

Newsletter
Spring 2008

Formerly NMCOP—
National Membership
Committee on
Psychoanalysis in
Clinical Social Work

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From the President

Springtime greetings to you all! Since my last column we have been operating in full swing and much activity has been occurring, as we have moved from winter to spring. Let me share some of these activities with you.

Ellen Ruderman, our new **Study Group** chair, has gotten the re-created study group launched. They held their first major meeting during the in-person board meetings in New York City the first weekend in April.

Golnar Simpson has agreed to take on our new diversity committee charge. She has already formed the nucleus of the committee, which has already met and decided to call themselves the **Culture, Race, and Ethnicity Committee**. We will be hearing more from them as they begin to work on their mission.

Our new **Committee on Social Responsibility and Social Justice**, chaired by Jennifer Tolleson, has already begun to hold meetings and is coming up with their plans. See page 5 for Jennifer's wonderful article. The committee plans to contribute a regular column to this newsletter, focusing on social justice and psychoanalysis.

James Drisko from Smith College is happily back with us and has enthusiastically agreed to spearhead our **Research Committee**. He is in the process of forming the committee and will be communicating with the membership about what we seek from such a committee. Our hope is that we can all become more familiar with some research concepts and methodologies. I anticipate that most of us can benefit from increased exposure to research.

Our **Membership Committee** chair, John Chiamonte, continues to be very active and has just completed the new membership brochure.

Our new **Technology Committee**, headed by Richard Karpe, has been busily working on our Web site, something we believe is essential for our organization as we move into the future. We have commissioned a new Web designer and the unavoidable kinks are being worked out. So, please check our Web site at <http://www.aapcsw.org/>.

In addition to all of that ongoing activity, our **Conference Committee**, so ably run by president-elect Cathy Siebold and Penny Rosen, is rapidly firming up an impressive set of keynote speakers and reviewing papers (deadline was April 15). Already, they have indications of high interest from potential presenters. The overall 2009 conference plans are really gearing up for what promises to be an absolutely terrific meeting!

We held our annual in-person board meeting April 5–6 in New York City at the Marriott Hotel in the downtown financial center. This is the same hotel where our conference will be held February 26 through March 1, 2009, so we were able to preview the



Samoan Barish, PhD

Editor's Word

Your Board and Study Group had a lively and productive meeting in New York the weekend of April 5. We met and stayed at the New York Marriott Downtown, which will be the site our next conference—"Memory, Myth, and Meaning: In a Time of Turmoil"—to be held February 26 through March 1, 2009. Please put that on your calendar and plan to join us! Thanks to Penny Rosen, conference chair, and Cathy Siebold, program chair, we got a preview of the conference and are excited about it. Thanks to Penny and Marsha Wineburgh for making the arrangements for the board meeting.

The new Study Group, under the leadership of Ellen Ruderman, met and continued to work on a project that we will be hearing about in subsequent newsletters. In addition to the usual board business that has to be conducted, we had the pleasure of meeting the chairs of two new committees and hearing about their plans. The new committee on social action—Social Responsibility & Social Justice—has Jennifer Tolleson of Chicago as its chair. Her column in this newsletter (see page 5) describes the goals and activities of the new committee. Golnar Simpson is chair of the new committee on diversity—Culture, Race & Ethnicity. Both chairs will keep us apprised of their committees' activities in future newsletters.

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. We encourage social workers with an interest in writing to use the *Newsletter* as a vehicle for converting that interest into the writing process.

Thanks to all contributors to this issue: Samoan Barrish, Velia Frost, Jane Hall, Leah Harp, Joan Rankin, Karen Redding, Cathy Siebold, Golnar Simpson, Jennifer Tolleson, and Marsha Wineburgh. ■



Donna Tarver, MSSW

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

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MEMORY, MYTH AND MEANING In a Time of Turmoil

MEANING

The 11th AAPCSW Conference
will be held February 26 - March 1, 2009
at the New York Marriott Downtown

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

From the *President-Elect* Cathy Siebold, DSW

In his early years, Freud asserted that there were three major struggles in life: love, war, and aging. He further added that he believed that the appropriate focus of psychoanalysis was to help people in their struggles to love. After 1920, probably in part because of Europe's experience of World War I, Freud turned his attention to destructive forces, as in a death drive, and on the way that the ego defended against drive forces from within and without. More recently, aging, the final struggle identified by Freud, has also been included as a focus of psychoanalytic theory and practice.

Over the past few months, I have had the opportunity to work on the upcoming 2009 conference in New York City. The theme of the conference—Memory, Myth and Meaning: In a Time of Turmoil—is consistent with Freud and psychoanalysis's concern with love, war, and aging. The conference also fits well with contemporary concerns experienced by patients and therapists—specifically, the continued tragedy of being engaged in a war abroad, the increasing economic struggles at home, and the ongoing impact of natural disasters' influence on our sense of self and security in the world, and, thus, effect on our own internal worlds and those of our patients. How we as analytically informed social workers attempt to mitigate the psychic impact of life's struggles is a core theme of our conference. I would like to describe here a few of the ways that our conference program committee is assembling a group of speakers who will illuminate these issues.

We are pleased to have a number of international and national speakers who address our theme from a variety of theoretical and practice perspectives. Starting on Thursday at the Pre-Conference, Ellen Ruderman and the study group that she leads will explore the ways that the outside world, violence, war, and health enter the consulting room. Over the course of the conference there will a number of other presentations that will explore violence

and its impact. Martha Bragin, one of our featured speakers, will explore ways of working with people who live in countries where violence is an everyday event. Carol Tosone will present findings from her study on the aftermath of 9/11. Andrew Samuels, a leading figure in discussion of the psychic impact of war and political strife, will help close the conference on Sunday.

Within the context of war and violence are the economic and racial or ethnic strife that may have a more subtle but pervasive impact on the psychic space. Kathryn Basham, Lou Pansulla, Lynne Layton, and Kimberly Leary are among the presenters who will participate in panels that explore issues of similarity and dissimilarity, otherness and sameness. Another aspect of otherness is the effect of immigration, particularly for those who have

been impacted by war, genocide, or the Holocaust. Alice Kassabian, Giselle Galdi and Anni Bergman will provide a panel on this topic.

The biological is also an important part of our understanding of the psychic world. Allan Schore and Judith Schore are keynotes, and will illuminate developmental processes. Joan Berzoff will elaborate the way that grief can alter our brain. Golnar Simpson, Jerry Brandell, Diana Siskind, and Arieta Slade will further describe the neurobiological underpinnings of mental processes. The clinical applications of all of these issues will be a major focus. Mother/daughter struggles, adoption, the impact of aging, and working with depression, anxiety, and personality dynamics provide additional conference topics.

Sessions that depict psychoanalytic and psychodynamic processes from differing perspectives and from differing levels of expertise provide another aspect of this national conference. Featured speakers will include Crayton Rowe, Jane Hall, Bill Meyer, Sylvia Teitlebaum, Ethel Person, Stan Teitlebaum, Cathy Buirski, Susan Levine, Ruth Lax, Renee Goldman, and Charlotte Schwartz.

See President-Elect on page 18

The conference fits well with contemporary concerns experienced by patients and therapists—specifically, the continued tragedy of being engaged in a war abroad, the increasing economic struggles at home, and the ongoing impact of natural disasters' influence on our sense of self and security in the world, and, thus, effect on our own internal worlds and those of our patients.

Following Clinical Social Work Legislation

In the past year, only one major effort has been initiated on the psychoanalytic legislative front. The Task Force on State Licensing Initiatives, a committee consisting of representatives of the American Psychoanalytic Association (APsaA) and the Consortium met on January 15, 2008, in Manhattan during the APsaA meetings to discuss the draft of a model bill to license psychoanalysts. All of the state licensing initiatives to date have been developed by NAAP, a group that seeks legal status for psychoanalysts who do not have a traditional academic degree from one of the mental health professions. Standards for NAAP training do not meet minimums set by the Consortium, a group which represents mental health professionals who have graduated from traditional psychoanalytic training programs. This difference in minimum training standards has created a need for licensing legislation which reflects the higher standards for training that the Consortium and the ACPE have adopted. A model draft has been circulated among committee members for comment.

On the clinical social work front, our need to affiliate with a national group which has an federal advocacy program for clinical social work issues is here. In February, national NASW introduced a bill called the Social Work Reinvestment Act (H.R. 5447). It calls for federal funding to create a Committee on Social Work within HHS to advocate for social work. On the surface, this bill might sound like a good idea for social work, but on

closer examination, it is notable that there are no references in this bill to *clinical* social work. Not one!

It seems that NASW is promoting social work legislation that does not distinguish generic from clinical social work. One of the largest bureaucracy's which could be affected by passage of this legislation is the Veterans Administration. As it happens, the VA is the single largest employer of clinical social workers in the USA.

Legislative initiatives such as this obscure the distinction between clinical and generic social work. One cannot help but think it is a deliberate effort to keep the illusion of one profession of equally trained individuals, when in fact, we have special interest groups which maintain higher minimum standards for competence. One of the problems created by not recognizing the specialty of clinical social work is that it is impossible to identify national statistics on how much treatment is provided by clinical social workers.

The Center for Clinical Social Work has responded to NASW's legislative effort objecting to the lack of coordination with clinical social work organizations and the lack of references to clinical social work that will be primarily affected by this bill and will be redrafting it.

Moral of the story: The devil is always in the details in legislative bills. And this kind of intelligence about the details is not currently available to AAPCSW on any consistent basis. For this reason I am recommending to our board that we consider affiliating with a national clinical social work organization that has an advocacy program to track this kind of federal legislation. ■

Committee Report

Clinical Social Work Legislation •

AAPCSW Legislative Committee

Marsha Wineburgh, PhD, chair

Pairing New Professionals with Mentors

We'd like to remind all new professionals (less than five years post-master's degree) that you are eligible for mentorship. This is an opportunity to receive professional guidance from a seasoned professional concerning career choices that you are contemplating. Mentors are members of the AAPCSW with eight or more years' experience post-licensure.

If you are interested in this service, or are a seasoned professional willing to give of your time and talent to

Mentorship for New Professionals •

AAPCSW New Professionals Committee

Leah Harp, PhD, chair

someone relatively new to our profession, please contact Leah Harp at 312.243.0919 or at leahharp@gmail.com. Thanks.

Winning Our Place and Losing Our Edge: Therapeutic Practice and Social Critique

In these times of military occupation, ever-vast discrepancies between rich and poor, nuclear proliferation, globalization, fundamentalism, environmental degradation, and the homogenization of American life through rabid consumerism and blind obedience to the logic of the marketplace, psychoanalytically-informed social work must examine its collusion with the dominant social order and exercise a political voice. It is essential that we actively wrestle with the assumptions that organize our practice methodologies, assumptions that serve certain of our private and collective interests, upholding—versus challenging—the political and economic arrangements of the contemporary social world.

The radical deconstructive spirit has gone largely AWOL in this profession of ours, our heads too often in the sand about the larger sociohistorical contexts and political/economic practices that structure our clients' lives, our theories and methodologies, and our collective professional values. In the headlong rush to achieve credibility in the mainstream, to satisfy the demands of marketplace, to fit in, we have become participants (and unwitting collaborators) in a system we might otherwise challenge. (This is perhaps most blatant in the realms of managed care, diagnosis and medicalization, and so-called evidence-based practice.) If psychoanalysis and clinical social work were once part of a counter-cultural critique, calling into question the organizing social practices of the day, one could argue that we have long since learned to keep our mouths shut.

Indeed, in the century since its inception, the potential of psychoanalytic thought to offer a subversive, even revolutionary, challenge to Western social values has been overtaken by its therapeutic application. At varying points along the way, and in differing regions of the world, psychoanalysis has served as a progressive social ideology alongside its function as a psychological treatment. Increasingly, and perhaps especially in its American form (i.e., deriving from ego psychology), psychoanalysis (as a set of ideas and a social practice) has become, seemingly, more conservative in scope and tone, having abandoned many of its claims

to social transformation and retracted much of its earlier political chutzpah. Whatever the case, clinical psychoanalysis has seemingly opted out of its contribution to critical social praxis and found safe harbor as an individual healing technology that promotes social adaptation rather than social unrest. It is meaningful, no doubt, that those who approach psychoanalytic philosophy as critical social theory are found largely outside of mainstream clinical practice, typically in the academic disciplines. It seems also meaningful that theorists who have used psychoanalytic thought on behalf of a radical social critique or sociological analysis have been marginalized or, in some cases, excluded from the therapeutic canon (clinicians in training, for instance, rarely encounter the theorists of the Frankfurt School), thus maintaining the functional splits between therapeutic practice versus social critique in the first instance, and between therapeutic practice as “colonial administration” (Kovel 1986) versus therapeutic practice as cultural dispute in the second.

The view of the human subject as articulated within the field of psychoanalytic psychotherapy is exquisitely,

often painfully, beautiful. There is an immediacy between the profession and the suffering of ordinary people that grants us an insider perspective on the problematics

(and poetics) of human subjectivity and its infinite elaborations. But just as our clinical understandings too often de-link people from their broader social, historical, political contexts, privileging the role of the immediate family circle, our profession itself has become de-linked from the broader political conversation as we have effectively removed ourselves from the public sphere. Psychotherapy (as a social practice) becomes, in some sense, adversative to social/political action insofar as it

See *Winning Our Place* on page 16

Committee Report

Psychoanalysis and Social Justice •

AAPCSW Committee on

Social Responsibility & Social Justice

Jennifer Tolleson, PhD, chair

NEW!

Suicide and Homicide

By Jane S. Hall

Shame and rage are the twin offspring of cruelty, and partners in crime. They are born together, they flourish together, and often they are buried together, imprisoned in fear until they can break out of their chains. Unless they have been softened by kinder and more tolerant relationships, they will explode into new acts of cruelty and the cycle will begin again. Rage is painful, but shame can be far more so—that is why we so often use rage to protect ourselves from feeling it. And at its most fearsome shame is immensely destructive—even to the point of death. Suicide and homicide, real or symbolic, may be less the outcome of rage than of its more private and less bearable sibling, shame. I begin with a 1976 poem by Anne Sexton, who, as you know, killed herself.

Red Roses

*Tommy is three and when he's bad
His mother dances with him.
She puts on the record,
Red Roses for a Blue Lady
And throws him across the room.
Mind you she never laid a hand on him
Only the wall laid a hand on him.
He gets red roses in different places,
The head that time he was sleepy as a river,
The back, that time he was a broken scarecrow
The arms, like a diamond had bitten them,
The leg, twisted like a licorice stick,
All the dance they did together,
Blue Lady and Tommy.
You fell, she said, just remember you fell.
I fell, is all he told the doctors
In the big hospital. A nice lady came
And asked him questions but because
He didn't want to be sent away, he said, I fell.
He never said anything else although he could talk fine.
He never told about the music
Or how she'd sing and shout
Holding him up and throwing him.
He pretends he is her ball.
He tried to fold up and bounce
But he squashed like fruit.
For he loves Blue Lady and the spots
Of red red roses he gives her.*

At the same time that this poem horrifies us, it shows us in heartbreaking detail how the Tommys of this world survive. Tommy needs his mother, and in his helplessness he must tolerate her abuse somehow and still maintain his sense of her love. His attempts to make her cruelty into a dance are both heroic and pathetic, but even more tragic is his attachment to such a painful love—perhaps the only kind that he will ever know, and one that he will never fully relinquish. After all, however “bad” she may be, she is permanently etched in his mind. People who have suffered abuse or neglect, whether physical or psychological, carry a triple burden. As victims they are shamed and enraged by deliberate humiliation and by the awareness that it is a beloved other who chooses to inflict it. As witnesses they are shamed and enraged by their inability to prevent the destruction that they are forced to watch. As abusers in their identification with those who abuse them, they are shamed and enraged by the cruelties in which they feel themselves complicit. Shame keeps itself secret. So people who have been abused often hide that experience, even from themselves. When Tommy grows up, Blue Lady will have become a very private part of him, along with the terrifying seductions of the roses they exchanged, the red roses of love and pain.

Unless Tommy can find someone to tell about Blue Lady—someone who can help him release his rage and his shame from their prison in a way that does not wreak the havoc and the loneliness he fears, someone with whom he can gradually learn to exchange less cruel flowers, Tommy will continue to see love as the exchange of thorns. As long as Tommy and Blue Lady are one, he will carry out her agenda as he perceives it. He will bury his feelings and camouflage them with compliance as long as he can, but when life's pressures become too great, or the shame and the pain of his recollections surface too sharply, the exchange of red roses will begin again—in ways that run the entire gamut from nastiness to murder, or even suicide—at home, at work, in a diner or at a gas pump, or on a bus with explosives strapped to his chest, converting his shame into the red roses of death. He will surely find ways to repeat his abuse.

Sexton's Tommy is a fantasy, a figure of poetry. His abuse is metaphorical. For the real Tommys, though, the story is not always so literal and is, therefore, more com-

plicated. Psychoanalysts once tended to hear stories like Tommy's as the projection of a child's own innate aggression rather than a causative reality. Today, we are becoming ever more aware of how many children are maltreated, tortured, and even murdered by their caretakers (Berliner, 1958; Steele, 1994). We know too that even normal, momentary narcissistic injuries can profoundly shame and enrage a child, converging as they do with the instinctual life that throughout development, and in all of us, includes wishes to devour, expel, and murder. Growing up is hard enough even with "good enough"

parents, and without them the normal calamities of life become tragedies. Finally, if we are honest we know that we have our own cruelties, our own angers, our own abusive moments, and in that sense, some of the shame and anger is our own—a knowledge that only adds to their burden.

Shengold (1989) says that the essence of psychoanalytic work with someone who has suffered abuse or neglect is to diminish the power of the link to the internalized, primal destructive parent by enabling the patient to form an emotional tie with the analyst, and perhaps with others, that is meaningful—a relationship with a separate person, an other who can care and be cared about, love and be loved, without doing physical or emotional violence at the same time. I would add that analytic work also allows the good qualities of a "bad" object to surface. That way reparation and forgiveness can occur, and the original object representations can be softened in the context of a new object to identify with and internalize.

For this to happen, the therapist must be able to bear the tragedy with her patient, and to identify with him empathically. She must not distance herself when she hears terrible things, yet she must always respect the boundary between self and other; if she does not, her identifications with him will become as much of a problem as his identifications with his abuser. Abused patients especially test the therapist time after time before they feel safe enough to begin trusting. This may take years of tiptoeing in. The way the therapist handles stories of torture and abuse, both physical and psychological—without getting tangled up in her own shame and rage and without recourse to denial or blame—is a model for her patient who will have to convince himself that it is a reliable one.

But this is a hard job. What happens when we hear the kind of stories that the Tommys of our practices tell us? Like my patient Peter, whose father beheaded the family dog with an ax to appease a neighbor while his children looked on? Along with all the other horror, we feel shame—stories like these bring up the impotent rescue and destruction fantasies of our own childhoods. Why else would we identify with the helpless maltreated children and animals if we did not ourselves experience the pain and loneliness we imagine them feeling or that we've felt ourselves? And is not shame beneath it all? Shame at the loss of our once experienced feelings of omnipotence?

Rage diminishes the impact of shame, and distracts us from it. How many of us have scolded the butcher when we overcooked the roast, or raged at a spouse for failing to understand something that isn't even clear to us? Or yelled at a child, and then buried the shame of our impatience with a careful lecture on his misbehavior? Shame is with us all the time

and we have a lot of ways to keep from facing it.

As analysts we know that it doesn't work to hide behind diagnostic categories when we fail to connect with a patient, yet we try, often shaping the patient to the diagnosis. We call our patients names: "Oh, she's borderline," we say. "Oh, he's a psychopath" or "Oh, she's a malignant narcissist!" It may be true, but we know that it doesn't help. Our impotence shames us—in real life as in the consulting room. We feel just as helpless in the face of the daily newspaper, yet we go on reading. We live in the only country that condones capital punishment. We fill our prisons with mentally ill people (see *Guilty by Reason of Insanity* by Dorothy Otnow Lewis) and are only recently seeing to it that the white collar or turtleneck criminals we all know are joining them. Arrogance and spite, revenge and envy, and the huge rage are all defenses against the deep and hidden shame that we all try so hard to ward off. But, are we in fact secretly or unconsciously embracing what is looking like a new value system? One based on greed, extravagance, cut-throat competition, disdain, cynicism? Or is this the "compromise of integrity" that Leon Wurmser (1981), quoting Rangell, discusses in his chapter on shamelessness? Hollywood feeds us our

See Suicide and Homicide on page 14

**Abused patients
especially test the therapist
time after time
before they feel safe
enough to begin trusting.
This may take years
of tiptoeing in.**

Area Representatives' Corner

California (Orange County)

Area Representative: Karen K. Redding, LCSW, PhD

On Saturday, May 3, 2008, the Orange County chapter hosted Rosalyn Benitez-Bloch, DSW, and her presentation "Time Is Weightless and Heavy Hearted: The Impact of a Caregiver on Family and Psyche." This paper, which had also been presented at the 2007 AAPCSW National Conference, is a very intimate examination of Benitez-Bloch's experience with professional women caregivers who looked after her husband in the midst of his debilitating illness. In particular, Dr. Benitez-Bloch examines how differences in age, culture, status, professional training, religion, values, and needs, as well as unconscious inner worlds, were acted out in the multiple transferences and countertransferences within her home.

To seize the spirit and vitality of this year's political election, we will host a fall 2008 seminar tentatively titled "Political Countdown: A Psychoanalytic Dialogue about the 2008 Elections." Our hope is to draw a larger than usual audience of people from different backgrounds and interests—similar to our first seminar several years ago with now-98-year-old psychoanalyst and friend Hedda Bolgar, PhD—to illuminate psychoanalytic thinking about popular culture and specifically, some of the gender, race, and age issues that are emerging in this election campaign. As the chair of the Orange County chapter,

I will be moderating a panel consisting of Peter Wolson, PhD, a training and supervising analyst from the psychoanalytic institute LAISPS who has written several pieces along these lines for the *LA Times*; Gloria de la Cruz, LCSW, who has strong interest in both psychoanalytic thinking and the Latino population; and Kathe Schaaf, MFT, a psychotherapist and co-founder of the global organization Gather the Women, who will speak to the gender issue, specifically women's reluctance to take on leadership positions in general and in particular, with controversial issues in the larger world. The USC School of Social Work at the Orange County campus has offered to host this venue for us (free of charge) under the auspices of its dean, Gil Carmona, LCSW. We are enthusiastic about this opportunity to bring psychoanalytic thinking within our profession to a wider audience in our community. For more information, please contact Karen K. Redding, LCSW, PhD, at 949.715.7007 or kredding@mac.com.



California (Northern)

Area Representative: Velia Frost, MSW

The interplay of culture and psychotherapy continues to be a focus of our group. Our first two presentations addressed specific topics: war and religion. In July, our presenter will challenge current methods of assessment and treatment introducing her idea that an understanding of personality patterns, based in neurobiology, is central to diagnosis and treatment. Our meetings continue to take place on Saturday mornings. Our presenters and participants are sophisticated, generating rich, stimulating, challenging and often moving discussions. We have been successful in offering a unique environment where participants can openly share their ideas and experiences.

Our program on November 10, 2007, titled "The Impact of War on the Psychotherapy Relationship: Political Activism and Clinical Work," was given by a panel of therapists: Kathy Anollick, MFT; Gillian Fynn,

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LCSW; and Roberta Sternm, LCSW. This presentation addressed the intersection of political activism and the psychotherapy process a subject rarely explored that arises daily in these troubled times. Using case examples that highlighted themes of transference/counter-transference, self-disclosure, and balancing authenticity with neutrality, they brought up a variety of clinical issues and dilemmas. How do therapists deal with the visibility of political activity while maintaining the privacy of clinical social work? When is discussion of political issues, including disclosure of our own views, an appropriate topic? How do we deal with counter-transference reactions to clients holding views similar to or very different from our own? Most informative and disturbing was learning about the vulnerability of our work in face of the Patriot Act. The panel encouraged us to become active in addressing the violations of the Patriot Act.

“Religion Considered in the Context of Psychotherapy” was the subject of our meeting on March 29, 2008. Our speaker was Nancy Silva, PhD, LCSW. She presented her research findings from her study of counter-transference of therapists coming from religious backgrounds. The question she asked was What gets engendered in the therapist who has a religious background and, as they sit with clients, what do they experience that might be considered “religious countertransference”? Nancy presented vignettes from her work that illustrated the dilemmas facing such therapists; concurrently as we participated, listening and talking, all of us agreed that there is a spiritual dimension to our work and felt it as we shared our own experiences. Unfortunately, Freudian theory dismissed such ideas as regressive and we very much appreciated Nancy’s bringing the topic to us.

On June 14, Helen Gallant will present a program from a more scientific perspective titled “Temperament Issues in the Diagnosis and Psychotherapy Treatment of Individuals and Couples.” She will focus on the relationship between genetic temperament, diagnosis, and treatment. The part temperament plays in personality development will be addressed, with the focus on assessment and treatment approaches. Gallant maintains that the problems that arise from temperament need to be differentiated from those rooted in psychodynamic issues. Evidence from neuropsychiatry research will be reviewed to support this thesis. Clinical illustrations will be offered demonstrating how these ideas can shape the therapeutic relationship.

California (Southern)

Area Representative: Joan Rankin, PsyD, LCSW

We are a busy board as we begin to carve out our next Reflections Series for fall 2008. This, of course, is in the midst of a flurry of activity to get our papers and panels submitted for our next National Conference in 2009! Good luck to those who have the courage and tenacity to participate. Seeing everyone in New York at the annual board meeting was fun and energizing.

Our Fall Reflections Series 2008 begins on September 13 with “Losing Rose: Countertransference Aspects of Collaborative Work with a Woman Facing Dementia,” presented by Patricia Walter, MFT, ATR, and Paula Shatsky, MFT, ATR, with discussant Ellen Ruderman, PhD, PsyD. This beautifully drawn paper deals with the complexities of working collaboratively with a long-term therapy patient who develops an atypical form of dementia in early middle age. Both therapists explore how their respective individual and couples work with this patient had to be adapted to the radical change in the patient’s behavior a result of her loss of cognitive skills. In addition to examining the clinical aspects of such a shift, both therapists explore the way their very different countertransferences impacted the course of treatment.

On November 15, Rosalyn Benitez-Bloch will present “Time Is Weightless and Heavy Hearted: The Impact of a Caregiver on Family and Psyche,” with discussant: Barbara Manalis, LCSW. Dr. Benitez-Bloch invites us to join her very personal and challenging odyssey with women caregivers who attended to her husband throughout a long debilitating illness. She examines how the differences in age, status, culture, and values were acted out in the multiple transferences and countertransferences in her home. Using a psychoanalytically informed process, she brings her personal and professional perspectives to elucidate this profoundly challenging time.

While our third program is still in development, on a December date to be determined, we are having a Movie Night featuring the Oscar-nominated film *Away From Her*. It will be discussed by a faculty member of a neuropsychiatric department of a local university and a psychoanalytically informed clinician, as we see dementia as an issue that is timely and important.

Member News ...

AAPCSW member Sharon K. Farber, PhD

In June 2007, Sharon presented “Religious Stigmata: History and Neurobiology of a Psychosomatic Illness” at the International Psychohistory Convention. Another presentation was to the Westchester Group Psychotherapy Society, “Dissociative and Addictive Processes in Eating Disorders, Self-Injury, Substance Abuse, and Other Self Sabotage: Applications for Group, Individual, and Couples Treatment.” Sharon was given an award—the Phyllis Meadow Prize for Excellence in Psychoanalytic Writing—for her paper “Autistic and Dissociative Features in Eating Disorders and Self-Mutilation,” which will be published in *Modern Psychoanalysis*.

Other papers recently published or soon to be published:

“Traumatic Attachment and Dissociation in Self-Harm (Eating Disorders and Self-Mutilation),” *Clinical Social Work Journal* (in press).

Book review of *The Writing Cure: How Expressive Writing Promotes Health and Emotional Well-Being*, ed. Stephen L. Lepore and Joshua M. Smyth, *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 35, no. 1 (2007): 162–65.

Book review of *The End of Gender: A Psychological Autopsy*, by Shari Thurer, *Psychologist-Psychoanalyst* (official publication of Division 39 of the American Psychological Association) 27, no. 1 (2007): 67–69; available at www.division39.org/pdfs/PPJan07web.pdf.

“Death and Annihilation Anxieties in Anorexia Nervosa, Bulimia, and Self-Mutilation,” *Psychoanalytic Psychology* 24, no. 2 (2007); with C. Jackson, J. Tabin, and E. Bachar.

“Sometimes I feel like a motherless child, a long way from home”: Complex Adolescent Identity Formation in a Transcultural Adoption, *Journal of Infant, Child, and Adolescent Psychotherapy* 5, no. 1 (2006): 24, 45.

“Free Association Reconsidered: The Talking Cure, the Writing Cure,” *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* 33, no. 2 (2005): 247–73.

Sharon’s interactive case study on self-harm is available at www.PsyBC.com. ■

... and New Members

We welcome the following new members to AAPCSW! We especially welcome Marilyn Palasky, PhD, our new and *only* member from Nevada. We include here part of Marilyn’s letter to Deborah Dale, AAPCSW Administrator, sent with her application for membership. It is a great introduction, and expresses the importance of an organization like AAPCSW to clinicians across the country. (See the membership application on page 19 for paractice area codes.)

California

Monica Susana Levine, MSW, LCSW
Los Angeles • IN/CH, ADO, YAD, AD, I, C, F

Illinois

Sheila Curren, PhD, LCSW
Chicago • IN/CH, ADO, YAD, AD, OAD, G, AD/O, D/OE, EOL, CISD, FOR, MTN, I, G, C, F

Nathan Dougal, MSW
Chicago • IN/CH, ADO, YAD, AD, I, G, C, F

Eric Ornstein, MA
Morton Grove • YAD, AD, OAD, G, CISD, I, C, F

Rosalie Price, PsyD
Northfield • IN/CH, ADO, YAD, AD, AD/O, D/OE, I, F

Wendy Selene, LCSW, AM
Evanston • ADO, YAD, AD, OAD, AD/O, CISD, FOR, I, C, CM

Indiana

Sarah Bullock, MSW Candidate
Bloomington

Anne C. Taylor, MSW, LCSW
Indianapolis • YAD, AD, I, C

Maryland

Patricia K. S. Baker, PhD, MSW
Silver Spring • IN/CH, ADO, YAD, AD, I, C, F

Barbara Sadauski, MSW
Baltimore • YAD, AD, G, I, G, C, F

Massachusetts

James Drisko, PhD

Northampton • IN/CH, I, G

Frank Kashner, MSW

Marblehead • ADO, YAD, AD, OAD, AD/O,
MTN, I, G, C, F, CM

Michael Langlois, MSW

Cambridge • IN/CH, ADO, YAD, AD, I, C, F

Michigan

Jennifer Bailey, MSW

Birmingham

Tess Janoch, MSW

Farmington Hills

Suzanne Rodgers, MSW

Detroit • IN/CH, YAD, AD, OAD, AD/O, D/OE, I, F

Nebraska

Sally Fine, MSW, MA

Omaha • IN/CH, ADO, YAD, AD, I, C, F

Nevada

Marilyn Palasky, PhD

Las Vegas • IN/CH, ADO, YAD, AD, OAD,
AD/O, D/OE, EOL, CISD, FOR, I, G, C, F

New Jersey

Deborah Bunim, PhD, MSW

Englewood • YAD, AD, OAD, D/OE, I, G, C

Eileen Epstein, PhD

Jersey City • IN/CH, ADO, YAD, AD, G, AD/O,
CISD, I, G, C

Randy Freeman, MSW, LCSW

Kinnelon • ADO, YAD, AD, OAD, I, G, C, F

Barbara Friedman, MSW

Englewood • IN/CH, ADO, YAD, AD, OAD,
D/OE, CISD, FOR, MTN, I, C, F

Madelon Sann, MSW

Englewood • YAD, AD, D/OE, CISD, I, G, C, F

North Carolina

Jill Dunn, MSW, LCSW

Durham • YAD, AD, OAD, I

See New Members on page 12

December 8, 2007

Dear Deborah,

Yesterday I came across the combination of the words “Psychoanalysis and Clinical Social Work,” looked up your newsletters, executive board, downloaded a membership application and promptly called John Chiaramonte, LCSW, in his car on the New Jersey Highways.

We spoke about my living in Nevada and perhaps being the only member candidate from here. . . .

I did order the book *Fostering Healing & Growth* as it was put together by committee, and seems a definitive text for understanding the core of the union between the two ways of practicing therapy. This has been a primary challenge of mine in the state of Nevada. With the Social Work Board of Examiners, there is little knowledge of psychoanalytic theory and at one point in my LCSW Internship, I was told to “take all the psychoanalysis out of my clinical practice”. I promptly agreed, as I have with all directives meant to enforce my willingness to be supervised by personnel with a two year social work degree from a school that presents Freud as “out dated,” with open ridicule of psychoanalysis.

Over the 5 years I have been in Nevada, from 33 years in New York City, there have been inroads made with those on the board and in the field. As a newcomer to NV, I have proved myself to be cooperative and agreeable. Membership in your association means a lot to me. As a lifetime student of psychoanalysis, compatibility with “whatever works in a therapeutic frame” is a guiding principle of my practice. I couldn’t practice without a Social Work License. Therefore, Psychoanalysis in Clinical Social Work has made me whole, again!

I am so happy to send this check, and apply for membership, and help in anyway I can. Having presented at Social Work Conferences for the last 15 years, and having written a doctoral dissertation on *The Return of Preverbal Processes in Adulthood: Performance and Containment*, I’d be pleased to have fresh impetus for an article on which I’ve been working: “What I’ve Learner from my Clients— Psychoanalyzing Words & Behaviors.” . . .

Sincerely,



[Marilyn Palasky, PhD • Las Vegas, Nevada]

New York

Audrey Brockner, MSW

New Rochelle • ADO, YAD, AD, OAD, G, D/OE,
CISD, I, C

Penelope Andrew, MSW

New York • YAD, AD, OAD, G, I, G, C, F

Bonnie Berkowitz, MSW

New York • IN/CH, ADO, YAD, AD, OAD, G,
AD/O, D/OE, I, G, C, F

Susan Blum, LMSW

New York • AD, G, AD/O, I, G

Sara Lewis, MA, MSW

New York • G, I, G, C, F, CM

Jennifer Lyons-Roberts, MSW

New York • AD, I, C

Joanne Spina, LCSW, BCD, MSW

New York • YAD, AD, OAD, I, C

Mona Lee Yousef, LCSW, CASAC, MAC

New York • YAD, AD, OAD, AD/O, D/OE, EOL,
I, G, C

Pennsylvania

Donna Harris, MSW, MA, PsyA

Springfield • ADO, YAD, AD, AD/O, I, C

Rhode Island

Ralph A. Detri, LICSW, MPH

Providence • ADO, YAD, AD, AD/O, CISD, FOR,
I, G, C, F, CM

Washington, DC

Carolyn Curcio, MSW

ADO, YAD, AD, OAD, G, D/OE, I, C, F

Gwendolyn Pla, PhD, MSW

ADO, YAD, AD, OAD, D/OE, I, G, C, F

Diana Seasonwein, MSW

YAD, AD, OAD, G, AD/O, I, G, C

Debra Zatz, MS

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dreams and we savor their bloody, “crime does pay” message. We deny the shame of our wastefulness as we burn more electricity, use more paper, spend millions on barmitzvahs as the homeless block our way on the street.

We human beings feel that we could not continue if we really faced our shame—but the truth is that we will not continue if we do not. We live with the constant threat of terror, and our murderous rage at our own helplessness may be expressed vicariously in a fascination with the violent crime and even in the atrocities committed by our elected governments.

In some way, our work protects us from times that to many of us feel deeply shameful. We work through our shame, guilt, fantasies of rescue, and defensive omnipotence in each and every treatment. We are challenged to face up to our past humiliations, and to transcend them. We have endless chances to grapple with them afresh, and also to use them in the service of our shame-ridden clients—if we can take those chances.

It is often in transference, countertransference, and enactment that abuse and the shame it engenders are first

discovered—by patient as well as by therapist. Sometimes it is not discovered at all, due to denial, or repression, or, as Shengold (2000) suggests in his work on soul murder, the impossibility of letting go of the internalized bad object. “Is there life without mother?” he asks.

I am trying to show how an experience as “quiet” and private as shame can be deeply associated with destruction and death, even to the point of suicide or homicide. Although our clinical practices do not ordinarily include serial killers or violent criminals, or, we hope, suicides, we work every day with patients who methodically kill the chance for loving, intimate lives—their own and others’.

In reviewing my own work over the years I think of Ben, who was sexually abused by a psychotic mother. In his efforts to protect himself he refused to wash—he went to school encased in dirt and shit, for weeks at a time. “Stay away from me” was his message; “I am filth.” What a depiction of the stigmatic shame of abuse. Years of analysis modified his defenses and he began to grow again, out of the polluted soil in which he had been planted—but he remained a stunted tree.

My patient Richard clung to his mother as though he were her double—or her. She began the killing of both of them with her drugs and her promiscuity, and he continued where she left off. He calmed his anxiety with placydil, her drug of choice, and then turned to amphetamines to give him the energy he needed to win, in fantasy, her adoration. But the shame he carried kept undermining his life as a successful designer. When he came into therapy he expressed in merciless teasing both his hostility towards me and his love (one Valentine’s day he gave me a chocolate-covered tool kit), in a perfect balance that kept him safe from any real intimacy. He taunted, seduced, agonized, performed, and finally cried out his disgust with his past and the despair he felt. What he couldn’t do was let his mother go. By the time he had begun to realize in his analysis that there was such a thing as a benevolent “other,” it was too late.



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He had destroyed himself trying to replace the intimacy he feared with anonymous sex in men's rooms and at the baths, and he died from complications of AIDS, his life a long-drawn-out homicide/suicide.

But above all, I think of Peter, whose analysis I ended after five years of sadomasochistic enactment. Peter was one of the seven children who watched his father behead their dog with his ax. Red roses, the psychological kind, were Peter's stock in trade. He was a master of hurt. His came from a country in which revenge was an art, with an exacting code. He drove his wife to divorce; he abandoned his children. He betrayed every obligation he undertook, large and small. He didn't pay his taxes and built up enormous debt, he repeatedly let his clients down, he walked out on his partner; he even stood up his golf foursome.

Procrastination was his trademark. Holding on to his anal gifts was his way of holding on to an abusive/neglectful caretaker, the sister twelve years older who had made his toddlerhood a long humiliation. Yet the harsh miseries of the toilet training in the outhouse of his family's impoverished Baltic farm were the only attention he got. He played it out in fantasy and translated it into reality, although his sister's teasing about his tiny penis made him ashamed of his normal exhibitionism, and he retaliated by appearing impotent all through his life. Yet with all his multi-determined teasing/procrastination, he always paid me on time. I know it was partly to keep the game going and partly to portray me to both of us as a high-priced prostitute. But I hope that it was also to keep me in sight.

Underneath his soft-spoken manner, underneath his affability, underneath his thoughtfulness, Peter hid a murderous rage that covered the shame of his brutal early childhood followed by his family's immigration to this country when he was six. His outward docility and masochism evoked the sadism of others, as it had his sister's. He kept getting himself into trouble, yet he nevertheless managed to hang onto a façade of innocence. In disguised form he repeated again and again the neglect, poverty, and cruelty of his childhood—exactly the context in which shame and rage, as in the killing of the dog, are welded together.

"It's so different here," Peter said once about his experience of childhood. "A child walks into a room and they say, 'How cute.' It is so foreign to me. There it was the opposite—your ears are too big, your penis so small, another mouth to feed. You wear a grass skirt as a child.

All in the same bed, dirt, smells, ugliness. We had no fat people. Bone skinny! To survive you need a clan but everyone is really out for himself. Images of my house—dirt floor, livestock below, outhouse if it was not too cold. I work hard to stay away from the emotions of that time. . . . I picture screaming in agony—hopping around to allay physical pain, flailing, screaming pain, smashing the wall—but I don't feel angry. I picture a cliff—clinging to a rock. A web holds me back—saves me from killing—myself or you. I feel tears coming." But his affect was flat and the tears did not come.

Peter desperately wanted the analysis to be more than just a game, but he was afraid to let it be. "Maybe I'm just fooling us," he'd worry when he came to sessions on time for a whole week. Over our five years together he vacillated. For a while he'd offer what looked like reflective insight, bring in interesting material, make connections; then he would go on strike. He would miss a week or two or three, and then come very late for appointments. I tried to analyze his actions, but it didn't help. "Yes, I know I'm avoiding this, but I just can't help it," he would say. I would feel disappointed and angry; he had so much potential and yet he destroyed, over and over, his chances—and mine—to do the work that might have softened the vicious self and object world in which he lived and that he externalized in action. He pushed others away to stave off the rejection and belittling that he anticipated, and I could identify with his loneliness and the shame he felt. But, after awhile, I became a nag: "In order for you to get something out of this, you have to be here," I'd scold, and we both knew that I was enacting his secret fantasies.

Peter talked about himself as both a mummy and a monster. The "mummy" was wrapped securely and felt no pain (binding infants was the custom in his country of birth); the mummy could not fragment; the mummy was safe; the mummy was him, wrapped as a baby—and the mummy was also his mum, who had nursed him but who had been emotionally drained by her difficult life and barely available. By being her he could be with her. The "monster," on the other hand, "devoured raw meat, chewed up anything in sight like an alligator. He dismembered corpses. He smelled rotten from rolling in feces, he was a killer."

Peter kept this sadistic monster/father imago hidden, but he also held onto it tight. His monster side frightened him, but it empowered him too, and we worked hard on interpreting his hidden grandiosity and the shame it

See Suicide and Homicide on page 17

engages the internal world and valorizes the inward turn (where reflection is praxis). The immersion of ordinary practitioners in the subjectivity of individuals makes possible a compelling, provocative, and experience-informed perspective on the human subject in contemporary life, and yet our steadfast refusal (a refusal produced, too often, by our totemization of theories that delimit the therapeutic imagination) to look beyond the most proximal sources of human suffering (e.g., parental failure) ultimately limits our understanding of, as well as our contribution to, a wider social justice participation.

Psychoanalytic social work has something powerful to say about the human subject in its complexity. We are, as such, uniquely poised to inhabit a critical, dissident, and ardent sensibility in relation to the larger political world. As the clinical endeavor (psychotherapy in particular) has achieved more mainstream acceptance over time, it has moved to the center of American cultural life and lost its dissident status. Arguably the profession has a responsibility to make a contribution, both practical and discursive, to human rights and social justice. A contribution along these lines requires tremendous courage as we push back against the gains afforded by our own success.

Committee on Social Responsibility & Social Justice

AAPCSW's newly formed Committee on Social Responsibility and Social Justice had its opening meeting in Chicago in December 2007. The current group is largely local to Chicago (while drawing additionally from Michigan, Vermont, and New York), though as we move forward we will be broadening and nationalizing the committee.

As chair, I am excited about the prospects of what this committee can achieve and look forward to elaborating our vision as we proceed. While the committee membership comes with a variety of backgrounds and interests, the following organizing questions have emerged quite clearly in our opening discussions: How does a psychoanalytic discourse helpfully inform human rights and social and economic justice? In turn, how does this discourse—and its practices—embody and promote social structures that perpetuate inequality, injustice, and oppression? And finally, what is the responsibility of the profession to make a contribution, both practical and discursive, to human rights and social/economic justice?

In relation to these questions, the committee has concluded that “consciousness raising” within the profession

is a necessary precursor to a broader social action agenda (and, in fact, constitutes a powerful form of social action on its own). We feel that the articulation of a political sensibility is largely—and problematically—absent in the profession and that a vigorous critique of the embeddedness of the profession within the larger social and economic order is needed, and an important place to begin.

At this juncture, we are planning a seminar series in partnership with the Institute for Clinical Social Work (Chicago) critically examining a variety of ways (e.g., evidence-based practice, managed care, DSM, and medicalization) in which practitioners, agencies, educators, and so on unwittingly participate in the re-inscribing of the very sources of suffering we hope to lessen in our work. Taking place this year, we hope to make the series available to the larger membership. As a committee, we will also be submitting a regular column to the AAPCSW newsletter on a topic pertaining to social justice and psychoanalysis.

The committee welcomes inquiries and feedback. Please contact Jennifer Tolleson at 312.409.2851 or jentolleson@mindspring.com. ■

Reference

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From the President, continued from page 1

hotel and its workings, which will hopefully help us eliminate potential snafus before the actual conference.

An organization like ours is only as vibrant as its members. I encourage all of you to become involved and participate in our ongoing growth and development. Locally, our organization is built around our area meetings, and if there is no chapter in your area, please consider forming one. Also, if you would like to participate in one of our committees, please contact the committee chairs or myself.

There is much to be done and much to be gained by making our national organization as effective as possible and we welcome your input, ideas and suggestions. We know you are out there, because we hear from so many of you through our yahoo group. Our list serve is helping to create an effective dialogue and to contribute to our sense of community, purpose and identity.

I wish you all a wonderful spring! ■

covered of the impotence, rage, and abandonments of his childhood. The monster came forth in dreams and for brief moments on the couch. But mostly the mummy was in charge, and the mummy by definition couldn't be touched. The more Peter recognized the importance of the feelings that came up in occasional unguarded sessions, the more he began to withdraw.

He also began to see his pattern—of seducing us both into hope, and then disappearing. Nothing I could do changed it. He was intent upon and fixated in the sadomasochistic game that Coen talks about. He says that “the excitement of the game denies the seriousness of the intended destructiveness” (1988, 51–52) Nothing altered Peter's game. He killed every bit of momentum, every bit of connection, that we were able to cajole into being. His emotional killing sprees inside and outside the analysis continued. Finally I ended the treatment. After five years of empathy, interpretation, confrontation, and even losing my cool, I repeated an ultimatum I had delivered twice before: either be here or not. The first two times he did try to come to his sessions—but then began the pattern again. The third time he made his usual, run-of-the-mill excuses and we had our final session two weeks later. Was this a way of killing him back? Protecting myself? Probably both. Many would say I had been masochistic to continue for so long. My own shame about this case has to do with my engagement in the sadomasochistic game we played. It always takes two. And if I couldn't keep myself from getting involved in it, how much harder was it for Peter, whose entire template for relationships it was? What right did I have to scold? If, on the other hand, I claim that I could or should have done better, what kind of grandiosity would that be? That I, Jane, should by some definition mean more to Peter, be more important to Peter, be more influential upon Peter, than the people who with axes and belts and shit branded themselves upon his soul? Doesn't that, in some way, diminish and dismiss the anguish of his growing up? Maybe I should never have recommended analysis in the first place. But what else was there?

A funny thing about this work is that in spite of everything, new attachments form. And they formed here. Another funny thing about it is that those new objects endure; when we're lucky, they survive their own destruction. Peter goes on killing and being killed—emotionally, that is; Peter is one of the Tommys who has never physically damaged anyone. Peter and I killed each other when

we ended the analysis, and a little bit of ourselves, too, but neither of us has died.

I have not let go of Peter. He has a corner of my mind that is all his own, and I'm sure that I have a corner of his, from which he hears me quietly rejoice in his new success in a new job and a new city—still challenging his secret shame. And I think it's that way, too, with Ben, Richard, and the other brave souls who have crossed my threshold and grappled with their demons. Overcoming shame means accepting imperfection and learning to live with it productively. Maybe this is good enough. ■

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MEMORY, MYTH AND MEANING

The 11th AAPCSW Conference
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at the New York Marriott Downtown

President-Elect, continued from page 3

In this brief description, I have highlighted a few topics knowing that there are so many more to describe. Our aim is to offer diverse topics suitable to the varying needs of our potential audience. Below are listed the names of other speakers and the topics they will present. In the next edition of our newsletter, I hope to have a more inclusive description of our conference brochure. I look forward to seeing everyone in NYC.

AAPCSW 2009 Conference, Additional Invited Speakers

Jennie Allen (performance artist)

Attachment F. Diane Barth, Arieta Slade

Children Kathi Hushion, Sue Sherman, Joyce Edward,
Jerry Brandell

Supervision Wendy Winograd

Mothers & Daughters Cathy Siebold, Laura A. Feurstein

Illness (the analyst's or the patient's) Arlene Litwack,
Gil Cole, Cathy Conway

Aging Patsi Turini

Terminal Illness Sheila Felberbaum, Ellen Gusaroff

War & Violence Susan Gutwill, Jennifer Tolleson

Writing Workshop Roberta Shechter

Group Work Rick Alperin

Meditation Concetta Alfonso

Ethics Carol Bender

Aims & Purposes of the AAPCSW

To further the understanding of
psychoanalytic theory and practice within the
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To promote a unique and special identity for
all clinical social work professionals
engaged in psychoanalytically informed practice.

To work for equal recognition and professional parity
for qualified psychoanalysts and psychoanalytic
psychotherapists in clinical 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 standards of practice
in mental health to assure access and quality
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2008 Membership Form Please PRINT legibly

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Which address(es) would you like us to use in the printed membership directory? Office Home Both

May we include you in our website membership directory? Yes No, only include me in the printed directory
(Name, credentials, office address, office phone, and practice areas only; If you check neither box, we will assume "Yes")

May we include your e-mail address on the AAPCSW listserve? Yes No
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Practice Areas Please indicate options below that reflect your practice

What is your client population? Check all that apply.

- Infants and/or Children (IN/CH) Adolescents (ADO) Young Adults (YAD) Adults (AD)
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In which of the following practice areas do you have special interest? Check all that apply.

- Chemical and other addictive behavior (AD/O) Disordered eating and body image (D/OE)
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 Forensic evaluation and treatment (FOR) Mediation (MTN)

With which modalities do you work? Check all that apply.

- Individual (I) Group (G) Couple (C) Family (F) Community (CM)

Membership Category Please make check payable to AAPCSW

- General (\$65) New Professional (\$55)* Retiree (\$55) Student (\$30)** Friend (\$55)

* New professionals are MSWs within three years of graduation; this reduced rate may be used for two years.

** Please send a photocopy of full-time MSW student ID.

Optional Contribution Please make check payable to NIPER

- A tax-deductible contribution of \$ _____ is enclosed to support NIPER (National Institute for Psychoanalytic Education and Research) and the AAPCSW Conference.

Membership runs from January 1 to December 31 of each year.

Members joining by March 31 will be included in the current year's membership directory.

Please visit our website at www.aapcsw.org.



American Association for Psychoanalysis in Clinical Social Work

formerly National Membership Committee on Psychoanalysis in Clinical Social Work (NMCOP)

Mail this form and dues/donation to:

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