions about aggression would be included in a chapter, including, Webster: 1) an unprovoked attack or warlike act; 2) the practice or habit of being aggressive or quarrelsome; 3) in psychiatry, forceful, attacking behavior, either constructively self-assertive and self-protective or destructively hostile to others or

oneself. Anger as a noun is described as a feeling of displeasure resulting from injury, mistreatment, opposition, et. al. (variations: indignation; rage, fury, ire, wrath). Konrad Lorenz says, "Aggression, the effects of which are frequently equated with those of the death wish, is an instinct like any other and in natural conditions it helps just as much as any other to ensure the survival of the individual and the species." A chapter on differences in definitions could be included.

Teitlebaum, in *Illusion and Disillusionment*, cites Freud's view of aggression (1915b), in *Thoughts for the Times on War and Death*: "In reality there is no such thing as eradicating evil tendencies." And, in 1932, Freud said, "There is no question of getting rid entirely of human aggressive impulses; it is enough to try to divert them to such an extent that they need not find expression in war." (p. 211)

In a chapter on definitions, I would include these, and Parens' non-destructive aggression and hostile destructiveness, and Likierman's view of pathogenic and mature anger, and also weave in the Kleinian view of the death instinct.

Category Two: Expectable anger/rage/fury in infancy and childhood. I reviewed some observations from Renatta Gaddini's groundbreaking paper, "*Early Care and the Roots of Internalization: International Review of Psychoanalysis* (Vol. 14, 1987, pp 321-334). Gaddini identified a painful state in infancy, calling upon Winnicott; indicating that infants feel "lost in space," and have "primary agonies." Gaddini describes crying and pain (Mahler/Parens describe motor/storm/rage reactions) and observes the profound significance of the calming and soothing effects of "non-nutritive sucking" provided by the pacifier or nipple on the pained babies, such that the infant's heart rate and respiratory rate is lessened. The pacifier offers the "sense of continuity" deflecting pain. The infant seeks and needs non-nutritive sucking and pacifiers, named "consolers." Pain/rage is relieved for most babies, unless something else is going wrong. Later, these babies can develop transitional objects that also provide such relief for pain and rage.

Expectable anger/rage occurs when the "consolers" have not been provided. There are a number of observers

See Expectable Anger on page 14...

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who correlate early infant rage/pain as accumulating, and inhibiting the development of the inner ability to form a kind-hearted relationship in later life. I would suggest a chapter about these early angers, what helps, and what controversies there are in dealing with them.

Parens describes rage reactions in toddlers when thwarted by the internal push, and burgeoning sense of self that is interdependent on the strivings for autonomy. Limit-setting is very difficult for parents and children. And anger on both sides is expectable. I would have a chapter on infants and toddlers and anger and parents and childcare workers. And a chapter on consulting social workers in day care settings. I would include a description of the Mothers Center Model (that draws on a social work methods model) that disseminates health information to families.

Category Three: Universal patterns of aggression.

I would include a chapter on The Talion (a pound of flesh for a pound of flesh)—revenge—that I think is prewired to the species, and how this can be solved in psychotherapy (Masterson, in *The Narcissistic and Borderline Disorders*, Brunner/Mazel, NY, 1981). I would have a chapter on social workers' contributions, insights and research on Anger Management courses. I would recommend a chapter on psychosomatic conditions that a number of researchers connect to repressed and unknown anger that is discharged into muscle and organs; the turning of anger in on the self is one direction handling anger can take.

In Arlows' paper, "The Revenge Motive in the Primal Scene" (*JAPA*, 1980, pp 519-542), he reports the ubiquitous feeling of mortification and narcissistic defeat in children at the awareness of the Oedipal defeat leading to aggression toward the offending objects or displacements.

And, leaving this subject of universal eruptions of aggression/hostility and anger, I am concerned about anger and paranoid schizophrenia. A most important book, *Political Paranoia, the Psychopolitics of Hatred* (Yale University Press by Robbins, R. & Post, J., 1997, calls upon developmental awareness of stranger anxiety, for example, and its relationship to paranoia. They say, "Paranoia never sleeps." Since we social workers are often confronted with the need to treat or refer psychotic people, or help their families, we can discuss this subject. My experience is that diagnosticians are not facing the danger of this condition. Witness the actions of such people as Goldstein, whose mother begged for hospitalization for him, that he did not get, and he later pushed

a woman, Webdale, under a New York City subway car, Timothy McVeigh, A. Yates (who killed her children), to give a few examples.

I offer a list of expectable angers in normal adults, a list that can be extended, and researched. What really makes you mad? This list may include: 1) if confronted by loud, painful noises; 2) if cut off from achieving a goal that has been sought; 3) if in pain; 4) if confronted with loss of ability, physical function, a loss of things you used to do; 5) being reminded of death—one's immortality or of time passing; 6) if suddenly startled; 7) if a person you love is hurt, or worse, killed; 8) if you get overly hungry; 9) if asked to work when overly tired; 10) if insulted; 11) if left by children; 12) when a violation of expectancy occurs; 13) experiencing helplessness in mastering or fixing something; 14) not being listened to; 15) being zoomed in on or cut off by a car on the parkway—an event that arouses the fear of death; 16) anything that arouses the fear of death; 17) an unexpected traffic jam.

And anger arousal specific to mothers includes:

- 1) having a sick child who is being ignored by helpers;
- 2) if one's child is being injured by another person;
- 3) If one's child has acted in a dangerous way (ran into the street, took drugs);
- 4) if a child is not using his/her talents;
- 5) if a parent feels helpless to help a child;
- 6) if a mother feels scared by a child; as in losing the child in a supermarket;
- 7) when the child goes happily off into the world, not needing the parent;
- 8) if a child humiliates a parent, as in a temper tantrum in the supermarket;
- 9) if a child makes you hate yourself or them for feeling hate and anger.

There is so much more about anger, its causes and fixing it. I would be glad to help put together a book with a clinical social workgroup. I think the November workshop was a wonderful experience, and I hope we can meet again. ■

Patsy Turrini is a clinical social work psychotherapist and psychoanalyst in private practice in Merrick, N.Y.; co-author with Joyce Edward and Nathene Ruskin of Separation Individuation, Theory and Application, Originator and author of the Mothers Center Model, and co-author with Dale Mendell of the book The Inner World of the Mother (2003).

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Life is Not a Snapshot

For me, being long past retirement age and being a Psychotherapist in Private Practice, has presented some unusual Transference challenges and opportunities. Since I live in a quiet, beautiful, seashore community, a quarter of whose 7,000 year round population consists of "Senior Citizens," I am growing old right along with many of my patients. This situation can serve as an encouragement to some patients to form a therapeutic alliance. They believe that another woman of the same generation is bound to understand (often meaning agree) with them. If they learn that we do not always agree, the hope is that they may learn that "agreeing to disagree" can be all right. Indeed, we are our separate, individual selves at any age. On the other hand, some patients may begin with a negative Transference, reminded, by my age, of disagreeable, bossy, hated or feared siblings. In this piece I have chosen to present, as an illustration of some Split Transference issues, a long term therapy relationship that is ongoing.

~ Beverly Quint, BCD, MSW, LICSW

At 70 she was one of the most beautiful women who had ever walked through my office door. She was tall and slender, with erect, almost regal carriage. Under white hair, pinned severely back, her features could be described as patrician: deep set eyes now faded to light amber, straight nose of some length, lips held tightly closed. Over all... an expression of such profound sorrow that, even without any hospital discharge record before me, I would have marked her as deeply depressed. She accepted a seat on my couch and crossed one long, slim, jeans clad leg over the other. Sandals worn over thick socks and, on top, a loose, woolly pullover, were appropriate to the first days of Autumn; sunlit on the golden leaves outside but whipped by sudden gusts of wind.

I asked, as usual, "What brings you here?" The answer, in a voice barely above a whisper: "I had two good mothers, yet I can't find myself."

My new patient, after this enigmatic offering, then digressed to present me with a breathtakingly detailed, sensitive and knowledgeable description of a late blooming rose that had caught her eye in the garden outside my office door. I let her talk, not wishing to impede the flow of what felt like a gift to me. I remarked, when she was finished, at her great powers of observation and expressive language. She smiled a bit at that and said that was the trouble; she could lose herself for hours observ-

ing a plant or bird, both of which she cultivated on the grounds of the substantial house in which she and her husband lived. "My worst moment was when I sat for a whole afternoon looking at a light bulb—its shape, its gradations of luminosity—not deciding whether to turn it off or leave it on."

I asked her (whom I shall call Alma) if she had always been immersed like this, intensely, in the moment. She then said that it had always been there, but that she had been able to put this withdrawal into intense momentariness aside at certain times of her life. She had been married fifty years to a successful editor, had brought up their two daughters and two sons and had performed the domestic duties of an affluent, suburban housewife. I asked if she had enjoyed these duties and she told me that she had more and more withdrawn to the company of her pets and plants. For Alma, socializing was agonizing. In the early years of marriage she had tried, feeling it a duty helpful to her husband's professional advancement, but had gradually found herself less and less able to endure the company of strangers and the small talk of cocktail parties. We never did get, at that first therapy session, to what she meant by having two mothers.

Later I was to learn more about her. She was the youngest of four siblings, arriving at a time when her parents' marriage was undergoing severe stress. Her father's alcoholism had just been acknowledged by her mother, who had denied it all along. Her father, a gentle man, whom Alma markedly resembled, ceased working, supported more and more by his wife's family trust, taking more and more to the bottle. One day, when Alma was about seven, her Father, under the influence, wandered into the unlocked bathroom where Alma was bathing and attempted to soap her down.

Indeed, the process of her father's deterioration had seemed to accelerate with the birth of this fourth child, Alma. Her mother, a woman of heroic energy, determined to shield the family from painful self recognition as well as from the criticism of others, felt overwhelmed by this fourth child. The two brothers, seven and ten, were sent to boarding school. At the same time, Alma's sister, six, was causing consternation as something of an unruly "wild child." A solution had to be found. As a solution: "Mother gave me to my sister. My sister was

See Snapshot on page 16...

*"I had two good mothers,
yet I can't find myself."*

~ Alma

upsetting the household. Mother thought that giving her the responsibility for the baby would calm her down... and it did. She was wonderful to me and still is. We are so close. My sister has grown up to be a success—as wife, now widow, parent, artist, hostess. My brothers grew up to be successful business men.”

Alma then went on to describe a scene in which, at age seven, her Sister, then thirteen, encouraged her to sit in the driver’s seat of the family car and drive it. “You can do anything you want to do.” Alma then drove the family car straight into a stone wall.

This vignette alerted me to frame some questions for myself. Here is a strong mother, trying to keep control of the family image. The fourth child arrives as her husband is sinking into the helpless role of a fifth child. Her solution? Give away the most recent child and simultaneously bind a troublesome sibling’s ego development to the superego dominated role of surrogate mother. Where is the latitude for sibling rivalry? Since the sister who “mothered” Alma was only six years older was it “the return of the repressed”¹ ...that is, repressed sibling rivalry... that made her sister encourage Alma to a dangerous driving endeavor? Was it simply the immature judgment of a thirteen year old? And what of the “two wonderful mothers” Alma had described at her first interview with me? Did having two, rather than one, contribute to Alma’s ego diffusion in its splitting of object constancy?² Was that ego diffusion increased by her not daring to recognize that in both mothers there were elements of rejection, as well as elements of love? What was her defense against acknowledgment of rejection? Could it be that by perceiving the world in fragments she would not have to see the negative aspects of “her two wonderful mothers”?

Indeed, as time went on, it seemed that Alma could be said to sincerely love her husband, children, parents, siblings, pets and plants as they bobbed into consciousness vividly, but, in fragments. Alma became most painfully aware of this in relation to her husband, who, grown impatient with the beautiful, childlike bride he had met at the beginning of her college career (which terminated six months later by Alma’s flunking out; “unable to concentrate”) had grown critical and sarcastic.

At several points during the fifty years’ marriage, he had sent Alma to a Psychiatrist or Hospital “to be fixed.” At the same time, he flatly refused to accompany her

to couple therapy or to family meetings. “He thought I, alone, was the problem,” Alma said, “and I suppose I was.” Perhaps, beside having two mothers, I conjectured, she had two husbands: the handsome, successful, charismatic, ten years older, adoring spouse, whom she had, in turn, adored; and the man who turned his back on her when she was most in need, disappointed in his young and childlike bride.

As we worked through some of Alma’s history, I waited for patterns to emerge, often helping her piece them together from separate, intensely perceived, lyrically described events. At the same time, Alma, who had this rare gift of visualizing, began to paint (impressionistic landscapes), take photographs (usually of small, beautifully designed fragments; like margin notes to the main event), and write poems (many of them minutely observed and detailed descriptions of dead birds and other woodland creatures). She was articulate in all these endeavors, but was especially involved in writing poetry. We spent time with Alma’s artistic productions

because, as I had sensed in our first interview when she offered an exquisitely detailed description of my garden’s rose, Art represented a kind of Transitional Object, a way of evading and simultaneously revealing, feelings she was having about herself.³

A definitive crisis in the Transference occurred when Alma learned that I, too, was a writer and had been publishing poetry and prose. Alma suddenly became sadder than usual and, in our bi-weekly meetings, more fragmented. (By this time Alma was taking an anti-depressant medication, prescribed by a colleague of mine who was a Psychopharmacologist. Alma was able to tolerate this medication though past attempts to use medication, prescribed by previous Psychopharmacologists in outpatient visits and in hospital stays, had not worked. I believe the medication helped her handle this crisis.) She and I used this crisis to explore what I had become to her, namely the third mother. Now here I was being perceived as the mother who could desert her and become the sibling rival. She kept feeling that her poetry was not worth her sharing with me though she and I had both taken great pleasure up to that point in reading her work. (Her real life, sister, it should be again noted, had attained success as a student, athlete, bride, mother, artist and career woman—all the things Alma felt she was not. Alma’s mother, too, though she had not pursued a career, as was consistent with the mores of her generation and

*“I think I am
beginning to see:
Life is not a snapshot;
Life is a continuous
panorama.”*

~ Alma

social station, was considered a woman of force and achievement.) The crisis in our relationship was used to help establish the concept of Object Constancy; that one person could appear different at different times, yet still have a core identity. The controlling or competing Other could still love you very deeply. From there we went on to explore the idea that an object of any kind—a flower, a bird, a painting—could be seen both in its moment and as part of a whole. The dead bird was the bird alive. One day Alma said, “I think I’m beginning to see: Life is not a snapshot; Life is a continuous panorama.”

It was fortunate that Alma was beginning to make these connections because, soon after that observation, her husband was diagnosed with Parkinson’s Disease, and, in a short period of time it fell to Alma, who had been so immobilized so much of her life, to become active in the handling of the couple’s affairs. She had to be responsible for financial matters, something her husband had discouraged her from doing (even if she had wanted to). She had to take charge of their large house and extensive grounds, including the challenge

of hiring help to assist her. She had to enlist her children’s help, something I facilitated by calling some family meetings at which I made home visits.

Alma is still a timid, slowmoving person, but, using Freud’s criteria that distinguishes between “Mourning” (Sadness) and “Melancholia” (Depression), she is not actively depressed.⁴ Using Freud’s definition, “The ego is a coherent organization of mental processes,”⁵ we can define Alma as a possessor of many wonderful mental processes or ego functions. Among these are physical strength, sensitivity to time, place and mood of self and others, articulateness in the visual and verbal fields. What she and I are still exploring is “the coherent organization,” the thread that strings the beads together.

There are many ways in which Alma’s story needs to be further explored. Her relationship to her brothers seems to dim beside her preoccupation with her mothers/sisters. Her identification with her father, a man distant, but emerging to violate, rather than maintain and strengthen, ego boundaries... and to violate them in a sexualized way..., continues to be explored in our meetings. However, one theme that has emerged and stands us in good stead, is the theme of the inconstant bonding with the maternal object and the fragmented shadow it has continued to cast, life long, across the ego.⁶ ■

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- ³ *Journal of Geriatric Psychiatry*, Vol. 34, No. 1, “Reminiscence and the Late Life Search for Ego Integrity: Ingar Bergman’s *Wild Strawberries*”, p 31
- ⁴ Freud, Sigmund, *Ibid.*, Vol. XIV, p 222, “Mourning and Melancholia”
- ⁵ Freud, Sigmund, *Ibid.*, Vol. IX, p 13, “Consciousness and What Is Unconscious”
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Area Representative's

The 2004 Conference again offered the area representatives two formal occasions to meet, outside of the many opportunities we personally created. Attending the Board meeting Wednesday afternoon and evening were Velia Frost (Northern California), Bill Meyer (Co-Chair, North Carolina), and Sarah Pillsbury (Greater Washington, D.C./Baltimore); former representatives Cathy Siebold (Maine) and Audrey Thayer Walker (Greater Washington, D.C./Baltimore); and the Board members who serve also as area representatives: Karen Baker (Michigan), Ellanor Cullens (Georgia), Sidney Miller (Illinois), Marilyn Schiff (New York), and Donna Tarver (Texas). We greatly missed Bill's North Carolina Co-Chair, and NMCOP Treasurer, Terrie Baker, who was unable to attend either the meetings or the Conference due to a recent injury to her foot and ankle.

We gathered again Friday evening for a lovely dinner meeting, hosted by President-Elect and area representatives 'group facilitator' Marsha Wineburgh, at the Breton/French

restaurant *La Petite Auberge*. This well-attended meeting afforded us the chance to continue our growth as a team and to further our development as leaders for this organization on both local and national levels—not to mention the important task of having fun with each other, too! Marilyn Schiff and I, as the current Member-at-Large representatives to the Board, will apprise you of specific issues, achievements, challenges, and plans within the area chairs/representatives group in the next issue of this Newsletter.

Four of our Chapters report, below, news and/or information of interest for all NMCOP members. Some of the ideas presented may stimulate individual reading or exploration of the topics mentioned, and may give you as well inspiration for discussions/meetings with colleagues.

National Membership Committee on Psychoanalysis in Clinical Social Work

California (Northern)

Velia Frost, MSW, Chair
415.387.9991

We have presented two programs this year, thus far. Our group decided to focus on presentations, relevant to practice, offered by Clinical Social Workers.

As a result of interest stimulated by Rita Cahn's paper "Therapy: A Never Ending Story," where therapists shared experiences of working with clients for over twenty-five years, the group discovered that the telephone was commonly employed as a medium for practice, though this is rarely discussed. Traditionally trained practitioners initially were reluctant to reveal this practice and were enthusiastic about having a forum to address the subject.

The resulting meeting in October was well attended. Muriel Brotsky gave an overview of the literature, including a review of a number of articles from a recently published book on the use of the telephone in the practice of psychotherapy. Norman Sohn, PhD, and Velia Frost, LCSW, presented cases in which the telephone was used to enable the continuation of work with patients who had been in face-to-face therapy. Their work provides compelling clinical data to support the rationale for continuing therapy when patients leave the geographical area. There was a lively discussion on this controversial extension of parameters for the practice of psychotherapy.

In February, Norm presented his paper on "The Etiology, Impact and Treatment of Blame." This paper included case illustrations of how his ideas are applied in both individual and couple work. He enumerated a number of interventions which can derail the blame/rage cycle in which our patients, and sometimes we, can be swept. This presentation generated another lively discussion with many participants welcoming Norm's suggestions.

We encourage local members to use our group as an arena for developing new ideas. We were proud to have the work of Jill Horowitz on Relational Social Work, which was developed with our group, widely quoted at the 2004 Pre-Conference Seminar on Supervision

In April, Billie Violet, LCSW, PsyD, began her work with us on program planning for next year. We welcome her participation and look forward to developing informative and stimulating programs. To accomplish this we are exploring the possibilities of linking up with the California Institute for Clinical Social Work and our Southern California NMCOP colleagues.

Michigan

Karen Baker, MSW, Chair

313.996.8185 or kembaker1@comcast.net

In the Winter 2003 Newsletter I reported that NMCOP Chapter members and other of Michigan's independent Federation members, along with MI-NASW members, were working together on licensure for Social Workers. It is a thrill to report that on March 24, 2004, the State Senate concurred with the House on SB189, the *Social Work Licensure* bill. This means that it passed and that Michigan is now the 50th state to pass Social Work licensing! The bill was sent to Governor Granholm who signed it into law on April 12, 2004. The Licensing Board, chaired by Dave Neal, will address important issues in the rules process. These will include specification of continuing education requirements, supervision, and specific rules governing the provision of psychotherapy.

Other news highlights some of our members and their latest activities and achievements. Anne Bentley Segall, M.S.W., B.C.D., participated in the recent NMCOP conference as a discussant on the Golnar Simpson, DSW, BCD, paper entitled "Trauma, Rationality, and the Brain: A Neuroscience Perspective." Jerrold Brandell, PhD, presented a paper at the Conference entitled "80 Years of Dream Sequences: Hollywood's Travels Down Freud's Royal Road." Michelle Rivette, MSW, a candidate in training at the Michigan Psychoanalytic Council, received an *Honorable Mention* award at the Conference for her paper entitled "An Inaccessible Mind: Meaning and Madness in the Treatment of a Silent Patient."

At our Conference I moderated on a paper by Paul Geltner, MD, and Harriet Pappenheim, MSW, BCD, entitled "Recognizing and Treating Mild to Moderate Forms of Manic Depression in Psychoanalytic Patients." The week following the NMCOP Conference, the American Psychological Association Division 39 meetings were held in Miami, at which I presented on a panel entitled "The Day-to-Day Workings of Psychoanalysis: The Routine, The Uncomfortable and The Exceptional."

In addition, Jerrold Brandell has completed the writing of two books that will be available in the next few months. Late in the month of April Dr. Brandell's edited book *Celluloid Couches, Cinematic Clients: Psychoanalysis and Psychotherapy in the Movies*, will be published by The State University of New York Press. He also has authored two chapters in this book. Toward the end of August his text on dynamic treatment by social workers, titled *Psychodynamic Social Work: A Transtheoretical Approach*, will be published by Columbia University Press.

New York

Marilyn Schiff, MSW, Chair

212.255.9358

I am asking all NMCOP members in New York State to think about ways in which the organization can help or ease their practices. Please let me know of your ideas and I will do my best to put them into practice.

Some ideas I have received so far are:

- help with professional writing
- help in providing professional venues for presentations
- help with isolation

Everyone is welcome to get in touch with me at 212.255.9358 or fax me at 212.255.9070.

Washington State

Betsy McConnell, MSW, Co-Chair

206.522.4800 or bdmccconnell@mac.com

and/or

Sal Ziz, MSW, Co-Chair

206.529.1164 or salziz@speakeasy.net

Betsy was very excited to announce at the April 12th meeting of area chairs/representatives that Sal Ziz, MSW, will serve with her as co-chair of the Washington State Chapter. Sal joined us for that dinner meeting, giving us the chance to meet and welcome him. He also presented at the Conference, with Betsy as discussant, the provocative, well-received paper "Precursors of Sexual Boundary Violations: Exploring Countertransference; Working with Projective Identification." We hope to feature an interview with our newest chair/representative in this column for the next edition of the Newsletter.

.....

In summation, the networking throughout the Conference seems to have yielded more than a few new NMCOP members amongst those attending, and has stirred some new or renewed interest in chapter development for geographical areas where members perceive there is a "critical mass" of existing and/or prospective members. We invite you to contact our President-Elect, Marsha Wineburgh, DSW, at 212.595.6518 or mwineburgh@aol.com for more information and assistance if interested, and to get in touch directly with the respective area chairs/representatives for guidance regarding particular programs you have read about through these columns.

~ Ellanor Toomer Cullens, MSW
Georgia Chair and Member-at-Large Representative

Development of a Successful NMCOP Area:

Report of the Status, Process, and Future of the Washington, DC / Baltimore Chapter, 199x - spring 2003

By Audrey Thayer Walker
Former Washington, DC/Baltimore Area Chair

The Washington/Baltimore NMCOP Chapter is a valuable resource for the development of an increasingly sophisticated professional identity among DC social work psychoanalysts and psychoanalytic-oriented social workers. Our Chapter's activities attempted to focus on mentoring this process. On the one hand, DC social workers are increasingly prominent in the psychoanalytic institutes and the psychoanalytic training programs. On the other hand, our "mother" institutions—social work graduate schools—are devaluing, rejecting, our core theory from which we practice. *

History

The DC/Baltimore has an abundance of riches: four Institutes, many fine advanced training programs (some in the multi-disciplinary tradition of Harry Stack Sullivan, the Scharffs' International Institute for Object Relations Training), and the more recently established PhD granting Clinical Social Work Institute. Our social work community has a sizable talented population of psychoanalysts, and social workers who practice from a psychoanalytic foundation.

We also have a history of a hierarchical structure from the 1950s through the mid 1980s when physician psychoanalysts were our teachers, leaders, and mentors. Our social workers were mostly based in agency practice, with autonomous practice beginning to evolve in the 1970s. Notable changes occurred in the 1970s, 1980s, and especially the 1990s. The Institutes (for complicated reasons) have welcomed social workers (including a more diverse population) for full-accredited psychoanalytic training. Thus our social workers are emerging into

* This is an interesting and significant clinical issue related to the development of professional social work identity. Ellen Ruderman addresses women's identity issues in her conference paper, "When the Loss Becomes the Gain: Transforming a Woman's Identity and Internalizations: A Relational Approach." Dr. Ruderman's comments are also relevant to the professional social work identity struggles that move toward either the increased differentiated professional self versus identity diffusion (and/or, I add, identification with the aggressor or the victim/underclass etc.). Patsy Turrini's discussion is also brilliant and applicable.

leadership positions within the Institutes (supervising/training analysts, for example) and within our training programs. Will social workers rework their professional identity within this light or identify in a less complex fashion with their specializations? We are losing these highly experienced people as teachers in our social work graduate schools.

A PhD granting Clinical Social Work Institute was recently established. Will it be able to maintain its original goal of advanced training within a psychoanalytic foundation? Will accepting other disciplines affect its purpose? Meanwhile, the absence of, and even devaluing of, psychoanalytic theory is notable within our social work graduate schools; we have four: Howard, Catholic University, Virginia Commonwealth, University of Maryland, plus a strong Smith College presence.

Chapter Establishment

How to form and how to establish a new chapter has been an interesting, difficult, rewarding challenge. Here is some of our process and what we attempted. We benefited enormously from other chapters' experiences, especially the Southern California and Minnesota Chapters.

Initially we had brunches and early evening receptions. Thirty to forty people attended. People enjoyed socializing over good food and professional company. The good news is that attendees were our most prominent leaders. The bad news is that these were our leaders, busy committed people who were willing to attend gatherings and, if motivated, to participate in a discrete event. Networking was clearly one motivating factor. There was a great deal of interest in the Consortium and NMCOP's activities: conference, newsletter, books developed by The Study Group. The lack of exposure to dynamic theory in our local schools of social work was a unifying concern. With this as a beginning, the Chapter initiated collaborative programs, the first with the Clinical Social Work Institute.

Programs

Kerry Leddy Malawista, a candidate at the Clinical Social Work Institute and a contributor to the then recent

released Study Group book, *The Social Work Psychoanalyst*, presented an abbreviated version of her paper at a book signing. This was well attended by both social workers and graduate students.

In the meantime, our local Greater Washington Society for Clinical Social Work was "falling apart" and voted to disband. The Society welcomed COP participation and provided us access to the broader social work community. To work within the Society seemed to be a natural, mutually constructive and mobilizing solution. COP provided consultants for Society Case Conferences, speakers for joint meetings, teachers for continuing education courses, and book club seminars (see attachment for specifics).

Two ongoing COP/GWSCSW Study Groups were established. One consists of experienced clinicians exploring brain development and psychoanalysis. This has continued for more than five years. The other, led by psychoanalyst Danielle Drake, focuses on psychoanalytic theory and practice and was established for recent graduates. It has operated for more than a year.

The first COP/GWSCSW joint meeting was a dinner/seminar honoring Dale Meers. Dr. Meers, one of the first social work psychoanalysts in the United States, presented his observations from a half a century of experience. He discussed the early increasing, then decreasing, and currently increasing presence of social work within the field of psychoanalysis in the UK and the United States. People were reluctant to close the dialogue with Dr. Meers at this well attended meeting. A series of meetings to discuss some of Dr. Meers' papers followed.

Tarpley Mann Long was developing a paper for an American Psychoanalytic Association presentation. Ms. Long was trying to integrate her experiences in the theatre and as a psychoanalyst. (I heard Ellen Ruderman's voice/Southern California Chapter, about providing forums for emerging work). Ms. Long presented her work-in-progress at a joint dinner meeting. This was a delightful occasion, substantive and fun. Joel Kanter combined this with an earlier theatre party.

Chapter Presence

The GWSCSW Newsletter welcomed COP articles. Christine Erskine wrote several; Audrey Thayer Walker also contributed. A regular COP news column, "COP Corner" (copied from Ellen Ruderman's column in Southern California) appeared in each newsletter.

Our Chapter has also been involved in current issues related to our DC Mental Health Confidentiality Act of

1978. This is a model law for mental health clinicians. Insurance interests are trying to erode the effectiveness of this act.

Our COP Chapter has been a center for referrals for supervision, treatment, lecturing, etc. The National COP Newsletter and conference announcements have been distributed at significant Washington professional gatherings. This information has been of great interest to our social work community and has been an important public relations tool.

What's Next?

The resources in our community are plentiful; the leadership of one or two persons can accomplish a great deal. However, the chapter needs a steering committee/board to realize its greater potential. This is an opportunity for the new leadership. Our social work community does need, and in terms of qualitative presence, **requires** an organization such as ours. We can contribute much to the increasingly sophisticated professional identity of our social workers. Concomitantly, this contributes to our profession and the community at large.

Serving as DC/Baltimore Area Chair was a challenge and a privilege. The enthusiasm, sense of purpose, and the fine quality of the leadership and members of this grass roots organization sustained me as Area Chair and contributed to my professional growth. I have great respect for this organization, its past, its present, and its potential. ■

Ambassadors Program

Ambassadors Program

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

Judy Ann Kaplan, NMCOP President
Attention Ambassadors Program

Phone: 212.929.0101

Fax: 212.255.9070

E-mail: judy.kaplan3@verizon.net

Address: 14 Horatio Street, Suite 18E,
New York, NY 10014

Marga Speicher

Marga Speicher, PhD, LMSW-ACP, has been my dear friend and colleague for many years, since we both began work together on NMCOP's National Study Group.

Marga was a member of the subcommittee, with David Phillips, Roz Goldner, and myself, which worked to develop the "Standards Document" which articulates the standards for psychoanalytic training.

While Chairperson of the Study Group, Marga helped to bring the group's projects and work to fruition. She helped to "keep the machinery oiled so that the car could keep moving," a role in which she excelled.

One of her most significant contributions as Chairperson, beyond keeping the Study Group functioning, was to articulate clearly to the Board the significance of the Study Group, and to successfully argue strongly for its continuance.

In addition to her invaluable contributions to the National Study Group, Marga has many other achievements of which to be proud.

Marga was recently awarded the "Best Clinical Faculty Award" by the residents in the Department of Psychiatry at the University of Texas Health Science Center at San Antonio, where she has held a clinical faculty appointment since 1995.

She was also granted the "Outstanding Alumna for Service to the Profession" by Our Lady of the Lake University; the university sponsoring the Worden School of Social Work from which she graduated.

Marga, who has always seen herself as multi-disciplinary and multi-theoretical, was involved in the beginning of the International Federation for Psychoanalytic Education, an organization devoted to discussion of issues in psychoanalytic education.

Marga has been teaching and supervising candidates in analytic institutes since the '80s—at the CG Jung Institute in New York, and in the Psychoanalytic Training Program of the Interregional Society of Jungian Analysts, in which she is a Senior Training Analyst, and active in the in the areas of curriculum development, examinations, and candidate advisement.

Marga strongly believes that psychoanalytic and psychodynamic knowledge needs to reach beyond the field of psychoanalysis proper, beyond the field of mental health in general, and beyond academic institutions. To that end she started in the late 1980s to present lectures and classes in what can be called "con-

tinuing education in psychological **knowledge** for the general public." This work contributes to the dissemination of psychological-psychodynamic-psychoanalytical thinking to the general public on the level of using that knowledge for self-development.

Marga told me that although outreach was not a deliberate, conscious intention behind her work in "continuing psychological education for the general public," nonetheless, the "social work heart" exerts its pulls.

The presentation of the Lifetime Achievement Awards was followed by a Memorial in honor of Gail Sisson Steger, which I began:

Dr. Gail Sisson Steger, PhD, LCSW, died on July 7th, 2003. I served on the Study Group with Gail. She was a warm, compassionate, and intelligent woman; a very special person.

Gail was an outstanding contributor to the NMCOP. She was a long-standing member of the National Study Group on Social Work and Psychoanaly-

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sis, and a presenter at many of the NMCOP conferences. One of her last presentations, in fact, was given at the eighth National Conference in Chicago, where she was a member of a panel entitled, "The Perfect Fit: Psychoanalytic Psychotherapy and Psychoanalysis as Culturally Sensitive Practice." I was fortunate enough to serve on this panel with her. This presentation, in the form of Dr. Steger's last article, was published in the *Clinical Social Work Journal*, Vol. 32, No. 1. Spring 2004.

Gail Steger was a supervising and training analyst, faculty member and Director of the education committee of the Los Angeles Institute for Psychoanalytic Studies (IAISP). She was a contributor to many journals, the *Clinical Social Work Journal* being one of them.

Gail Sisson Steger was a most valuable colleague who contributed significantly to my professional growth. I will miss her very much.

Rosalyn Benitez-Bloch, Ellen Ruderman, and Jean Sanville then spoke further about Gail's contributions, both professionally and personally.

The NMCOP Board decided to use the Friday Membership Meeting at the Conference as an opportunity for NMCOP members to meet the Board Members and Area Chairs. It was a most rewarding endeavor.

I opened the meeting:

We see our Board members and Area Chairs as having an obligation to support and further psychoanalysis and to provide a home community for social work psychoanalysts. Yet, many of us also have other home communities and other places to nurture and develop our analytic ideas.

The challenge for NMCOP is to be able to offer something meaningful to our members.

We would like to know the activities that each of you would find compelling for the NMCOP to provide, and to hear from you what you might yourselves like to do. Even to learn that all a member wants is to enjoy the identification with like-minded colleagues would be helpful.

We hope to be responsive to you and reaffirm the ways you already feel work well for you. Hearing your views can only enhance the vitality of NMCOP, and we encourage you to share your points of view with us.

Then we went around the room and members introduced themselves and talked about what their relationship is to NMCOP. A light buffet followed, along with the opportunity to mingle and get to know one another better. As one participant later wrote, "It was lovely to meet people face-to-face whom I had known only through e-mail."

On Saturday one of the highlights was the presentation of our first ever Honorary Lifetime Membership to Patrick Casement. He was presented with a membership certificate that read:

*The National Membership Committee on Psychoanalysis
In Clinical Social Work
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PATRICK CASEMENT
Honorary Lifetime Membership
For your longstanding significant contributions to
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See *President's Message* on page 24...



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Then, before our Luncheon Speaker, the awards for Best Student Papers were presented by Susan Sherman and Diana Siskind, Co-Chairs of the Conference Call for Papers Committee, to Jenny Putnam and Karen Szurek. Honorable Mention went to Caroline Hall, Bijal Parikh, and Michele Rivette.

I then had the pleasure of introducing our Luncheon Speaker, Francine Cournos:

Accompanying our Conference's theme of Change in a Changing World is that of loss. We have lost the World Trade Center and the physical location of our 2000 Conference: the death place of thousands, whose loss resonates throughout our city like a tolling bell, as the everyday work of survival and reconstruction take place.

As a social worker, I worked for many years in the area of foster care and adoption, and I learned firsthand about the experience of trauma and loss, separation and mourning, and the difficulty children have coping with change and forming new attachments. I learned that accompanying loss is the need to mourn that which has been lost, before something new can arise to take its place.

In more recent years I have become a member of an adoption study group, the formation of which was inspired by a conference that focused on the psychology of adoption and foster care. There are many kinds of difficulties children face in finding new attachments after their primary attachments have been disrupted or severed and lost. The child of lost connections wants desperately to be wanted, but the risks are formidable. Yet, the prospect of intimacy presents real peril for such children: they may face rejection or the unimaginable danger of further loss, and they may experience ambivalence because they see their own internal rage as destructive to others.

Our speaker today, Dr. Francine Cournos, experienced an extraordinary amount of loss and trauma as an orphaned child who was first placed with relatives, and then placed in foster care. In her autobiography, *City of One*, she recounts her painful journey through loss and rejection to personal and professional fulfillment.

Dr. Francine Cournos is a Professor of Clinical Psychiatry at Columbia University, and Interim Director of the New York State Psychiatric Institute. She has edited two books, and written numerous articles and

book chapters on the interface of HIV/AIDS and mental health issues. In 1999, she published an autobiography, *City of One*, which describes her experiences as an orphan and foster child. Since that time, she has spoken and published widely on disclosure, permanency planning, childhood bereavement, and the trauma of foster care placement.

Her talk today, "Psychoanalysis and Traumatic Childhood Loss: A Personal and Professional Perspective" will revisit her multiple losses of parents, family and foster family. She will walk with us through her stages of numbed isolation, and her lengthy analysis of eighteen years, from which she has emerged with the ability to subjectively experience herself as a happy and successful adult. She will also explore the literature on profound childhood loss as a trauma, with a particular focus on parental death.

The route traveled by Dr. Cournos, and the extraordinarily valuable psychoanalytic insights and understandings she gained as a clinician, serve to strengthen our commitment to psychodynamic treatment as the

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preferred method with which to interact with our traumatized patients.

Francine Cournos then gave a moving, inspirational talk, which deeply touched each one of us who was fortunate enough to be there to hear her.

On Sunday afternoon, after a morning full of still more exciting and stimulating papers and panel presentations, it was finally time for our immensely successful Ninth Conference to come to an end. I had the privilege of delivering the closing remarks, which consisted, in part, of the following:

Changing in a Changing World...

As our world changes us, and we change it, so the world of psychoanalytic social work is changing, and social workers are changing the world of psychoanalysis. We social workers bring to the analytic world an understanding of the degree to which our culture molds and shapes each one of us, and the importance

of meeting the patient where they are, rather than where we think they should be.

Now it's over. Thanks to this brilliant ensemble of Plenary Speakers, Authors, Panel and Workshop Leaders, and Conference Committee Members, led by Penny Rosen and Miriam Pierce.

Thank you all for making our Ninth National Conference a Success.

We'll see you in Chicago in 2007!

From participants calling, and from our listserve, I have heard from many of you who enjoyed the Conference as much as I did. Here are some of the comments I received:

"This was one of the best conferences that I have attended. It reaffirmed my decision to become a professional social worker."

Martha Watson

"Congratulations on an outstanding conference. As I listened to people rushing from one presentation to the next the comments were uniformly glowing. People talked about this being the best and most exciting conference they had ever attended."

Diana Siskind

"Everyone I spoke to was so impressed with the quality of the presentations, the plenary and luncheon speakers, the depth of the discussions. I had a very good time, both as a presenter and participant, and feel a great sense of pride about it all, as you must, too."

Sue Sherman

"The conference was the best I've attended in years."

Aleda Richter-West

"I came home from the conference very excited and proud of what we had done. I'm looking forward to next year."

Sharon Farber

Donna Tarver, our magnificent Newsletter Editor, has brought together many other writers who will discuss our Conference from a number of diverse perspectives. I hope I have successfully conveyed to you some of the pride and joy I experienced at being a part of such an extraordinary NMCOP Conference. I hope that I will have the opportunity to meet even more of you in 2007! ■

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Coen acknowledges his origins as a “traditional” analyst—American ego-psychological—having trained at the Columbia Institute in New York. He also acknowledges multiple influences on the development of his clinical work including contemporary British Kleinian thought, relational and interpersonal theory, and child developmental perspectives. He regards most of his development over the past decade as changes in him and in how he works rather than changes in his theory.

There is much to be learned from Coen’s book for either the experienced analyst or for the psychotherapist early in their clinical work. His openness to sharing with and learning from colleagues with dissimilar theoretical perspectives is appealing as is his admonition to the clinician to (in social work terms) begin where the patient is. If we took nothing else from this volume except to gain an enthusiasm for Coen’s relentless pursuit of learning to do better clinical work, we would be greatly enriched. ■

Psychoanalytic Sites on the Web...

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www.apsa.org

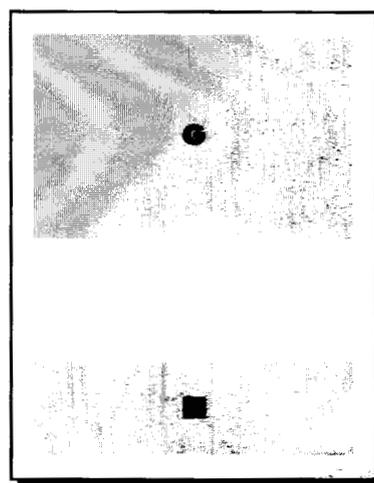
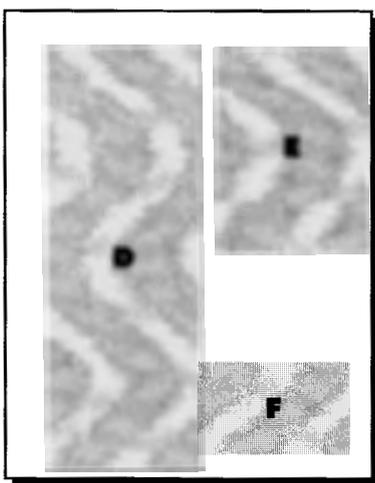
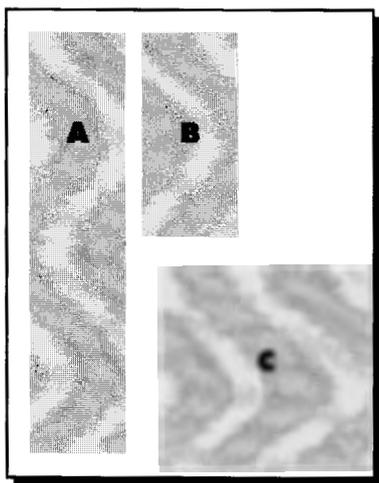
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