

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

in partnership with The Clinical Social Work Federation

Spring 2001

Why?

Why does this mother not hear her baby's cries? Why does that mother seem frightened to hold her baby? Why? Why? Why?

Such were the questions that Vivian Shapiro sought years ago to answer, thanks to the insistence of her mentor, social work psychoanalyst, Selma Fraiberg. Those of us fortunate enough to be able to attend our March 2001 conference, "Dynamic Social Work: Community Practice and Analytic Theory," were enthralled to hear Dr. Shapiro's recollections of their work and privileged to watch actual film footage of one mother and infant as depicted in their classic article, "Ghosts in the Nursery."¹ There are only a handful of articles in the psychoanalytic and social work literature that may properly be considered "classics," but "Ghosts in the Nursery," with its lucid prose, absence of jargon, evocative imagery, and the unforgettable stories of Mary, Annie and Greg, surely ranks among them.

For what reason did this article achieve such immortality? It was more than skillful writing and good story-telling. There are many well-written, interesting articles in the psychoanalytic and social work literature. What distinguished "Ghosts in the Nursery" and ensured that it would be required reading for every new generation of budding clinicians was its eloquent and powerful message. It dared the reader to take a close look at clinical material and to ponder the question, "Why?".

And what if the student was brave and foolish enough to begin searching for answers? He or she would have begun on a professional — then personal — journey, unlike anything that had been anticipated. The student would find, as did Fraiberg and her colleagues, that if one is willing to take the time and interest to explore, there is a rich store of knowledge waiting to be discovered that sheds amazing lights on seemingly inexplicable human behaviors. Once the student begins to recognize the existence and the power of the inner life of one's patients and clients, the student cannot avoid grappling with the existence and the power of his or her own mental life. From that point forward, many students will have begun a life-long professional journey, enticed by the knowledge and insights offered by a psychoanalytic perspective.

The psychoanalytic perspective is now but one of many

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PRESIDENT'S MESSAGE

William S. Meyer, MSW, BCD

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FROM THE PRESIDENT-ELECT

Barbara Berger, PhD

I became a member of the NMCOP years ago because they, as a professional association, had interests like my own. It was good to find a collegial group to call home, an intellectually comfortable place to relax with like-minded people across the country. Perhaps some would say that NMCOP became part of a matrix of satisfying self-objects emanating from my latency age need for alter-ego relationships. However my pleasure might be theoretically understood, it was certainly an unobjectionable positive transference, engaging and sustaining.

More and more activity and participation in the educational focus of the group created more and more excitement about this organization and my role in it. Of course, this evoked a more and more intense need for tension and affect regulation. Naturally, the opportunity to sublimate my energy into the production of a national conference was irresistible. I became Conference Director for the March 2002 Eighth National Conference of the NMCOP. What had I done?! Talk about a need for tension and affect regulation — I became pre-occupied and started losing sleep three years before the event. More affect regulation was clearly in order. I did what came naturally and reached out into my local community for a group of others, soothing objects to shore up my anxieties and deficits. The development of a group of outstanding folks who function in a beautiful harmony are making the adventure a genuinely fulfilling experience for all. I want to introduce you to them and let you know about the effort they are all contributing to make the NMCOP National Conference a great event.

So often it seems the people who work on a conference are unknown to the participants. And, the enormous amount of work that has to happen is even more invisible. To begin with there are many judgment calls and decisions that must be made throughout this long journey from concept to culmination. Marcia Adler and Erika Schmidt have been my Executive Committee. Each with their own special expertise, we have worked together in many successful endeavors. Not only do they have wisdom born of experience, but also their presence inspires confidence. The conference treasurer is Ed Kaufman. A colleague whose organization is efficient and accurate, Ed is keeping a tight reign on the books. This is no easy feat with money coming and going from so many sources. Judith Newman, the Program Chair, is a woman with a combination of energy, wit and imagination. She, with the help of her committee, has put

together an incredible group of plenary and invited speakers. Jennifer Tolleson is poised and ready for action as the Call for Papers comes to its conclusion. She has a committee of readers across the country, as well as a local committee, to make the best selections from a highly competitive group of contributions. Our Faculty Relations Chair, Marianne Nathan, is specifically charged with being sure every speaker is attended to in every way possible. She will make the experience as good for them as we hope it will be for the whole audience. Our Director of Hospitality is hard at work creating adjunctive events to round out the weekend. Chicago is famous for good food and great jazz and Michelle Sweet is putting together an evening to remember. In fact, the New York Times has said that jazz singer Spider Saloff has “a wicked way with a lyric!” Bob Adams and Kate Schechter are bringing together an interesting collection of exhibitors and an outstanding bookseller display by Mental Health Resources. Three indefatigable, conscientious women, Judy Faigen, Ida Roldan, and Pat Seghers, are working on getting the news out to our members and the clinical world. They are the Public Relations Committee in charge of all relations with the public. Rob Mardrossian, always with an accurate eye for detail and my favorite conference committee historian, has oversight of CEU distribution. Marcia Spira has the challenge of finding enough volunteers to facilitate not only the plenaries, but also 42 different paper, panel and workshop presentations, registration and hospitality desks, etc. As all of this is announced in flyers and brochures, one courageous man has agreed to oversee a small committee, which will check copy for accuracy. Peter Shaft has taken on this most responsible position — and I am most grateful to him and to all. The result of their good works is the reduction of my symptoms.

This team is the best medicine in my world — Aaah, there is nothing like a good, healthy self-object matrix!! Not only have they been an empathic, cohesive group who function with the precision and harmony of a symphony orchestra, but also their competence is leading to a terrific production. We are looking forward to a great conference in Chicago, March 8 - 10, 2002. ■

Register now for the NMCOP 8th National Conference, March 2002, Chicago — see page 19.

from the Editor...



Donna Tarver,
Editor

A Note from the Book Review Editor

As some of you may have noticed, more and more of the reviews in the NMCOP Newsletter are written by members and review books written by our members. The current issue is a good example of this trend:

The Use of the Telephone in Psychotherapy, edited by Joyce K. Aronson, a member, and reviewed by Marilyn Schiff, a member; **When the Body is the Target**, by Sharon K. Farber, a member and reviewed by Joyce Edward, a member; and **Optimal Responsiveness: How Therapists Heal Their Patients**, reviewed by Marilyn Rosenberg, a member. It is very exciting that so many of our members are writing books and I very much hope that they all get reviewed in these pages. However, I don't always know when one of our members has published a book and ask all our members to notify me when they have a newly published book to review. Please write to me at 321 West 78th Street - Apt. 1E, New York, NY 10024. Or call me at 212.787.6669. Thank you.

- Diana Siskind

See page 6 for this issue's book reviews...



National Membership Committee on Psychoanalysis in Clinical Social Work

Affiliated with The Clinical Social Work Federation

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

Congratulations and thanks to Joel Kanter, Caroline Rosenthal, Joe Walsh, and all others who worked so hard to make the March 2001 mini-conference at Virginia Commonwealth University a resounding success. In particular, Joel designed the conference to make it attractive and financially feasible for social work students and had a very good student attendance. Thanks to VCU for making the facility and resources available for the conference.

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 Carolyn Saari, Study Group Member and Editor of the *Clinical Social Work Journal*, for her article. Diana Siskind again has brought us three outstanding Book Reviews. And thanks to the remaining contributors to this issue: Barbara Berger, Bill Meyer, Joyce Edward, Marilyn Schiff, Marilyn Rosenberg, David Bassett, Caroline Rosenthal, and Hilde Gasiorowicz. ■

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Since I am the Editor of the *Clinical Social Work Journal*, I expect that my name is more familiar to members of the COP than the names of some of my other colleagues on the Study Group. As I have been asked to write a brief article about myself for the newsletter, I will try to give you a sketch of my background, my current activities, and my interests.

Although my family has roots in New England, I spent my adolescence in Montgomery, Alabama, and was in high school at the time of the 1955 bus strike. This experience was a major reason for my decision to become a social worker and I have always valued social work's commitment to a belief in the equality and dignity of all human beings. When I entered the MSW program at Simmons I had no knowledge or experience with psychiatry or the mentally ill and initially thought that Freud's work, of which I knew only the Oedipus complex, was ridiculous, but I would learn it if I had to for the degree. In my second year placement at the Massachusetts Mental Health Center, I became fascinated by the patients and the realization that psychoanalytic theory really did help to understand them. So I became hooked on both psychotherapy and psychoanalytic theory.

Following MSW training, I worked at Family Service of Philadelphia and then the Yale Psychiatric Institute which at that time was providing long-term in-patient treatment for very seriously disturbed adolescents and young adults. At Yale I became exposed to Margaret Mahler's new theory as well as to Hans Loewald's work and a number of other ideas. I loved working there, but began to get intellectual indigestion from so many fascinating ideas that I did not really have time to absorb, so I left there to work on a doctorate at Smith where I did have time and incentive to learn theories in more depth. After getting the doctorate, I taught for one year at the School of Social Welfare of the State University of New York at Albany and then returned to Yale for three years.

As I have always had a love for ideas (my mother had been a teacher who made a career switch in midlife to social work), I had always thought of the possibility of teaching as part of my career, and after my second experience at Yale I became the Associate Dean at Smith. During my three years at Smith, however, I realized that I did not really like administration very much so when I was approached to join the faculty at the School of Social Work at Loyola University Chicago to take a leadership role in the planning of a clinical doctoral program I decided to make the move. I am now completing my

21st year at Loyola which is one of the few schools of social work in the country that, like both Simmons and Smith, specializes in and offers only a program in clinical work. During my time at Loyola, I have also taught some courses in the doctoral programs at both Smith and the Institute for Clinical Social Work in Chicago. I maintain a small practice as well.

The fascination with psychoanalytic theory that I discovered when in social work school has remained alive and well. My publications have centered on the relationship between theory and practice. I have published a number of papers in several different journals and two books — **Clinical Social Work Treatment: How Does It**

Work? by Gardner Press in 1986 and **The Creation of Meaning in Clinical Social Work** by Guilford Press in 1991. I felt incredibly honored by Jean Sanville's invitation to become her successor as Editor of the journal beginning in 1995. My admiration for Jean, both as a professional and as a person, has always been enormous and I have worked very hard to maintain the quality of the journal that both she and Mary Gottesfeld before her had established. I have loved the work which seems very

important to me because of its role in assisting social workers to publish their ideas, something our social work colleagues have traditionally done less of than those in other mental health professions.

The most central focus in my writing has been the intersection between psychoanalytic theory and traditional social work practice wisdom. The role of the environment (the person-situation configuration) figures in this in a major way. Although I think all social workers know that the environment is important, we traditionally have not been able to link the person and the environment in one theory. Postmodern theory with its emphasis on the construction of meaning and on the importance of context, now makes this linkage more possible. I have recently completed a manuscript, tentatively titled **The Environment: Its Role in Psychosocial Functioning and Psychotherapy**, which is to be published by Columbia University Press and should appear within the next year.

In this book, I propose that personal identity is a narrative construction, something which requires interactions with others for its formation. But more significantly, a child must construct a picture of his or her immediate environment and what is expectable in that

See Study Group on page 17...



by Carolyn Saari

Area Representative's

Corner

Since I last wrote for this column a number of years ago, the Minnesota chapter has grown from 20 to 36 members, including a number of professionals in mental health who are not social workers, and who have joined as Friends of the COP. Our most successful recruitment effort proved to be a reduced admission rate to members for our fall conference.

We have sponsored a major conference every other year in the past few years. The conferences have been increasingly well attended by the entire analytic community. The last two have also been profitable and have allowed us to offer our other programs free-of-charge, while still reimbursing our presenters. In addition, they have provided us with increasing name recognition and representation in the analytic community.

Our most recent conference featured Rex McGehee, MD, a Denver child and adult analyst with ties to Minnesota (where he is geographic instructor and supervisor at the MN Institute for Psychoanalysis) and to social work (via his wife/my daughter). The conference, entitled *Developmental and Therapeutic Perspectives on Human Suffering*, consisted of two original papers, "Repetitive Patterns of Self-Inflicted Pain" and "Clinical Faces of Sado-Masochistic Perversion." An impressive array of respondents discussed these papers: Anne Gearity, MSW; Michael Moore, MD; Mary Ann Miller, MSW; and Alan Sroufe, PhD. A dinner for COP members and speakers held in a member's home afforded an opportunity to mingle in a gracious, informal atmosphere.

Our previous conference featured Anne Gearity, presenting on "Trauma and Memory," a talk she later

repeated at the New York conference. These two fine conferences have set a standard in our community that will be challenging to maintain.

In creating programs for the next twelve months, we have continued to be guided by the overarching theme of the conference, "Human Suffering," with a focus on clinical applications. In December, we mounted a semi-staged presentation of the current Broadway play *Wit*, with all the parts interpreted by our members. This is a play about an intellectually disciplined, emotionally stunted woman in the final stages of cancer. Her final moments of life recapitulate her defining experiences and permit her to grow beyond them.



A Successful Performance.

Left to right: Hilde Gasiorowicz, Betsy Hampton, Thrace Sorgn, Mary Lance, Mary Ann Miller, Mary Ursu, and Harriet Meyers.

At our February meeting we showed two of the classic films that Renee Spitz made in the early 50s. They showed the devastating, often irreversible, effects of emotional neglect in infancy, and led to a reassessment of institutional care. The films are haunting. Sometimes a picture is worth a thousand words! As a follow up to this viewing, in April we watched *Autumn Sonata*, an Ingmar Bergmann film starring Liv Ullman and Ingrid Bergman, which further illustrated how the two daughters of a narcissistic, herself un-mothered, concert pianist were warped when she abandoned her girls in favor of her career. We will follow this up with a discussion at which we explore transference and counter-transference issues engendered by our (often) poorly mothered clients. Continuing the theme of rupture in attachment, we will "mount" the play *Night Mother*, illustrating the ultimately annihilating effect of a malignant mother-daughter relationship.

See Area Representative's Corner on page 17...



COP Conference, October 14, 2000.

Left to right: Michael Moore, MD; Mary Ann Miller, MSW; Hilde Gasiorowicz, MSW (front); Rex McGehee, MD (rear); Anne Gearity, MSW; and Alan Sroufe, PhD.

When the Body is the Target

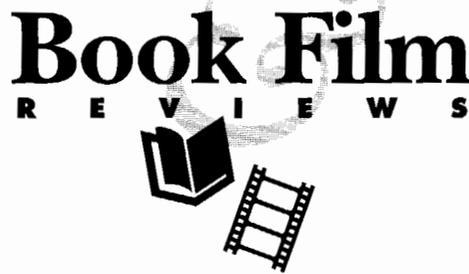
by Sharon Klayman Farber

Jason Aronson, Inc., 2000, 580 pages
Northvale, New Jersey, London

(Reviewed by Joyce Edward, CSW, BCD)

In *When the Body is the Target*, Dr. Sharon Klayman Farber has utilized her own research, what she has learned from her patients during her extensive clinical career, and her knowledge of a large body of literature to formulate a rich, creative understanding of and treatment approach for those individuals who starve, purge, mutilate, poison, and otherwise attack their bodies in life threatening ways, often to the point of death.

While the book focuses primarily on the treatment of self harming patients through individual psychoanalytically oriented psychotherapy, Dr. Farber introduces a wide range of treatment options that may be required by this endangered population. To guide the clinician in determining facilities, treatment approaches and adjunctive services appropriate for the unique needs of a given patient at a given time, Dr. Farber has provided an assessment and diagnostic guide which will be most useful to clinicians. For those patients who are in serious physical danger, hospitalization is requisite. For those who can be treated as outpatients, but are unable to risk the intimacy of individual psychotherapy at the start, self help groups or group therapy may ready them for this modality. Even with individual treatment, most of these individuals are apt to require or benefit from additional services. Medical management is usually imperative. Among the other adjunctive services considered in the book are psychotropic medication, family therapy, or psychoeducational programs, nutritional guid-



ance, massage and other nonintrusive kinds of touching, as well as participation in self help or therapy groups. Whatever adjunctive services are called for, it is important that patients be referred to professionals who not only possess skills in their particular specialties but who have the capacity to relate positively to these patients and in so doing help these self destructive persons increase their trust in the world outside themselves.

Not only is it unlikely that any one modality of treatment will be sufficient for the treatment of those who harm themselves, but Dr. Farber has found that no one theory of personality will suffice to illuminate the origins and dynamics of these complex behaviors. While she draws mainly from attachment theory and object relations ego psychology, she has also availed herself of other contemporary psychoanalytic outlooks among them self psychology, Kleinian theory, object relations theories, and conflict/deficit theory. Cognitive behavioral and imaging techniques are among the non-analytic approaches she has found useful. Dr. Farber's ability to interweave concepts drawn from a variety of perspectives is impressive.

Numerous case vignettes highlight the fact that different individuals harm themselves for different intrapsychic, interpersonal, social and cultural reasons. Self harm is a multiply determined phenomena serving a variety of functions and

See *Body* on page 8...

Use of the Telephone in Psychotherapy

Edited by Joyce K. Aronson

Jason Aronson, Inc., 2000
Northvale, New Jersey, London

(Reviewed by Marilyn G. Schiff, CSW)

Several things you may want to learn about telephone therapy, and a few you probably would rather not know...

In the course of working on this review, it became apparent to me, primarily through the reaction of colleagues, that Dr. Aronson has produced a timely response to the question, "Is it really appropriate to use the telephone in my practice?" A kind of secret nagging persists that it might be cheating a bit.

I myself approached the book from the perspective of having worked on the telephone for three years with a patient who had made a career move to Florida. Also, I am conducting treatment with a patient who moved back to Germany three years ago. Both patients had had initial years of face-to-face work in New York City.

Aronson's answer to the above question is "Yes." She has, however, concluded her book with a chapter by Sylvan Schaffer, "Legal and Ethical Issues," which adds a very large But."

Let me explore Dr. Aronson's confirmation of the legitimacy of telephone use in therapy first.

The structure of this book works well, with the regrettable exception of placing Dr. Schaffer's chapter last: First, an excellent listing of brief biographies of each contributor, telling the reader not only who they are, but more helpfully, where they come from, not only educationally, but also identifying their orientations. Her "Introduction" moves from her own experiences to a brief description of the aura surrounding telephone use over the past decades,

then a summary paragraph of each chapter, producing what is in effect a synopsis of her book.

The book is divided into six sections, which produces some overlap:

- I General Issues in Individual Therapy
- II Specific Issues in Individual Therapy
- III With Parents, Children and Adolescents
- IV In Different Therapeutic Modalities
- V With Different Diagnostic Disorders
- VI Other Issues

Of the 21 articles, nine have a male author or co-author, an inequality pointed out by one of them, Jerome Levin, as he adds, "I'm sure that part of my feelings about the telephone derive from my gender disability, otherwise known as maleness (p. 298).

As I read the chapters, it seemed that the authors had incorporated use of the telephone into their work as a way of extending the parameters of the familiar rule, "Go where the patient is." Each tells us of overcoming initial reluctance but finding eventually that they and their patients carried out quite good work using the telephone appropriately.

The bibliographies in the "General Issues" section reach back to the 1950s, referring repeatedly to Winnicott, particularly his "holding environment" and "transitional space" concepts. Another often-listed reference is a 1912 article of Freud's in which he, fortuitously, likens the therapist to a telephone receiver.

For the most part, it did not seem that the uses to which the telephone is put in this book are beyond the reach and creativity of a reasonably good psychoanalytic psychotherapist. I did, however, find some very inter-

See Telephone on page 10...

Optimal Responsiveness: How Therapists Heal Their Patients

Edited by Howard Bacal, MD

Jason Aronson, Inc., 1998, 392 pages
Northvale, New Jersey, London

(Reviewed by Marilyn Rosenberg, CSW)

This is a collection of 17 innovative and thought-provoking papers describing the theory, technique, application, analytic supervision, and research in the field of related self-psychotherapy. What is refreshingly different and greatly informative about this edited collection, is that it validates therapeutic techniques such as empathy, self disclosure, affirmation, confrontation and support, and emphasizes the reciprocal nature of the therapeutic relationship.

Bacal defines optimal responsiveness as "the responsivity of the analyst that is therapeutically most relevant at any particular moment in the context of a particular patient and his illness" (p. 5). As a group, the authors disagree with the traditional analytic view on the blanket use of frustration, abstinence and neutrality in the therapeutic relationship. The selected papers support the view that varied techniques are called upon in accordance with the patient's developmental level and emotional needs.

In Bacal's first paper, he begins with Kohut, who believed that optimal frustration was necessary for

transforming and absorbing the early care-taking functions of the analyst as self object. Bacal disagrees. He believes that what is curative in the therapeutic relationship is that the patient's frustrated need to be understood is fulfilled by the analyst. Furthermore, in a reciprocal loop, the patient's response to the analyst lets him know that his intentions were understood, and the analyst's functions start to become internalized. Bacal does not believe in parameters, i.e. temporary measures used in treatment that are non-analytic, because he asserts that the way the analyst conveys his understanding is part of the analysis.

Ricci and Broucek demonstrate how Freud's choice of neutrality, abstinence and anonymity made sense in the context of his aspirations for the new field of psychoanalysis, and for his personal life. It was imperative for Freud to be scientific, to gain acceptance, and to be scrupulous in his handling of female erotic transference, in light of amorous mishaps. He also had a need to be obsessively secret about his own life. Freud's techniques, which grew out of his specific needs and historical time, became the cornerstone of psychoanalysis. The authors argue, however, that these techniques have to be used judiciously by therapists whose primary motivation is curative and not the creation of scientific theories.

Terman examines infant studies and through the use of infant/parent vignettes identifies parental participation and attunement as the key to self development. He then uses an example from the analysis of a man with early self-object deficits to illustrate the pattern of need and response, between patient and analyst, that leads to structure formation.

Shane and Shane contribute the

See Optimal on page 11...

Diana Siskind

BOOK REVIEW EDITOR



possessing a variety of meaning unique to each person. In considering the dynamics of a range of self-destructive behaviors, Dr. Farber has used self mutilation and disordered eating, behaviors that often coexist in the same patient, as a template for understanding other forms of self harm such as addictive-like tattooing, substance abuse, sadomasochism, etc. She shows how, like any multiply determined symptoms, self-destructive acts can serve purposes of adaptation, defense, self punishment, and the expression of libidinal and destructive impulses. They can represent efforts to help regulate mood, affect, and states of hyperarousal and dissociation; to express emotion; to foster differentiation of self from object; to promote a sense of body image by defining and differentiating outer and inner body boundaries; as well as to achieve a sense of omnipotence and control or gain a sense of aliveness and cohesiveness. Frequently they represent addictive like reenactments of past traumas. The meanings of these reenactments are varied. A person may identify with the perpetrators of the traumatic acts by taking their own bodies as prey or they may be turn the rage they feel towards those who have preyed upon them back upon themselves. During the treatment, these past traumas may be enacted with the therapist, with the therapist finding himself or herself being drawn to or actually playing one role or another. Considerable therapeutic gain may be achieved when clinicians can use their own countertransference responses to decode and give words to these enactments.

In these and other ways, as painful, dangerous and often shaming as these acts of self destruction are for

the patient, harming themselves may be an effort at self healing and self regulation. Recognizing this, when it is so, is important. An understanding by the patient that their often incomprehensible behaviors constitute at least in part, the “best possible solution” (Pao, 1979) that they were once able to come up with under certain circumstances, has the potential for fostering a more positive sense of self. For the therapist, a recognition of the adaptive effort that these symptoms may represent, serves as a reminder of how vital the patient’s self-destructive behaviors are and allows the therapist to appreciate how threatening the loss of them may be for the patient. While symptom management is an integral aspect of the treatment of these individuals, Dr. Farber cautions that an excessive focus upon symptoms may actually have the opposite effect of inducing the patient to cling to them. Not until the patient can use the therapist as a new object, and not until he or she develops ego capacities which can serve the functions that their symptoms originally served, is he or she likely to risk relinquishing them.

Promoting such ego development is a major goal of treatment with this population, involving the taming of their aggression and impulsiveness, altering their negative body image, making it possible for them to develop a greater capacity for self care, affect tolerance and containment as well as enabling them to achieve an increased ability to use words symbolically. Ultimately, the self-abusing person must move from living primarily in the immediacy of bodily experience to living within a reflective self in a world in which there are people in both their minds and their lives.

In the treatment of those who harm, Dr. Farber accords the therapeutic relationship the central role.

While such treatment involves both supportive and expressive techniques, it is a secure and safe connection between patient and therapist that she regards as having the potential to alter the attachments they have to pain and suffering. Dr. Farber uses the term “corrective emotional experience” to describe the nature of such a relationship. She is not referring to the way in which it has been alleged Alexander (1958) meant that term, that is for the therapist to purposely vary his behavior in order to show the difference between who the analyst is and his other transference expectations. Dr. Farber employs the term, as she sees it delineated if not so named, in the writings of Hans Loewald (1960) and Gertrude and Rubin Blanck (1974) among others. In this approach, the therapist serves at times as a new real object (Loewald, 1960), providing the consistency, caring, attentiveness, nonjudgmental acceptance and reliability that foster a secure attachment and which make it possible to use the relationship to promote ego development. At best this relationship can serve in time as a bridge to new and different relationships in the world outside of treatment.

This is no easy task! To begin with confronting the damage these patients do to themselves is in itself difficult. It is even hard to read about individuals who slash their bodies, break their bones, and ingest poisons, let alone to sit across from them in a consulting room. These are individuals who bring to us the darkest aspects of themselves and of the important others in their lives. In so doing, they may stir up the most violent and primitive aspects of our own beings. Bearing witness to the traumatic experiences that many of these patients have experienced can also take its toll. As we empa-

thize with their fears and helplessness, we risk experiencing what Judith Herman (1992) has referred to as a "vicarious traumatization" ourselves. Faced with the danger these patients subject themselves to and confronted with the numerous regressions and tumultuous moments that we must accompany them through, therapists also may be hard pressed to maintain the degree of strength and optimism that are necessary to sustain such difficult treatments. Yet, somehow we must find ways to convey to the patient a sense that whatever is happening can be gotten through. "Staying the course" is itself an essential therapeutic component.

There are times though when firm limits need to be set. In one vignette, Dr. Farber tells of a young woman who, despite skillful hospital care, family therapy and frequent sessions of individual therapy with a skillful, experienced clinician, made only minimal gains, and these were easily lost. At one point, long into the treatment, she began cutting her hand and dropping weights on it nightly. This made the therapist find treating this patient intolerable and she indicated this to the patient, advising her that she would no longer treat her if she continued to abuse herself as she was doing. The patient ceased this behavior. Unfortunately this is unlikely to be the case in many similar situations. Despite the best efforts of the most expert therapist, self-harming patients may continue to suffer and even die.

Not every therapist is likely to be able or willing to take on such a formidable challenge, no matter how well trained and skillful he or she may be. This is work for those, according to Dr. Farber, who enjoy a challenge and are relatively unafraid of failing. It is best carried out by therapists who can maintain and

express an attitude of confidence; who are free to express themselves effectively; who are capable of adequately maintaining professional and personal boundaries; who are in touch with their own rescue fantasies; and who possess an ability to tolerate their own aggression and anxiety. It is also essential that they be clinicians who can take very good care of themselves. It is important that they be able to avail themselves of support through consultation, supervision, exchanges with peers, and ongoing study. A rich, satisfying and balanced personal life is an imperative.

Treatment for those who harm themselves is ordinarily a long-term process, usually requiring a frequency of sessions. Unfortunately, securing the necessary arrangements for such treatments has become more difficult if not impossible in this era of corporate health care.

In recognition of this, Dr. Farber offers some thoughts on how one might go about convincing managed care reviewers of the long-range cost-saving effects of such treatment, if they are not persuaded by the extent of the patient's suffering and the very real danger they pose for themselves. In the best of all worlds, this book would be a must for managed care CEOs and their utilization reviewers.

When the Body is the Target is the work of a clinician who has devoted years of thought, creativity and experience to its making. Out of the fruits of her endeavors, this review covers but a small portion of what the book has to offer. Reading it can be a daunting task sometimes because of its very length and breadth. Readers will, however, draw from it according to their interests and needs. Some will take the time to read it in its entirety. Others will select certain sections, returning for more at other times. Whether the

book is utilized for a course of study on how to understand and treat those who harm themselves, or as a resource for those who wish to advance their knowledge and perfect their skills, or as a general reference book, **When the Body is the Target** will amply reward the reader for the time and effort devoted to it. ■

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*Joyce Edward is the co-author of **Separation Individuation: Theory and Practice**, 1991, Gardner Press; co-editor of **Fostering Healing and Growth, A Psychoanalytic Social Work Approach**, 1996, Jason Aronson, Inc.; and co-editor of **The Social Work Psychoanalysts' Casebook: Clinical Voices in Honor of Jean Sanville**, 1999, Analytic Press.*



esting points, e.g., both therapist and patient describing verbally body movement and evidence of feelings that would otherwise remain unknown to each other. This would seem to be an important adjunct in the process of developing a patient's ability to describe and control feelings.

Case histories legitimized telephone use; however, some case details were redundant. Particularly useful are both of Herbert Streaun's articles, "Skills in Dealing with the First Telephone Contact," and "Psychotherapy with a Patient who was Afraid of Seduction." In the latter he illustrates one of the uniquely valuable aspects of telephone use, when the patient's particular defense system militates against the vulnerability of face-to-face treatment.

Diana Siskind's article on "Use of the Telephone in Work with Parents of Children in Psychotherapy" points out how the ancillary use of telephone connection with parents increases the likelihood of, and in some cases even allows, the child's treatment moving forward with the support of parents who might otherwise be threatened and hostile.

Marsha Levy-Warren and Nechama Sorscher show how the teenager's non-stop use of the telephone may be incorporated into therapeutic work with them, in "Telephones, Teens and Therapy."

Jerome Levin's "Dealing with Substance Abuse Cases by Telephone" describes the essential, comforting availability of the therapist in work with obsessive disordered patients. The process of substituting use of the therapist for use of the eating disorder, sexual obsession or substance abuse simply cannot be accomplished without the telephone.

And now we come to the negatives.

This book does not whitewash telephone use in therapy. From time to time individual authors point out possible mistakes which can arise. By and large, however, it is left to Dr. Schaffer to bring these issues to the table.

First, a few problems which are inferred in various chapters:

1. The increased difficulty of keeping patients in treatment when stress turns toxic, and/or induces suicidal behavior.
2. The difficulty many men have with the telephone in any context.
3. The ease of using the process of transitioning to a new therapist to cover unconscious formation of dual transference.

Dr. Schaffer (p. 443) lists the primary issues which concern use of the telephone in treatment as:

1. Licensure for therapeutic contacts that cross state and national boundaries;
2. The ethics of using such technology in lieu of face-to-face psychotherapy;
3. Reimbursement for such services;
4. Malpractice liability;
5. The choice of form for such regulating and litigating matters related to such inter-jurisdictional therapeutic contacts; and
6. Issues of confidentiality and privacy.

Dr. Schaffer notes, and a few authors eagerly await, the growth of the use of high technology in psychotherapy to the internet, video conferencing, and the like.

The issue of third party payments promises to be very serious. CPT Code 90806 (New Code) says, "Individual psychotherapy, insight oriented, behavior modifying and/or

supportive, in an office or outpatient facility approximately 45 to 50 minutes face-to-face with the patient," which does not seem to include the possibility of third party payment for telephone therapy. Oxford, when called, stated flatly that they do not cover telephone sessions. This would seem to leave the therapist with a problem.

Efforts made to contact providers of malpractice insurance also were unsuccessful regarding whether or not the therapist is covered for telephone therapy. Dr. Schaffer lists eleven steps the practitioner can take to limit liability exposure. They all seem appropriate and helpful. However, coming on page 453 of a 457-page book, one can lament the ease with which the reader could avoid these issues and his recommendations.

In summary: This is a valuable book, although quite long. Its importance would have been enhanced by printing the Schaffer chapter in bold face type and moving it up to the General Issues section. ■

Marilyn G. Schiff, CSW, is in private practice in New York City. She is the New York Area Representative, NMCOP, and is a Fellow with the New York State Society for Clinical Social Work. She was Assistant to the Program Chair and Publicity Coordinator, Pre-Conference Writing Workshops, for the 2000 NMCOP Conference.



idea of two dimensions of relatedness, the selfobject, and the intersubjective, that determine the therapist's response. They give an example of a woman in the self-object dimension who relates to people as need gratifiers and can not reciprocate. The analyst responds by affirming her feelings without confrontation. A second example is of a woman relating in the intersubjective dimension who is capable of a reciprocal relationship. She has correct insight into her analyst's love life and feelings for her. Her analyst carefully explores her impressions of him without denying her reality. More examples follow of the analyst's relating to patients in their "motivational system." For example, an analyst shares her food regimen and her struggles with maintaining her weight with a severely anorexic-bulimic patient who needs to feel she is not alone. Another example is given of a severely visually impaired analysand who is given her analyst's hand to hold in the beginning of the session because she requires physical contact to secure her attachment.

Rich examples abound of analysts responding to patients according to their developmental needs. Jacobs stands out because she uses her own experience as a patient and her training as an analyst to respond intersubjectively to a male patient in a courageously authentic and heart-rending matter. Her spontaneous tears and her self disclosures rescue the analysis of a "self described baby in a crib" from a premature and abrupt ending.

While Jacobs believes that the analyst has to comprehend the dyadic interaction, where the analyst's presence is "the other," Lazar takes "the other" a step further. She believes that in treating more severely

narcissistic and borderline patients, "the other" sometimes needs to be very different from the self, i.e., taking charge, setting limits and strongly opposing. Lazar gives clinical examples of these responses which she calls "enactments." She boldly views these responses as therapeutic in and of themselves, without the requisite interpretations, in some of these cases.

Wolf's paper discusses the inevitable disruptions that occur between patient and analyst. Fortunately, he offers a means of reconnection. The analyst indicates a process by which he takes responsibility for the action or inaction that precipitated the rupture. This permits the patient to express his feelings and to acknowledge the role he played in causing the disruption. Through this interaction the original connection is gradually restored.

In a very informative research paper, Estrella examines the qualities necessary for a therapist to respond optimally to a patient and to know that she has done so. She found that the therapists in her study shared a reciprocal selfobject relationship with the patients and an attunement

to the patients', and to their own, subjective state. Estrella further found that the therapists were willing to take risks with their interventions. A surprising finding was that many of the therapists had experienced a personal loss, which they did not disclose but which further sensitized them to their patients. Finally, the therapists' own experiences in analysis contributed to their responsiveness, sometimes in reaction to a negative encounter with their own analysts. These therapists measured the success of their responses by the shifts in patients' emotional states, i.e. decrease in anxiety and increase in feelings of well being.

Optimal Responsiveness makes a real contribution to the fields of psychoanalysis and psychotherapy. It liberates the analyst/psychotherapist to tune into his patient's inner core and respond to his needs with his most authentic self in order to promote healing. ■

Marilyn Rosenberg, CSW, is a psychotherapist in private practice in New York City and a board member of The Society of The New York School for Psychoanalytic Psychotherapy and Psychoanalysis.

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:

Barbara Berger, PhD, NMCOP President-Elect
Attention Ambassadors Program

Phone: 312.346.7757 **Fax:** 312.346.7760

E-mail: bberger@interaccess.com

Address: 30 N. Michigan Avenue #909,
Chicago, IL 60602

Dynamic Social Work Conference

A conference entitled *Dynamic Social Work: Community Practice and Analytic Theory* was held on March 31, 2001, in the Washington, D.C., area. Chaired by Joel Kanter and co-chaired by Caroline Rosenthal and Joe Walsh (Kanter and Rosenthal are both members of the NMCOP Study Group), the purpose of the conference was to explore how psychoanalytic theory can be and is being applied in a variety of social work interventions and community settings. The conference was also especially designed in terms of scheduling and cost for maximum accessibility to agency practitioners and social work students.



Dynamic Social Work was sponsored by the NMCOP, the Virginia Commonwealth University and Smith College Schools for Social Work, and the Greater Washington Society for Clinical Social Work. The event was held at VCU's Northern Virginia Campus, which provided an ideal setting for conference participant engagement and involvement. There were over 70 registrants and 15 presenters, and approximately 40% of the registrants were MSW students or recent graduates.

After a welcome by Bill Meyer, President of the NMCOP, Joe Walsh introduced Vivian Shapiro, the keynote speaker. Dr. Shapiro's presentation on "Personal Reflections on Working with Selma Fraiberg" was humorous and informative. The seminal importance of the work carried out by Selma Fraiberg's team was movingly illustrated by two clips of mother-infant interactions.

Participants selected two out of six workshops to attend. The topics, which included the integration of psychodynamic theory in child abuse investigations, the case manager as a transitional participant, and complex adoption, reflected the breadth and depth of the use of psychoanalytic and psychodynamic theories and techniques in social work practice.

In keeping with the uniqueness of the program, a non-traditional conference lunch of Thai food was served on the premises to encourage interaction among participants and presenters. In addition, a local bookstore had several titles, including works by Selma Fraiberg, Vivian and Janet Shapiro, Joel Kanter, and Joe Walsh, for sale.

The program concluded with the presentation by Jane Pettit, MSW, of a case of a drug addicted mother. Martha Chescheir, PhD, and William Meyer, MSW, served as discussants, with great audience participation. As illustrated by one participant's comments, the conference clearly met its objectives: "Every speaker I heard was knowledgeable and great. The food was exceptional and the company of people was — well, I am speechless. I have never attended a conference for such a great price and [gotten] so much." ■

- Caroline Rosenthal

Bush Keeps Privacy Rules for Medical Records Under Threat of Lawsuit

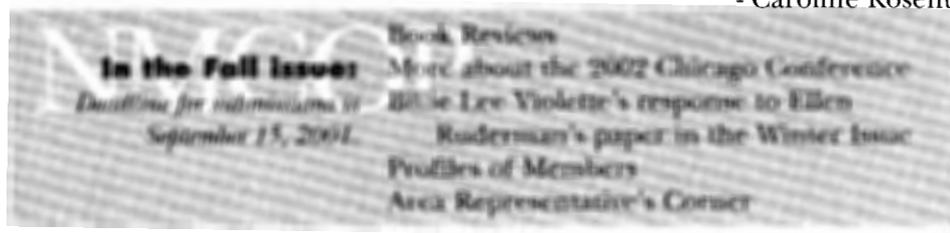
Potential plaintiffs included the NMCOP, the American Psychoanalytic Association and the ACLU

In a surprise move the Bush administration decided to retain far-reaching medical privacy rules drafted by President Clinton. This is a huge victory for the future of psychodynamic treatment!

This decision means that the strong privacy protections for "Psychotherapy Notes," and patient consent will now have the full effect of law.

It is our understanding that this victory is far, far more important for the future of our field than the *Jaffe v. Redmond* Supreme Court decision. Our understanding of these rules means that every person in this nation can now have private psychotherapy communications and that every clinical setting is now safe from intrusions (*Jaffe v. Redmond* only protected psychotherapy communications at the federal level and only in the judicial setting).

It is unlikely that these regulations would have been implemented without the initiative of the American Psychoanalytic Association who worked in concert with the ACLU, Public Citizen, the NMCOP and other organizations to prepare the suit. The impending threat of a lawsuit was made clear to the Bush administration who stunned and dismayed officials of health insurance plans by their decision to not forestall the implementation of the rules. The NMCOP was delighted to join forces with the initiatives of the American Psychoanalytic Association and to be a participant in this undertaking. ■



Teaching Psychodynamic Theory to MSW Students

Sadly, teaching psychodynamic theory has become de-emphasized or prohibited in many, if not most, MSW programs. Too often, we witness hostility, unimpeded by knowledge, directed at Sigmund Freud, psychoanalytic theory, and psychoanalytic psychotherapy by both students and faculty. Teaching the required first year Human Behavior (HBSE) course, entitled "Individual Growth and Development Theory," at the University of South Florida (Tampa), I confront these attitudes annually with each new class of students.

Rather than tiptoeing around these prejudices, I address them directly in the first class, emphasizing how Freud's ideas have permeated our culture. I ask the class a series of questions to remind them of their unconscious use of analytic theory: How many of you believe that people sometimes behave in ways for reasons of which they are unaware? How many of you believe that children mature in stages that involve different interactional patterns? How many of you believe that how people are raised affects their adult interaction, especially with intimate partners?

During that first lecture, I educate the class about Freud himself, emphasizing his societal role as a social progressive and radical thinker. And I assign the first reading, Freud's case study of Fraulein Anna O. As few of the students have actually read Freud, his compassionate, respectful attitude toward Anna O is typically experienced as a revelation. Quickly, naïve prejudices about Freud and psychoanalysis are transformed into reasoned discussions.

As the material is difficult and seems old fashioned to some, I provide additional explanations about the value of psychodynamic theory. These include becoming familiar with the language and ideas that underlie most clinical concepts and methods, developing a capacity to explain their work in a common language, and using what James Sacksteder calls "structured empathy" and higher level defenses (such as intellectualization) when attacked by clients' low level defenses.

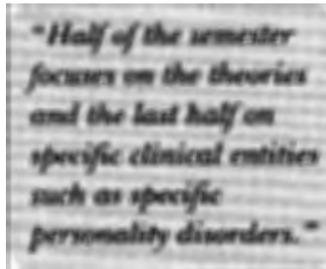
As the course continues, I familiarize students with the "four psychologies" and their applicability to specific clinical problems. As texts, I use Berzoff, Hertz, and Flanagan's (Eds.) **Inside Out and Outside In** (1996) and Applegate and Bonovitz's **The Facilitating Partnership** (1998). The latter is particularly helpful for assisting students in applying object relations theory to commonplace clinical issues. Both texts have been well received

by the students. And a large number of primary texts are assigned through the library's electronic reserves. Half of the semester focuses on the theories and half on specific clinical entities such as specific personality disorders. Written assignments include two case analyses conducted in the light of specific theorists and constructs. One case is an HIV+ gay man, the other is a very fragile African-American woman. In addition, students are required to write a book report focusing on the dynamics of three characters from Bebe Moore Campbell's **Brothers and Sisters** and a personal reflection based on Judith Viorst's **Necessary Losses**. Through these assignments, the students address various diversity issues and while expanding their self-awareness.

Fortunately, my colleagues at the University of South Florida have supported the teaching of psychodynamic theory. That was never at issue. However, I think that some were unsure whether this approach was somehow only applicable to private practice with the advantaged clients. Yet when I shared how this theory can be applied to such diverse settings as our local child protective services or a Mexican therapeutic orphanage (Bassett, 2000), the universality of psychoanalytic perspectives becomes self-evident.

I look forward to exchanging ideas on teaching with other colleagues with similar interests and can be contacted at jbassett@chuma1.cas.usf.edu. ■

- David Bassett, PhD



"Half of the semester focuses on the theories and the last half on specific clinical entities such as specific personality disorders."

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- Bassett, J. D. (2000). Learning where the lessons are taught: The broader applicability of the work of a home serving discarded boys in rural Mexico. Social Perspectives/Perspectivas Sociales, 3, (1 & 2) 11-21.
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Representations & Re-Presentations: Psychoanalytic Reflections

The Eighth National Conference of the NMCOP, entitled *Representations and Re-Presentations: Psychoanalytic Reflections*, will be held in Chicago, March 8 - 10, 2002. A Pre-Conference, on March 7, will add to the intellectual stimulation and possibilities for learning in an overall atmosphere of excitement.

Drs. Jack Novick and Kerry Kelly Novick will lead the Pre-Conference day called "Violence in our Lives: Issues in Supervision." They will present a paper and, then, do live supervision in response to a case presentation. The Novicks will be joined in the afternoon by Diana Siskind, MSW, and Gerald Schames, MSW, for further supervisory comments and audience participation.

That evening Dr. Jerry Brandell will moderate a panel discussion entitled "Social Work and Psychoanalysis: Toward a New Synthesis. Panelists Jeffrey Applegate, PhD, Ellen Ruderman, PhD, and Carol Tosone, PhD, will each present papers. This special session is an event at which two very special people will be honored for having each provided a lifetime of service. Their individual contributions to the interface between psychoanalysis and clinical social work deserve Recognition of Lifetime Achievement Awards. We are so proud to be able to present Joyce Edward and Joseph Palombo with this tribute. These two pre-conference events will be a great appetizer for

a weekend feast of education and stimulation.

The conference itself will open on Friday morning with a plenary session led by Arnold Goldberg, MD. Dr. Goldberg is the Cynthia Oudejans Harris Professor in the Department of Psychiatry at Rush Medical College in Chicago. He is a Faculty Training and Supervising Analyst at the Chicago Institute of Psychoanalysis. He's been the editor of **Progress in Self Psychology** since it was published in 1985, as well as the editor of **Errant Selves**, recently published by the Analytic Press. He has authored numerous articles and books. The most recent, **Being of Two Minds**, was published in 1999 by the Analytic press. He is also a five-time winner of the Benjamin Rush Award for Excellence in Teaching at Rush Medical College. In addition to this exciting plenary address, an assortment of papers, panels, and workshops are offered during the remaining hours of the day.

Afterward we predict that everyone will be eager for some fun and relaxation. A festive evening of tapas and jazz with the very popular Chicago entertainer, Spider Saloff, is planned. In one review the *New York Times* says she has "a wicked way with a lyric." Spider has received international acclaim for her performance as co-star and co-creator of the Public Radio series *Words and Music*. And, in a rare act, the Gershwin Centennial issued an official sanction of her national tour entitled Spider Saloff Sings Gershwin, which was headlined at the St. Petersburg Gershwin Festival in Russia, the birthplace of Gershwin's ancestors. She is a five-time winner of the MAC Award (Manhattan Association of Cabarets), including one for best female vocalist and she's received a special citation from NARAS, presenter of the Grammy Awards.

Back to business on Saturday morning and Jessica Benjamin, PhD, will lead the plenary address, which will again be surrounded by invited speakers and selections from a competitive Call for Papers. Dr. Benjamin is a noted feminist theorist and psychoanalyst. She is a faculty member and supervisor at the New York University Post-Doctoral Psychology Program in Psychoanalysis and Psychotherapy. She has written three books: **The Bonds of Love**, 1988; **Like Subjects, Love Objects**, 1995; and **The Shadow of the Other**, 1998. She's had world on intersubjectivity and gender issues in psychoanalysis. She is the associate editor of *Studies in Gender and Sexuality* and a member of an internet psychoanalytic panel.

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.

She also maintains a private practice in New York City.

To pace our weekend, an address by author Alex Kotlowitz will be added to Saturday's luncheon menu. His most recent book is **The Other Side of the River: A story of Two Towns. A Death and America's Dilemma.** A reviewer in the *New York Times* wrote, "Of all the many books written about race in America in the past couple of years, none has been quite like **The Other Side of the River.** It is the difference between the two towns, one white, one black, that anchors this story, give it its soul, and makes it important, essential even, for the rest of us to contemplate." The book received *The Chicago Tribune's* Heartland Prize for Non-Fiction and the Great Lakes Booksellers Award for Non-Fiction. Mr. Kotlowitz also authored the best-selling **There Are No Children Here: The Story of Two Boys Growing Up in the Other America.** This book was the recipient of numerous awards including the Helen B. Bernstein Award for Excellence in Journalism, the Carl Sandburg Award and a Christopher Award. The New York Public Library selected **There Are No Children Here** as one of the most important books of the century and, in the fall of 1993, it was adapted for television as an ABC Movie of the Week starring Oprah Winfrey. Mr. Kotlowitz currently contributes to *The New Yorker* and public radio's *This American Life*. He teaches writing at Northwestern University and holds the Welch Chair in American Studies at the University of Notre Dame. His articles appear in *The New York Times*, *The Washington Post*, *The Chicago Tribune*, *Rolling Stone*, and *The New Republic*.

Of course there will be honors for students who have contributed papers and we will have an entirely new conference experience. In addition to the regular call for papers and the student call, this year there was an opportunity to submit Essays under a new division of writing. Special time will be allotted for this new concept which we hope will be a pleasant, more informal event.

Sunday morning we are very excited and proud to present a panel of outstanding clinicians who will speak and respond to a case presentation. Eda Goldstein, PhD, Kenneth Newman, MD, and Marian Tolpin, MD, will respond to a case presented by social work psychoanalyst, Adele Kaufman. Dr. Goldstein is the Director of the PhD program in Clinical Social Work at the New York University Shirley M. Ehrenkranz School of Social Work and a consulting Editor to the *Clinical Social Work Journal* and *Psychoanalytic Social Work*. She has published three books, the most recent being **Borderline Disorders: Clinical Models and Techniques.** Dr. Goldstein is named a Distinguished Scholar by the National Academies of Practice. She also maintains a private practice in New

York City. Dr. Marion Tolpin is a Faculty Training and Supervising Analyst at the Institute for Psychoanalysis in Chicago. She is also Clinical Professor of Psychiatry at Chicago Medical School. She is an author, teacher, and lecturer on psychoanalysis. Dr. Tolpin's most recent work is on the healthy aspects of transference. Dr. Kenneth Newman is a Faculty Training and Supervising Analyst and Dean at the Institute for Psychoanalysis in Chicago. He is also the co-author, with Howard Bacal, of **Object Relations: A Bridge to Self Psychology**, and he's written numerous articles on the use of the object. Dr. Newman's focus is on the patient's internal world as constituted by early experience, object relations, and affects.

The whole program is chock full of exciting events from the intellectual to the entertaining. There will be even more special events than can be enumerated at this time. The Chicago Conference Committee is looking forward to offering all participants the most worthwhile educational experience possible. ■

- Barbara Berger

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The Philadelphia School of Psychoanalysis caters to working professionals who wish to fulfill their Continuing Education Requirements in a stimulating environment. All courses for the Spring 2001 semester have been approved for 16.25 Continuing Education Credits for Social Workers in the States of Pennsylvania, New Jersey and Delaware and are conveniently scheduled on Saturdays.

American Psychoanalytic Fellowship Program

Applications are now available for people interested in applying for the *2002-2003 American Psychoanalytic Fellowship Program*. The Fellowship program seeks outstanding students and practitioners of psychiatry, psychology, and clinical social work, as well as academics, who are curious about how the mind works and consider psychoanalytic thinking important for the future of their professional disciplines.

All applicants, whether or not they receive Fellowships, will be assigned mentors who are psychoanalysts. Fellows will have all expenses paid at the spring and mid-winter meetings of the Association where they will have opportunities to attend scientific sessions as well as present their own work. They will receive subscriptions to various psychoanalytic publications and be invited to participate in the activities of the Fellows Alumni Association. Clinical Social Work applicants must at the time of the Fellowship hold at minimum a part-time position with an academic department or other position with training, leadership or research responsibilities and be in an early stage of his/her career. Applicants need not be planning to become psychoanalysts.

For more information or to apply

Write to: American Psychoanalytic
Association, 309 East 49th Street,
New York, NY 10017

Phone: 212.752.0450, Ext. 12

Fax: 212.593.0571

Download: <http://apsa.org/fellows>

Application deadline is January 31, 2002.

President's Message, continued from page 1

ideologies competing for the favor of social work — and other mental health — trainees. In many training programs the teaching of the psychoanalytic perspective has been reduced to a mere whisper when compared to the constant, high-decibel pitch used to promote cognitive-behavioral and other so-called evidenced-based practices. But I predict that in time, although many young clinicians will flirt with these and other paradigms, there will be a steady increase in the numbers of young clinicians who will be drawn to psychoanalysis and its contributions because of its depth, relevance and comprehensive understanding of the human condition.

For those who are social workers, we will gladly share with them the tradition of the relationship, convergence and divergence², between psychoanalysis and social work. Mostly we will tell them of our dissatisfaction with theories that seemed glib, exclusively symptom-focused and superficial. We will tell them that once, we too, dared to ask the simple question, "Why?"

I will conclude this communication with a brief clinical vignette. A college student, a freshman, presented with symptoms of anxiety to a talented, sensitive, clinical trainee who was learning the techniques of short-term behavioral treatment. The trainee, as instructed by her supervisor, began teaching the patient techniques of relaxation. All went well for the first six sessions that the patient and the therapist had agreed to meet, and the patient seemed somewhat pleased to have experienced some reduction in his anxiety. The therapist too was initially pleased, but ultimately remained haunted by what transpired in their last session. The patient, after thanking her, walked to the door, and just before leaving, turned to her and said, "By the way, I'm gay." This had not come up in the past six sessions!

What was meant by this parting comment? Was it relevant? Why was this so disturbing to the therapist?

I believe that this sensitive therapist was jarred by the realization that a young gay man who was spending his first year away at college might have needed someone he could simply talk to. I think she sensed that in her rush to ameliorate his anxiety symptoms she neglected to ask the simple question I have raised throughout this article. I think the student intended to convey, and did so successfully, a vital communication. I believe he was saying, "Yes, you helped me as far as our meetings went, but don't be fooled into thinking you knew me. You never really did." ■

¹ Fraiberg, S., Adelson, E. and Shapiro, V., "Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships," *Journal of the American Academy of Child Psychiatry* 14 (1975): 387-421. [This article can also be found in, Fraiberg, L., *Selected Writings of Selma Fraiberg* (1987).]

² Meyer, W.S., "The psychoanalytic social worker/the social work psychoanalyst: what shall be our message?" *Clinical Social Work Journal* Volume 28, Number 4 (2000): 355-367.

**National Membership Committee
on Psychoanalysis
in Clinical Social Work**
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organization devoted exclusively
to psychoanalytically
informed practice

environment before the child can construct a sense of who he or she is within the environment. Thus, our identities are invariably rooted in the environment(s) from the very beginning. The processes of identity maintenance, which must occur continuously throughout life so that we can continue to function in the context of changing circumstances, are similarly rooted in the environment. This is, at bottom, a very simple idea that is quite consonant with what we now understand from current psychoanalytic and analytically informed child development theories, but it has far-reaching implications for practice. I find this formulation very exciting and am hoping that others will find it so as well once the book comes out.

I have been very pleased to become a member of COP's Study Group, and I assume that what I have said about myself here makes clear the reason for Jerry Brandell having appointed me to that group, since the group's central purpose is publication and the inclusion of psychoanalytic ideas in social work education. My colleagues in the Study Group are very stimulating people with whom it is wonderful to be associated. ■

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Future meetings will deal with Lesbian Issues in Psychoanalysis and Early Parent Loss. Overall, our aim is to provide interesting, diverse, clinically useful presentations, featuring, whenever possible, our own members as presenters in an environment where we can sharpen our knowledge and exchange ideas.

We hold six meetings a year, usually preceded by dinner. The Area Representative and a six-member Steering Committee govern our chapter. Recently, we added a Steering Committee member who is also on the board of the MN Society for Clinical Social Work. A newsletter covering COP matters going to COP members and to the board of the MN Society of Clinical Social Work, as well as strengthening ties to the analytic community — these are our dual objectives and we have made headway in both arenas.

Lastly, it is our good fortune in Minnesota to have an organization that calls itself PCM — The Psychoanalytic Coalition of Minnesota — that serves as an umbrella organization for all the psychoanalytically oriented organizations in Minnesota, which, of course, includes the COP. This organization has set up a website, <http://www.psychoanalysisMN.org/> with a link to the COP.

With the recent establishment of two psychoanalytic institutes in the Twin Cities, a number of our members have begun training in psychoanalysis and psychoanalytic psychotherapy. As we strive to maintain our dual allegiances as social workers and psychoanalysts, the COP is uniquely suited to supporting and facilitating this dual identity. ■

- Hilde Gasiorowicz
Area Representative, MN Area

Psychoanalytic Sites on the Web...

www.nmcop.org

*National Membership Committee on Psychoanalysis
in Clinical Social Work*

www.psybc.com

*PsyBC — Symposia with panel discussions of
psychoanalytic papers*

www.apsa.org

American Psychoanalytic Association

www.psychoanalysis.com

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

www.psychotherapynews.com

A collection of information for psychotherapists



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

Affiliated with The Clinical Social Work Federation

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Additional Information:

My preferred mailing address is home office.
I am a new member renewing member.
I am a member in good standing with the following state Clinical Society:
 Please include me in the membership directory, and list my home office (you may check both) information.

Membership Category:

Membership runs from January 1 through December 31 of each year. Membership in a state Clinical Society is required, or in the Clinical Social Work Federation if there is no local state society in your area.

- \$55 General Member
- \$45 Retiree
- \$40 Student (Please send a copy of full time MSW student ID)
- \$45 Friend (Open to those who are otherwise ineligible to join their state Clinical Society or the CSWF)

Please join before March 31, 2001, to be included in the 2001 Membership Directory.

Mail Application & Dues to:

Anne Gearity, MSW - Membership Chair
2904 Humboldt, Avenue S, Minneapolis, MN 55408

Questions? Contact Anne Gearity at 612.879.0444 or gear002@tc.umn.edu



8th National Conference

Representations & Re-Presentations: Psychoanalytic Reflections

Friday, March 8 to Sunday, March 10, 2002
Holiday Inn City Center • Chicago, Illinois

Keynote Speakers:

Jessica Benjamin, PhD
Arnold Goldberg, MD
Eda Goldstein, DSW
Kenneth Newman, MD
Marian Tolpin, MD
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The NMCOP is affiliated with the Clinical Social Work Federation
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Early Bird Registration Form

The 8th National Conference of the NMCOP • Chicago, Illinois • March 8-10, 2002

Please type or print legibly, one form per person. Photocopy extras if needed.

Name: _____ Degree: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (W) _____ (H) _____
Fax: _____ email: _____

Early Bird Conference Registration: Member: \$265 Non-Member: \$305

Early Bird Deadline: October 15, 2001

Include check payable to NIPER and mail form and check to:

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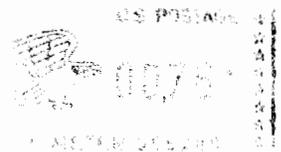
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