President’s Message:
David G. Phillips, DSW
President

In this column I will briefly review some of the central results of the recent survey of the membership which was completed thanks to the hard work of our President-Elect, Bill Meyer. Members who are interested in reading the results in more detail can check in with our Web page at www.nmcop.org.

One of the most important results of the survey was the very high rate of return. There were 212 responses, almost half of our membership. This leads us to believe that our membership, although small in numbers, is active and concerned about the issues that we face at this very difficult period in the history of the mental health professions.

The first set of questions asked members to rate their preferred priorities for the various activities in which NMCOP has been involved. The response to these questions left no doubt that members feel our most important activities are those that work towards parity for clinical social workers in training, and working to establish training standards for programs in psychoanalysis and psychoanalytic psychotherapy through organizations like the Psychoanalytic Consortium. Ninety of the respondents rated our most important activity as working with other organizations to help increase the clinical content in graduate social work education, especially with more visibility for psychoanalytic developmental theory.

These responses suggest strongly that the past and current activities of the NMCOP are those that reflect the interests of the wider membership. A good deal has already been accomplished through our membership in the Psychoanalytic Consortium to move toward parity for clinical social workers in psychoanalytic training. One important example is the opening of the Fellowship Program of the American Psychoanalytic Association to clinical social workers for the first time. We are also actively involved with the consortium in the drafting of a set of model standards for psychoanalytic training. Our own set of standards, drafted by a committee of the National Study Group on Psychoanalysis and Social Work, serves as a key...
The newsletter welcomes reader's 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 is pleased to offer a new column, Profiles, which will feature new Board and Committee Members and introduce them to you, our membership at large. We welcome our new Secretary, Dale Dingedline, a private practitioner from Greenville, South Carolina and thank Dale for sharing some personal information with us. We also want to thank our departing Secretary, Jeanna Hayes-Carrier, who has been exceptionally efficient and a pleasure to work with. We are also featuring Audrey Thayer Walker, our Area Coordinator, for the newly forming D.C./Baltimore Area. Audrey is hard at work organizing this area and we appreciate her sharing her vision for the development of this group.

Diana Siskind has again brought us three exceptional Book Reviews. Lynn Lawrence has reviewed Thomas Ogden's Revery and Interpretation: Sensing Something Human and as is her style, Lynn has given the review special life by integrating her own experiences into it. Naomi Schlesinger has contributed a very thoughtful review of the book, MIND-BODY PROBLEMS: Psychotherapy with Psychosomatic Disorders a compilation of 17 papers edited by Janet Schumacher Finell, PhD. We appreciate Vivian Bader's thought provoking review of Transformations: Countertransference During the Psychoanalytic

Treatment of Incest, Real and Imagined written by Elaine V. Siegel, PhD.

Thanks to all contributors to this issue: Vivian Bader, Dale Dingedline, Ellyn Freedman, Lynn Lawrence, Bill Meyer, David Phillips, Ellen Ruderman, Diana Siskind, Naomi Schlesinger, and Audrey Thayer Walker.

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source document for this effort.

Having an impact on graduate social work education is, as anyone with academic experience can tell you, a much more complicated task since it involves trying to influence the Council on Social Work Education which accredits all BSW and MSW programs in the country. We are, however, active in this effort and are participating with the Clinical Social Work Federation and the American Board of Examiners in Clinical Social Work who have similar concerns. The publication of the book Fostering Healing and Growth: A Psychoanalytic Social Work Approach, edited by Joyce Edward and Jean Sanville, is another effort to demonstrate the relevance of psychoanalytic principles to social work practice and provide a text for graduate education in social work.

The second set of questions asked members to respond to the decision by the Clinical Social Work Federation to affiliate with the OPEIU, a Guild of the AFL-CIO. Of the respondents, 60% said that the affiliation would not affect their commitment to the NMCOP, 25% said their commitment to NMCOP would be strengthened, and 15% said their commitment to NMCOP would be negatively affected. This issue is of very great concern since, according to our bylaws, membership in a State Society for Clinical Social Work is required for NMCOP membership. As state societies gradually phase into the Guild affiliation, NMCOP members will be required to participate in and support three organizations.

The comments about the Guild affiliation were also very striking and, as can be imagined, ran the gamut of opinions. Some respondents urged caution about participation with the Guild, expressed concern about affiliation with any union activity, and expressed concern about the expense involved at a time of financial stress for all health care professionals. Other respondents stated that the Guild affiliation would help us get back to our roots through affiliation with working people; that this affiliation would give us the political clout that we need to fight the abuses of managed care, and; that it was vital
for NMCOP to retain its affiliation with the Clinical Social Work Federation.

This issue has occupied a great deal of effort in the work of the Executive Committee for the past six months. There have been extensive discussions in our regular conference calls, and I have spoken many times to the Past President of Federation, Betty Phillips (no relation), and the Current President, Golnar Simpson. It should be noted that both of these individuals are also members of NMCOP, and have been most understanding and responsive to our concerns.

We are well aware that NMCOP is an organization made up of clinical social workers, and that we originally developed as a committee of the New York State Society for Clinical Social Work and of the Clinical Social Work Federation. Our mandate is to represent the concerns of clinical social workers that are interested in training and practice in psychoanalysis and psychoanalytic psychotherapy. At the same time, we are also uncertain about the future of the NMCOP membership who will soon be participating in membership in three organizations, in addition to all of the other professional commitments that all of us have. We have been grateful for the open attitude that the leadership of Federation has shown in responding to our concerns. We hope that the long range effect of these developments will be a renewed dedication to the NMCOP by its membership and a gradually developing relationship with the Clinical Social Work Federation that is even closer and more productive.

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

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WWW.NMCOP.ORG

William S. Meyer, MSW, BCD
President-Elect NMCOP

For anyone with even a little knowledge of the Internet, the above heading will be immediately suggestive of what this column is about. That's right — at last the NMCOP is online. It is with great pleasure that I wish to tell you of its current features and future prospects. I hope that you will be a frequent visitor and communicate with us online. Please be aware that this Website is a “work in progress.” While we have accomplished much, we have much to do. If you wish to become involved with assisting on this project, your offer would be most appreciated. Please let me know via email. Here are our current web pages:

HOME PAGE: On our home page you will find a statement of our Aims and Purposes. In addition, there are various buttons to our other pages.

EXECUTIVE COMMITTEE: On this web page you will find the names, pictures and email links of many of the NMCOP officers and Area Chairs. We are working on finishing this and getting this completely up-to-date. NMCOP members can communicate with anyone on the Board who has email by simply sending a note to the provided email link. In the future we will explore the possibility of having a web page that features links to all NMCOP members who have email.

NEWSLETTER: This web page will feature the most recent columns of the NMCOP president and one or more additional columns from recent newsletters.

LINKS: This page will have links to other organizations and web sites which we think will be of interest to our members. Many more links will be added in the months to come.

APPLICATION: This page offers a current application to the NMCOP. In the future this will include more about member benefits and additional communications from our Membership Chair.

1998 SURVEY: This page is extremely important! As many of you know, we recently sent out a survey to our membership asking what YOU consider the priorities of the NMCOP to be. Further, we asked for your reactions to the decision of the Federation to join the Guild. We asked

Continued on page 15
OF REVERIE AND THE RAPIDS:
A Review of Thomas Ogden's
Reverie and Interpretation: Sensing Something Human

264 pages. $40.00

Reviewed by: Lynn Lawrence, MSW

The analyst's use of his reveries requires tolerance of the experience of being adrift. The fact that the "current" of reverie is carrying the analysis anywhere that is of any value at all to the analytic process is usually a retrospective discovery and is almost always unanticipated. The state of being adrift cannot be rushed to closure. The analyst must be able to end a session with a sense that the analysis is at a pause, at best, a comma in a sentence. The analytic pair need to maintain a sense that they have time to waste (Ogden, 1997, pp. 160-161).

Going rafting down the Colorado River in the Grand Canyon through Class 10 rapids is not for the faint of heart. Nor is it for someone like myself, a non-swimmer and waterphobic. Why was I doing this then? all my friends asked, and what does this have to do with writing this review? On my first trip to the Grand Canyon five years ago looking out over the view was an awesome sight. My husband and I saw the sunsets from every vantage-point and hiked partway down the Kaibab Trail but I felt somehow left out and on the perimeter. On all of our trips we have canoed, which made me feel on more intimate terms with the place and the pace of the place. Since canoeing wasn't an option here, and I really wanted to see the canyon from the river, there was no choice but rafting. For months prior to the trip, I experienced overwhelming anxiety, sure that I was going to die (even though we were going with friends who had already done the trip twice). Given the vacation was in August and the review due in September, I attempted to honor my commitment before we left. The results: I rushed through the book and couldn't write the review.

As ironic as this may sound, the rapids and rafting afforded me the opportunity for reverie. Like Ogden's piercing dedication, I found myself thinking of endings and death. I thought of the weekend before the trip when we were at Tanglewood with my mother-in-law, an Auschwitz survivor, widowed on the eve of our marriage, of friends who had died in mid-life, of turning 50, and again of my mother-in-law, now happily at 80 enjoying life. Coming upon her son unexpectedly the next day, she hugged him fiercely, saying, "So nice to have one more chance to say good-bye." By the end of this trip, the rapids for me, and my terror, were a metaphor for life going by too fast. The trip wasn't a trip as my husband, Michael, said, but a journey, and the river taught me how not to make haste.

Thomas Ogden's beautifully conceived book is about taking the time to think, to dream, and to speak with oneself and one's patients in order to create a unique journey where both are transformed in the process. Psychotherapy is akin to alchemy — the properties of both elements (analyst and analysand) are lost as they are combined to create something different and more vibrant (the analytic third).

The title, Reverie and Interpretation, soothes, lulls, and disturbs. It is also an oxymoron. If one is having a reverie, how does one interpret? And, in this era of capitation and "mangled" care, who has time for reverie? What is it exactly anyway? To daydream, from the French rever (to dream), is first on one's list of associations. The Oxford English Dictionary lists some others: "a fit of abstract musing," "a fantastic, fanciful, unpractical or purely theoretical idea or notion;" in early use, "rejoicing, revelry, wantonness, wildness, rage, a state of anger or irritation" (p. 2529).

In Ogden's hands, reverie is all this and more. It becomes a work product, created in the upheaval of two unconscious intersubjectivities.

Paradoxically...reverie is the dimension of the analytic experience that feels in the moment the least worthy of analytic scrutiny. The emotional tumult associated with reverie usually feels as if it is primarily, if not entirely, a reflection of the way one is not being an analyst at the moment... Instead the emotional disturbances associated
with reverie feel to the analyst to be a product of his own narcissistic self-absorption, immaturity, inexperience, fatigue, unresolved emotional conflicts, and so on (pp. 162163).

In this chapter on “Reverie,” Ogden, an American steeped in British object relations, acknowledges his debt to Bion, who first noted the term in relation to analytic work. It is worth traversing this terrain, especially because with Bion’s brilliance in “linking” we come to understand the connection between reverie and the Oxford English Dictionary definitions of rage/anger/irritation.

“The mother’s capacity for reverie is the receptor organ for the infant’s harvest of self-sensation gained by its conscious” (Bion, 1993, p. 116). In other words, containment of the infant’s projective identification and giving it back to the infant in a way that neutralizes, diffuses, soothes is dependent on the mother’s capacity for reverie — her “unconscious receptivity.”

The analytic analog for this, or the deconstruction of this process, is Ogden’s case examples. Again and again, in illustrations that seem as if he’s taken leave of his analytic seat and gone into orbit, he demonstrates how analytic reverie becomes transformed into analytic tools, and deadness in the hour morphs from fact to feeling, enlivening the pair. The themes of aliveness/deadness run like skeins of wool through the book and are barometers for which Ogden judges the transference-countertransference. Paying homage to the analytic ancestors, Ogden extends Winnicott’s play space, demonstrates Bion’s keeping the patient alive through containment of projective identification, and André Green’s concept of the internalization of the dead mother.

Ogden’s chapters are poetic. “Music is the space between notes. Between the spoken words of both analyst and analysand are the reveries of both — the music of psychoanalysis” (p. 107). In his chapter on “Privacy, Reverie, and the Analytic Technique,” he develops the relationship between communication, privacy, and the intersubjective analytic third. Of particular interest here are his thoughts on the fundamental rule and use of the couch. Ogden feels strongly that Freud’s insistence on the fundamental rule of free association fails to facilitate the climate for reverie. Citing Winnicott, who underscored the central role of privacy and personal relations in healthy human experience, Ogden never instructs patients in the fundamental rule. “There is no must, no insist” (p. 123). They are antithetical to reverie. Instead he asks, “Where should we begin?” (p. 122).

In Martin Bergmann’s terms, Ogden has “extended” Freud’s injunctions about the use of the couch to incorporate Winnicott’s “play space,” where both patient, and analyst have private areas for the creation of private reveries.

The chapter on “Dream Associations” should be retitled, “Whose Dream Is It Anyway?” Ogden locates the dream in the context of the intersubjective third, so that it becomes a creation of the forces at work in the place that patient and analyst live. From that construction Ogden wrestles with the concept of free association and takes issue with the rule that the patient associates first. The dream is dreamt in the intersubjective analytic dream space so the “practice of privileging” the patient’s associations compromises the analytic third (p. 140).

As an avid reader and sometime writer, my favorite chapter was “On the Use of Language in Psychoanalysis.” Listen: “Language is at its most powerful when it disturbs not by arriving at insights/understandings, but by creating possibilities; ‘billows or ripples of the stream of tendency’ (Emerson, 1841, p. 212)” (p. 219). The analyst’s language makes ripples in the “stream of tendency” in an effort to help analyst and analysand break out of the circle of the eddy in which they are caught.

We shall not cease from exploration
And at the end of all our exploring
Will be to arrive where we started
And to know the place for the first time

And so we come full circle to where we began with Ogden’s theme of being adrift in reverie. I can’t think of a more fitting homage to Ogden than to offer another poet’s take on reverie.

Believe me my young friend, there is NOTHING, absolutely nothing half so much worth doing as simply messing about in boats. In or out of ’em it doesn’t matter. Nothing seems to really matter. That’s the dream of it. Whether you get away or you don’t, whether you

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Copy Deadline for our next issue is
January 15, 1999
Of Reverie... continued from page 5

...arrive at your destination or whether you reach somewhere else, or whether you never get anywhere at all, you’re always busy, and you never do anything in particular, and when you’ve done it there’s always something else to do and you can do it if you like, but you’d much better not. Look here! If you’ve really nothing else on hand this morning, suppose we drop down the river together and have a long day of it (Grahame, 1953, p. 7).

And so, when you have a chance, read Ogden down by the river.

REFERENCES


Lynn Lawrence, MSW has a practice in psychotherapy in Queens and Manhattan. She is the author of other articles. Currently she is taking swimming lessons. This paper is dedicated to the River Guides of the Grand Canyon, the Pathfinders and their descendents.

MIND-BODY PROBLEMS: Psychotherapy with Psychosomatic Disorders

Janet Schumacher Finell, Ph.D., Editor

Reviewed by Naomi Schlesinger, CSW

The link between mind and body receives wide attention in popular culture, as evidenced by the focus in periodicals, books, television programs and websites on the ways and means to eliminate “stress.” Psychoanalytic theorists and clinicians can feel heartened by the attention paid to what has long been known: that individuals who are unaware of their inner lives and emotions are prone to physical symptomatology. The book, Mind-Body Problems: Psychotherapy with Psychosomatic Disorders, edited by Janet Schumacher Finell, speaks to this understanding. Each of the 17 included papers demonstrates the use of somatization to express affect and conflict that remain unconscious. The unacknowledged affects remain protected from conscious awareness and are isolated from words.

The book’s first section, “The Development of Psychosomatic Disorders,” begins with an article written by the book’s editor. It focuses on alexithymia, a term that “... refers to psychosomatic patients who display asymbolic and concrete thinking and have difficulty identifying and communicating feelings.” Finell summarizes salient theoretical contributions to the understanding of the pathogenesis of somatization, and states that the failure to process emotional reactions is a central feature of mind-body problems, regardless of whether terror of impulses or object relations failure is uppermost. The second article, “Developmental Determinants of Psychosomatic Symptoms,” begins with a poignant quote: “The sorrow that has no vent in tears makes other organs weep.” This interesting selection, authored by Foehrenbach, Celentano, Kirby, and Lane, describes how we observe a story in mime when the body takes over. There is an engaging interplay between clinical material and theoretical explanations, including clues of psychosomatic tendencies [little symbolization, dreaming or imagery; a flat quality to sessions, etc.], and a summary of general suggestions for treating somatizing patients. This is followed by Anson’s “Freud’s View of the Mind-Body Connection” which highlights Freud’s understanding of the role of conflict and unconscious fantasy as contributors to somatization. Though the term masochism is absent, reference is made to guilt, remorse, and desire for punishment as internally motivated factors contributing to illness. There is an excellent review of the literature in
the final article in this section: "Annihilation Anxiety in Psychosomatic Disorders" by Hurvich and Simha-Alpern. The authors hypothesize that annihilation anxieties often are consequential for psychosomatic conditions. Such syndromes tend to be associated with primitive layers of personality and personality functioning. Ego weakness, problems with self-cohesion, alexithymia, and traumatic events [all linked to annihilation anxiety] are depicted in two cases illustrations dealing with women with eating disorders.

The book's second section, "Trauma and Psychosomatics," consists of three papers, each dealing with the defensive use of somatization to ward off painful affects resulting from early trauma. Anson's article, "Posttraumatic Stress Disorder, Somatization Trauma, and Multiple Losses," is a vivid case description of work with a young woman whose mother and siblings were murdered when she was five, and who herself had been attacked and left to die. "Failure in the Mother-Child Dyad" examines psychosomatic illness from an object relations perspective. Using a case example, Flynn Campbell hypothesizes that early maternal failure to provide affect-elaborating attunement can lead to psychosomatic expression because the child is unable to integrate anxiety, loss, and terror without the presence of a self-soothing, comforting maternal representation. In "Trauma, Fantasy, and Psychosomatosis: A Case of Long-term Treatment" Fuerstein maintains that early traumatic experiences result in affect "...bound in obsessionalism, buried in addictiveness or minimally symbolized in cliches and discharged in rigidly repetitive acting out and somatization. The role of unconscious fantasy as it interplays with actual trauma is emphasized.

Part III: "Treatment Issues: Transference and Counter-transference" begins with "The 'Tell-Tale Heart': Responding to a Patient's Somatic Language" by Arens Fuerstein. The author focuses on therapeutic technique, stressing that when one works with a psychosomatic patient the therapist must be able to decode a message buried within body language. She advises making use of visceral and visual responses felt while the patient is describing physical symptoms. Epstein, in "A Case of Severe Anxiety and Panic Manifested as Psychosomatic Illness," describes work done to help her patient develop a sense of self. Panic attacks and other symptoms came to be understood as reflections of a failure of differentiation, narcissistic damage, identity issues, a harsh super ego and distorted object relations. The final paper in this section is Schwartz's "Treatment Resistance in a Psychosomatic Patient." Schwartz describes a patient with borderline personality disorder who evidenced both psychosomatization (Raynaud's disease) and hypochondriasis (abdominal pain, headaches, dizziness, and shortness of breath). The author candidly describes the treatment outcome as a failure, pointing to the patient's narcissism and her increasing withdrawal from the object world.

The book's final section, "Specific Mind-Body Problems," begins with a brief paper: "The Stress Connection: Arthritis and Related Diseases," written by Bertrand Agus, a rheumatologist. "Psychosomatic Telemachus: The Body as Oracle, Armor, and Battlefield" by Joseph Simo uses rich metaphorical imagery to describe a patient the author viewed as functioning psychologically at the level of an infant. The patient, who experienced his body as an "unbearable cross," somatized to prevent both external input and autonomous internal feelings from disturbing his fusion with his psychotic mother. Simo candidly and humbly admits not really knowing how the patient's psychosomatic symptoms were worked through given the severity of his somatic delusions. Podhoretz's article, "Psychoanalytic Psychotherapy of Borderline Patients with Anorexia," begins with a brief summary of literature dealing with anorexia and a review of the developmental process of anorexia. She states that "...the anorectic experiences herself as about to lose control of sexual and aggressive impulses; controlling and manipulating these impulses..."
through control of food intake primitively effectuates nonthreatening, ‘safer’ internal and external relationships.” “The author provides two clinical case descriptions with an emphasis on distinguishing between developmental arrests and developmental conflicts. Corn and Lane also discuss this eating disorder in “The Significance of the Anal and Rapprochmont Stages in Anorexia.” These writers concentrate on the anorectic’s anality and separation-individuation conflicts. They stress that in anorexia there is a sense of mastery derived from denying basic oral pleasures as patients find a renewed sense of power in the capacity for self control and abstinence. In an absorbing case description of a teenaged girl who was unable to internalize a good-enough mother, the authors depict her ambivalent struggle between actual and internalized mother images which she recreated through food deprivation and distorted body perceptions. In a brief paper, “Irritable Bowel Syndrome,” Schumacher Finell presents a case that terminated prematurely, and discusses negative therapeutic reaction, although there is no mention of masochism, a likely contributor to the treatment.

In an interesting paper “Psychosomatic Symptoms Following Post-concussional Syndrome,” Freed highlights the complexity of the human brain. Emphasizing that individuals who sustain brain trauma also sustain trauma to ego functions, Freed illustrates how hypochondriacal and somatic symptoms serve defensively against preexisting unconscious conflicts that are now exacerbated as a result of change in hemisphere functioning. The final article, “Miscarriages,” by Eigen, suggests the possibility that there is a psychological basis to miscarriage.

Many of the papers in this collection are excellent covering a range of psychoanalytic theoretical perspectives. I would recommend this book to those seeking an overview and introduction to current thinking on psychosomatic illness, a topic important to all clinicians.

Naomi Schlesinger, CSW, BCD, is a practicing psychoanalytic psychotherapist in Smithtown, NY. She is on the faculty of The New York School for Psychoanalytic Psychotherapy and Psychoanalysis.

Transformations: Countertransference During the Psychoanalytic Treatment of Incest, Real and Imagined

By Elaine V. Siegel, Ph.D., A.D.T.R.,

Reviewed by Vivian Bader, CSW

In her compellingly and well written book, Elaine Siegel addresses the intriguing subject of incest treatment and countertransference. A trained dance therapist prior to becoming a psychoanalyst, Dr. Siegel integrates her knowledge about communicative aspects of bodily phenomena into her psychoanalytic work. Her attention to the nonverbal communications of her patients and her ability to use it diagnostically is vividly portrayed.

Similarly, Dr. Siegel writes about her somatic reactions to patients, describing the use of this as an important analytic intervention, especially in cases where there had been a history of incest. Dr. Siegel, in explaining her use of her idiosyncratic reactions, quotes Dorpat who stated “In using one’s countertransference as a listening instrument, one should listen with one’s total self, including one’s somatic reactions.” Siegel demonstrates this in one of her cases where she describes feeling alternately “dead” and outraged and eventually nauseous in reaction to a patient who presented himself as “nagging, whining, and demanding” during the beginning phase of treatment. Dr. Siegel uses her feelings, which may at first appear incongruent to the patient’s affect and content, to inform her interpretations and to help her anticipate what may come next.

Dr. Siegel adds that this anticipatory aspect may also provide a defensive function for the analyst in the face of listening to extremely disturbing material. In the case described, a dream brought in by the patient leads to the eventual surfacing of the memories of multigenerational incest. As memories of incest were often deeply repressed in Dr. Siegel’s patients, the reader finds that in many of her cases a disturbing dream brought in by the patient allows access to this material. Finding Racker’s concept of a countertransference neurosis helpful, Dr. Siegel talks about “experiencing and solving conflicts within the countertransference, which enables the analyst to live firsthand not secondhand, what is going on with the patient.”

Acknowledging that the controversy of what is and what isn’t countertransference has not really been resolved, Dr. Siegel goes on to share her own formulation: She under-
stands countertransference to be the feelings induced in her by her patients’ transference which represent a possible source of the reactivation of her past conflicts and a way to deal further with her own pathological defenses. She views these feelings as indicators of what might be going on with the patient at that time.

Dr. Siegel’s personal writing style invites the reader directly into the room where they become witness to the anfolding treatment process. She describes cases of multigenerational incest, mother-son incest, father-daughter incest, as well as cases where incest was falsely claimed. Interestingly, in the cases where incest did not occur, Dr. Siegel demonstrates that it is the absence of particular countertransference and somatic reactions that become significant cues.

Transformations offer clinicians a valuable way to use countertransference and somatic reactions diagnostically, especially when working with patients who may have a history of incest or other trauma. Dr. Siegel not only informs her readers about the use of this instrument, but also includes a comprehensive review of the literature on countertransference which further enriches her book.

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Guidelines for workshop:
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If you wish your paper to be considered only for the special honor award, deadline is May 31, 1999.

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identification outside of our field within institutes (D.C. has four) and/or physician-directed and oriented advanced training programs. Schools of social work are minimizing professional training and in-depth theoretical foundations (especially psychoanalysis). Agencies provide little, if any, clinical supervision which often has to be purchased outside the agency and outside of office hours. The Greater Washington Society for Clinical Social Work is working hard to address these and other issues. Guild issues currently require great energy and focus leaving the able leadership pressured as never before.

The first Washington/Baltimore NMCOP Meeting was held on April 26, 1998. David Phillips and Bill Meyer were generous and kind enough to attend and share capably and enthusiastically the mission and work of the Committee. Thirty plus of our mostly senior social work leaders attended with some twenty plus others expressing serious interest. This meeting reveals a sizable and effective presence within our community. It was professionally revitalizing and refreshing. People were reluctant to leave the meeting, eager to have the opportunity to talk with Bill and David and with each other.

Several needs, interests, and potential projects emerge during this formative stage:
1. First and foremost encouragement of those interested to join the Committee. Only a handful attending were already members.
2. Provision of a "home" for psychoanalytically oriented social workers within the profession where information can be disseminated, issues explored, and resources mobilized.
3. Assistance and support for the GWSCSW's already established and emerging work (i.e. providing consultants, supervisors, teachers, lecturers, etc.).
4. Contributions to our six local schools of social work to support, enhance and/or initiate psychoanalytic teaching and practice.

So there is much work to do. Audrey Thayer Walker, Area Coordinator, will be working on recruitment and establishing a steering committee.

Florida Area Report
Ellyn Freedman
Florida Area Coordinator

The Florida Area Committee on Psychoanalysis will be participating in a joint conference with the Florida Psychoanalytic Society, the Southeast Florida Association for Psychoanalytic Psychology, and the Clinical Social Work Association on Saturday, January 23, 1999 entitled "The Transmission of Censorship in Psychoanalysis: The Case of Religion" which will focus on the impact of spirituality in patients' lives as well as the therapists reaction to it. We will also be providing a series of workshops on psychodynamic perspectives on domestic violence.

Southern California Area Report
Ellen Ruderman
Area Coordinator

1. Dr. Ellen G. Ruderman, Chair of the So. California Area Committee since 1990, has agreed to remain as Chair of the Committee until July, 1999 at which time, as indicated by the By-Laws of the NMCOP, new elections will be held by the So. Calif. COP Membership. In the fall 1997 NMCOP Newsletter it was Ellen Ruderman announced that Rosalyn Eig, MSW, would become Chair Elect and would assume Chair's duty September, 1998; Ms. Eig, for personal and professional reasons, is not available to fulfill this commitment.

II. The So. Calif. Area Committee Exec. Board is pleased to announce the resumption of its REFLECTIONS SERIES - a series of interesting and innovative papers and presentations by COP members presented for clinical social workers and the mental health community. REFLECTIONS PROGRAMS for 1999 will be as follows:

January 23, 1999 - “Lesbian Lives: Psychoanalytic Narratives Old and New?" Maggie Magee, MSW Diana Miller, M.D.

*Once again, Dr. Jean Sanville has graciously allowed us to use her home for this event.
February 1999 - "Infertility Issues: Analytic Views on Individual, Marital and Familial Perspectives"
Joan Rankin, LCSW.

Norman Tabachnick, M.D.
Evelyn Tabachnick, Ph.D.
Eleanor Grayer, Ph.D.

April, 1999. “Almost All in the Family: Emotionally Abusive Attachments”
Pat Sable, Ph.D.

III. May, 1999 - The Yearly So. Cal. Area Committee CO Membership Meeting will be combined with a dynamic full-day Conference entitled:
ATTACHMENT ISSUES AND WOMEN’S PSYCHOANALYTIC PERSPECTIVES.
A few of the presentations being discussed for consideration are:

1. Nurturance and Self-Sabotage: Psychoanalytic Perspectives on Women’s Ambivalence About Success or Women Approaching the Millennium: Is the Handmaid’s Tale Just a Novel?
   Ellen G. Ruderman, Ph.D.

   Judith R. Schore, Ph.D.

   Carol Tosone, Ph.D. (By invitation)

There are numerous other presentations being considered which are not finalized at this time; these will be discussed in a future Newsletter.

IV. On June, 17, 1998, The Southern California Area COP hosted a presentation for all Social Work Psychoanalysts and Psychoanalytic Psychotherapists at the home of Dr. Pat Sable. Our speaker was Geri Esposito, MSW, Executive Director of the California Society for Clinical Social Work who flew down from Sacramento to give an excellent and illuminating discussion of The Guild - its meaning for social work clinicians; continuation of The Oral Exam for MSW’s; the new supervision requirements, and many issues pertinent to all Clinical Social Workers. The enthusiastic audience was very appreciative of this opportunity to discuss matters of concern in re: their Practices in the age of managed-care, and to Geri for providing such a wealth of information.

V. The Southern Calif. Area Comm. On Psychoanalysis in Clinical Social Work Executive Board for 1/98 - 7/99:

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TEXAS AREA REPORT

Donna F. Tarver
Texas Area Chair

Texas Area Program for 1998 - 1999:

Nov. 9  The Social Roots of Psychoanalysis
        Monty Evans, PhD

Jan. 11  Psychotherapy with Homosexual Individuals: Special Issues
         Grover Lawlis, MD

Feb. 8  What's In It For You: Unconscious Motivations for Becoming a Therapist
         Lauren Jordan, LMSW-ACP

March 8  Working with Children
         Urszula Kelley, MD

April 5  Marital Therapy After an Affair
         Barbara Hunt Elkins, LMSW-ACP

April 24  SPRING WORKSHOP
         Treatment Dilemmas in Work With Children and Parents
         DISTINGUISHED GUEST SPEAKER
         Diana Siskind, LCSW

PROFILES

Audrey Thayer Walker, MSS, BCD
Area Coordinator of the newly forming D.C./Baltimore NMCOP

Audrey Thayer Walker is a clinician, teacher, consultant, supervisor, and mentor in full time private practice in Washington, D.C. She holds the position of Adjunct Associate Professor at Smith College School for Social Work and at George Washington University Department of Psychiatry and Behavioral Sciences and is on the faculty of Georgetown University Counseling and Psychiatric Services Training Program. She is active in the Greater Washington Society for Clinical Social Worker serving on the Continuing Education Committee, Mentorship Committee, Consultation Committee, and on the Supervision Panel. She is a member of the Greater Washington Smith College School for Social Work Alumni Association where she has served for fifteen years on the Steering Committee, and serves as Representative to the Smith College Alumni Association of Greater Washington. She has served two terms as the Southeast Representative and Alternate to the SCSSW Alumni Association.

Education: Wheaton College, AB, 1957; Majors: education and sociology, minor: religion.

My interest in sustaining and enhancing psychoanalytic contributions to social work is what draws me to the NMCOP's work. Social workers emerging from the most recent decade have too many obstacles and not enough resources to practice their profession as effectively as they might. A psychoanalytic foundation for social work practice is one of those resources. This orientation enables me as a social work professional to be a scientist, intellectual, philosopher, and most importantly artist, even social activist if apropos. To participate in an exciting, sometimes daunting, always dynamic process between one's own inner and outer worlds and that of one's client is compelling. I truly appreciate the depth and resulting professional satisfaction psychoanalytic theory has given to my professional practice. I see that as well in my students and supervisees' experiences. A strong theoretical foundation anchors the social worker as a true professional and provides more flexibility in the choice of technique and practice.
Lots of interesting diverse activities are buzzing disparately within the DC/Baltimore psychoanalytic social work community. I hope that the local chapter will be a vehicle for unifying, focusing, integrating and enhancing. I look forward to my work as local Coordinator and to becoming part of this process.

Dale Woods Dingledine, MSW

A Ph.D. Candidate in clinical social work at Smith College School for Social Work, Ms. Dingledine has taught at the Postgraduate Center for Clinical Studies in Atlanta, and at Smith College School for Social Work, Northampton, Mass.

She has lectured extensively for the South Carolina Society for Clinical Social Work, the National Association of Social Workers (South Carolina Chapter), the University of South Carolina, and South Carolina Department of Mental Health. She worked for many years in the public sector through the South Carolina Department of Mental Health, and now maintains a private practice in Greenville, SC. Ms. Dingledine's particular areas of interest are comparative psychodynamic theories, multiculturalism and identity formation, and personality disorders.

Education: B.A. Hollins College; M.S.W. University of South Carolina; Certificate Program in Advanced Clinical Practice with Individuals, Smith College School for Social Work; Ph.D. Candidate, Smith College School for Social Work.

and you responded! Over 50% of you mailed back the survey and many of you included thoughtful, substantive remarks. We have included the results of the entire survey, including all the personal comments, in this section. While I could not write to each person who wrote, I assure you that the Executive Committee will be seriously studying and discussing the results of this study at our next inperson meeting come January. Please take a look at what our members have to say. The results may surprise you.

FOSTERING HEALING AND GROWTH: It is our hope that this page will promote this highly acclaimed book, edited by Joyce Edwards and Jean Sanville, which was a project of the NMCOP Study Group. This page lists a photo of the book and its editors, the table of contents, and some of its reviews. In addition, this page contains a direct link to “Amazon.com” so that interested parties can order the book quickly and easily. Please consider purchasing a personal copy and using it in the classroom. We are proud that clinical faculty are increasingly using it in the classroom with great success!

CONFERENCE: Last, we have a link to a page which highlights the national conference we will be hosting in New York in January of the year 2000. Please take a long look at this page, mark the date on your calendar, and consider submitting a paper. As the coming year unfolds, no doubt there will be much more information available about this very important event.

For now, this is what we have. As I mentioned above, there will certainly be more to come. Please visit us, encourage your colleagues to look us up, and feel free to send us an email to convey a point of view or to let us know if we can ever be of assistance.

Psychoanalytic Sites on the World Wide Web

- National Membership Committee on Psychoanalysis in Clinical Social Work: www.nmcop.org
- PsyBC: Symposia with panel discussions of psychoanalytic papers: www.psybc.com
- American Psychoanalytic Association: www.apsa.org
- The Psychoanalytic Connection - Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA and the Analytic Press: www.psychoanalysis.com
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