

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

Affiliated with The Clinical Social Work Federation

Volume 18

Spring 1999

## President's Message:

David G. Phillips, DSW  
President



David Phillips  
NMCOP President

The NMCOP has recently opposed, along with the other organizations in the Psychoanalytic Consortium, bills that would have certified the title of "psychoanalyst" in some states. One or two of our members have raised questions about NMCOP taking this position, so I will try to explain it further in this column. The model I will use is the current situation in

New Jersey, but similar issues could arise any time in any other state.

A bill is pending, as of this writing, in the New Jersey Legislature that would create the title of "state certified psychoanalyst." In order to attain this title applicants must have: received a master's degree from an accredited institution of higher education; received a graduate certificate in psychoanalysis from an institute chartered by a state or foreign government or accredited by a national psychoanalytic association, and; successfully passed an examination to determine competence to practice psychoanalysis.

The organizational sponsor of this bill is the American Board for Accreditation in Psychoanalysis (ABAP). This group has been attempting to secure the authority to

accredit psychoanalytic training in the United States for many years. It had previously worked on a national level, having petitioned the Commission on Recognition of Post Secondary Accreditation (CORPA) for this authority. (CORPA is an agency of the United States Department of Education, and accredits other accrediting organizations in education). Following this defeat, ABAP seems to have adopted a "state by state" strategy to achieve accrediting authority.

In March of 1995 ABAP's petition to CORPA was denied. In a devastating report, CORPA noted that "ABAP failed to demonstrate that its accrediting standards are adequate to ensure appropriate educational preparation in psychopathology and psychodiagnosis" and that "ABAP... provided no evidence that it has standards requiring institutes to evaluate and determine reliably and objectively whether students have mastered competencies in psychoanalysis." The New Jersey bill states that institutes can be accredited by a "national psychoanalytic association," but the only current organization that claims such status is ABAP whose standards were found to be seriously inadequate by CORPA.

As I have reported in previous columns, the NMCOP has been working for many years with the Psychoanalytic Consortium to draft a set of training standards that can be agreed on by the major psychoanalytic organizations in the United States. A provisional draft of standards has

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## ... from the Editor

Donna Tarver  
Editor



Donna Tarver

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 encourages social workers that have an interest in writing to use the Newsletter as a vehicle for converting their interest into the writing process.

Enclosed in your Newsletter is the early brochure for the **7<sup>th</sup> National Conference of the NMCOP** with a partial listing of highlights for the January year 2000 New York Conference. We are pleased to be able to profile two of the Nationally Renowned Speakers to be featured there — Leon Wurmser and Morton Chethik profiled by Monica J. Rawn and Ruth Oscharoff. The brochure includes the **Early Bird Registration Form** for the conference and I urge you all to register immediately for this very exciting opportunity. Thanks again to Rosemarie Gaeta, Conference Chair and Judy Kaplan, Program Chair (and her hard working committee) for their continued efforts make this a special event.

Diana Siskind has again brought us three exceptional Book Reviews. All of the authors of these books are NMCOP members who will be presenting at the conference. Anne Marie Dooley has reviewed **Lesbian Lives: Psychoanalytic Narratives Old and New** by Maggie Magee and Diane C. Miller. Louise L. Crandall has reviewed Jane Hall's book **Deepening the Treatment** which was published in 1998. Susan B. Sherman has reviewed **Narcissistic Disorders in Children and Adolescents: Diagnosis and Treatment**, a collection of fifteen papers edited by Phyllis Beren.

Thanks to all contributors to this issue: Barbara Berger, Louise L. Crandall, Anne Marie Dooley, Margaret Frank, Bill Meyer, Ruth Oscharoff, David Phillips, Monica J. Rawn, Susan B. Sherman, and Diana Siskind.

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now been completed, and is being circulated to psychoanalytic training institutes for comments and response. When these standards are finally completed, it is the intention of the Consortium to use them as the basis for establishing a National Board for the accreditation of psychoanalytic training programs.

The training standards in the Consortium draft are extensive and specific, calling for personal analysis, supervised analytic work with adult patients, and didactic study. The New Jersey bill contains no specific training standards. A psychoanalytic program would be either accredited by a state or foreign government, none of whom have standards for psychoanalytic training, or a "national psychoanalytic association" which has standards which have been found to be inadequate.

In addition, the New Jersey bill would offer certification to candidates entering psychoanalytic training with any master's degree. The NMCOP, along with the other Consortium organizations, has consistently taken the position that psychoanalysis is a sub-speciality practiced by the mental health professions of psychiatry, psychology, clinical social work, and psychiatric nursing.

This discussion of psychoanalytic training standards and the many organizations involved in trying to accredit psychoanalytic training programs may seem obscure and unimportant to many readers. The establishment of strong and clear standards for psychoanalytic training is, however, one of the main concerns of NMCOP and its partners in the Consortium. Adoption of standards of this kind is the only way to assure both candidates and patients that they will get the training and treatment they are entitled to.

## PHILADELPHIA SCHOOL OF PSYCHOANALYSIS

313 South 16th Street  
Philadelphia, PA 19102  
Phone: 215.732.8244 Fax: 215.732.8454

The *Philadelphia School of Psychoanalysis* is actively seeking new students for its 4-year clinical training program beginning in September 1999. Classes are held on Saturdays from 9:00am to 2:30pm, September through May. Three courses are taught each semester by certified psychoanalysts. The school is one of the oldest and largest psychoanalytic training programs in the country and is accredited by the American Board for Accreditation in Psychoanalysis. Candidates typically have backgrounds in social work, psychology, allied mental health and other fields.

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For details on our programs or copies of our publications, please contact: Susan L. Davis, Ph.D., Director of Admissions, at ext. 600, or write to the School at: 313 S. 16th Street, Philadelphia, PA 19102.

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## CELEBRATING THE LONG TERM THERAPIST

William S. Meyer, MSW, BCD  
President Elect



William Meyer

I begin this column by revealing my envy of those who have been in the spotlight due to their unique skills, accomplishments, hard work and good luck. As someone who lives in ACC basketball country, for instance, I, like every other fan, have imagined how exhilarating it would feel if I were on the court, and my every

swish, steal, rebound, and dunk provoked thundering applause from thousands of awe-struck admirers. It is not only athletes I envy. Remember the news story that appeared several months ago about the physician who had reattached a man's hand? I envied him too. He made headlines around the world. Glowing tributes were offered for his unique accomplishment and he was acknowledged, not only for what his work might mean for this particular patient, but for other sufferers who might follow.

The practice of long-term intensive psychotherapy does not lend itself to notoriety. No matter how well we do our work, it is exceedingly rare that something dramatic happens. The caricature of the patient with the overhead light bulb, the so-called "aha" experience, can be found much more commonly in cartoons than real life. Our work has all the sensationalism of a one-move-a-day chess game. A small gain is won, then temporarily lost, then regained, and so forth. Ho-hum.

Even when something goes extremely well — when we have made that incisive interpretation or that deeply

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empathic connection — it is an exceedingly private matter. It happens behind a closed door, during a private interchange, far from those who might be impressed by such moments, even if they would have understood them to begin with.

I could better learn to live with the lack of public acclaim and tolerate my own envy, if I didn't continually encounter relentless public derision, especially by other clinicians. I once heard a managed health care psychiatrist give a keynote address to a large group of social workers. He began his talk with the line, "I am a recovering long-term therapist!" He got a big laugh. I felt angry and I remember staring at him coldly. He, and others like him, portray us as elitists whose patients are more like whining Woody Allen's than men and women who are grappling with genuine pain and misery. If our patients are portrayed as "the worried well," then we must be the greedy simpletons who indulge them.

I very much resent this mischaracterization based on such an egregious misunderstanding. Those of us who provide this type of devoted psychotherapeutic care have worked hard and sacrificed much to attain clinical expertise. It is an outrage that we should be diminished by colleagues and others who are reacting to the various other currents in mental health care which, at baseline, are almost all instigated by a system in which profit is king.

The work we do with our patients can be extraordinarily demanding. Virtually all of our long-term patients have suffered severe hardships. Many of us have spent years tediously slogging through the work, day after day, hour after hour, striving inch by inch to reach a recalcitrant patient, to help another relinquish a long-held defense, to strengthen someone's brittle sense of self or to build with another a basic sense of trust.

The gains often come slowly, particularly with those who have a long-term history of failed human relationships. But gradually, sometimes after months, sometimes after years, we notice movement. We observe that a patient has begun to relax in sessions, to freely associate, to make eye contact with us, to communicate with others, and ultimately, *we hope*, to work, to love and to play. It is because of us — because of our vitally important work that some patients have a first time glimmer of hope.

We change lives. We save lives. For many we make lives worth living. We are due recognition. Let us quietly celebrate each other.



Diana Siskind  
Book Review Editor

# BOOK & FILM REVIEWS

All three books reviewed in this issue were written by members of NMCOP, and all of these authors will be presenting papers at workshops and panels at our next national meeting, which will take place January 20th-23rd of the year 2000 in New York City.

## LESBIAN LIVES: PSYCHOANALYTIC NARRATIVES OLD & NEW

By: Maggie Magee & Diane C. Miller  
1997, The Analytic Press, Mahwah, New Jersey  
448 pp. \$55.00.

Reviewed by Anne Marie Dooley, CSW, BCD

This is a very comprehensive, thoughtful and courageous examination of lesbian women in history, literature, current culture, psychoanalytic theory, practice and training, and most importantly, in the analyst's office.

It is also an antidote to what the authors identify as twenty centuries of historical omissions and silences on the subject of female homosexuality. That theoretical and clinical discussions about homosexuality have only recently (1995) included gay and lesbian analysts, is one omission that the authors rectify. Written by two analysts on the faculty of the Los Angeles Institute and Society for Psychoanalytic Studies, Maggie Magee and Diane Miller believe it is their personal relationship and professional experiences as lesbians that made this narrative both possible and necessary. To deepen an analytic understanding of lesbians in clinical practice, the authors reverse the silence and speak in clear, intelligent, convincing voices that urge change.

A scholarly examination of homosexuality in psychoanalytic history, the impact of social context and cultural considerations on identity, the etiology of female homosexuality from psychoanalytic and biological perspectives, and theories (some dangerously inaccurate) of female and lesbian sexuality comprise the first part of the book. The authors offer an intellectually provocative and complex perspective. Both began psychoanalytic training with the belief that it would provide an understanding of the etiology of female homosexuality. They now recommend that analysts working with lesbian patients "set aside their search for a categorical etiology," as one does not exist. "This text offers no lesbian-specific psychology, no characteristic family history, structural conflicts, internal object relations, or psychological developmental

lines that lead to female same-sex relationships or sexual attraction." What it does offer is an understanding of the developmental and psychological consequences of identifying as homosexual to oneself and to others, and of having lesbian relationships. The psychodynamics of "coming out" for example, while scarcely addressed in psychoanalytic literature, is understood here as "an intrapsychic and interpersonal process through which identity is both created and revealed." (P.125)

The second part of the book presents extended clinical material from the analysis of several patients focusing on related treatment issues. Gender identity formation and disturbances are discussed, with the authors again urging analysts to move beyond the confines of concrete sexual dichotomies and gender-split functions. In distinguishing between anatomy, a fixed, permanent property of a person, and gender, which is learned and revised, they attribute to the latter a fluidity and a complexity of rich and varied self and object representations. Illustrations of this complexity in transference material are masterfully handled, as are other transference issues, both those specific to lesbian analysts and those with broader application. Regarding analytic anonymity, the authors state, "we have never initiated any disclosure about the existence of our relationship to our patients. Neither, however, have we ever denied it. We try to use the discovery of our lesbian identity or relationship as analysts try to use all material in analytic treatment. We try to explore with each patient its particular significance and meanings." (p.208) Examples of these explorations in the clinical material lead, not surprisingly, to rich, in-depth treatment for the patient, and equally rich reading for this book's professional audience.

The dialogue among analysts, homosexual and heterosexual alike, that Ms. Magee and Ms. Miller encourage is off to a good start with this "state of the art" study of female homosexuality. It is a well-written, well-researched, and valuable addition to the professional literature that informs and challenges existing reductionistic theories.

Maggie Magee, MSW and Diane C. Miller, MD are psychoanalysts in private practice and members of the Los Angeles Institute and Society for Psychoanalytic Studies in Los Angeles, California.

Anne Marie Dooley, CSW, BCD is a psychoanalyst in private practice in New York City.

## DEEPENING THE TREATMENT

By Jane S. Hall, MSW

Jason Aronson Inc., Northvale, New Jersey, 1998  
224 pages, \$40.00.

Reviewed by Louise L. Crandall, PhD

Jane Hall has written a very unusual book. It is straightforward and easy to read yet it contains the wisdom that has been passed along by many generations of psychoanalysts. It is clear that this book is the culmination of the author's many years of practice, teaching and supervising. She is a thoughtful and sensitive clinician who knows her subject so well that she is able to put it into words that are clear and uncomplicated. She has avoided the use of jargon and instead uses simple metaphors to convey complex theoretical ideas

The book reflects the author's unequivocal enthusiasm and optimism about psychoanalytic treatment and her dedication to the idea that people from all walks of life and at all levels of functioning deserve a second chance to live richer lives. The title of this book reflects the author's belief that psychoanalytic psychotherapy and psychoanalysis exist on a continuum and that the deepening of the treatment occurs naturally under certain conditions which she describes.

The book is divided into eight chapters. The first two deal with setting the stage and the first meetings. The next three deal with deepening the treatment, considering the patient's pace and respecting the patient. Two chapters concern special issues in treatment: separations and tolerating the patient's rage. The last chapter describes the process of converting a psychotherapy into a psychoanalysis.

What is unique about this book is that while the author is well grounded in the issues of classical psychoanalytic technique, i.e. transference, countertransference, resistance and interpretation of dreams, fantasy and action she has not organized the book in this traditional way. She is more focused on the experience of the patient who tests the therapist and the treatment situation and the experience of the therapist who shows the patient that the journey is worth taking and that the therapist is a trustworthy guide. In this respect her book is an original contribution. The author believes that the therapist must have certain fundamental attitudes in order for the stage to be set for deeper work, particularly respect for the patient and a stance of benevolent curiosity.

Jane Hall believes that psychoanalytic treatment is the treatment of choice for a wider scope of patients than has previously been documented. She feels that diagnostic

labels often preclude an open-minded approach to the patient. She cites clinical examples of patients who have experienced severe deprivation and neglect who were able to use psychoanalytic treatment to blossom, including an intellectually challenged patient and an ex-heroin user. She warns that "if the diagnosis overshadows the treatment possibilities it can blind and deafen us to the intricacies and subtleties of our patients."

As psychoanalysts we are often accused of being cold and distant. No one reading this book can mistake the care, devotion and respect Jane Hall has toward her patients. It comes through on almost every page in every clinical vignette. What is noteworthy about her approach is that the author does not find it necessary to succumb to the pressures of our day to disclose personal information or countertransference feelings in order for the patient to feel her supportive presence.

The author believes that separations between patient and therapist are crucial times in terms of the patient's relationship to the therapist. Therefore, she has devoted a chapter to describe the issues that are likely to come up at these times. She emphasizes the importance of understanding the conscious and unconscious meanings of the separation but also describes the technical handling of planned vacations and unanticipated absences that facilitates the deepening of the psychoanalytic work. The author also devotes a chapter to the significance of the therapist's ability to tolerate the patient's expression of rage saying that it is one of the most difficult and important tests the therapist must pass when doing psychoanalytic work. She describes signals that indicate that the patient's rage is being split-off or suppressed and therapeutic attitudes that make the patient feel it is unsafe to feel his rage. These two chapters make a valuable addition to the psychoanalytic literature.

Jane Hall raises the interesting idea that the reluctance to go deeper in treatment comes not only from the patient but from the therapist as well. She sees psychoanalytic psychotherapy as the first leg of a journey that may or may not continue, which in part depends upon the analyst's stamina, perseverance and conviction (consciously and unconsciously) to do the work. She believes that without analysis the chances of structural change and growth are limited. She is critical of the psychoanalytic establishment for not being able to convey to the public that analytic work is a viable investment of time and money.

This book has been written for beginners and experienced clinicians alike. For the beginner it is filled with answers to the myriad questions that come up in everyday practice, for example, what to do when the patient

*Please see Book Review on page 6*

misses a session, wants to reschedule sessions, wants to delay payment, wants to reduce the frequency of sessions. For the advanced practitioner the author has addressed so many of the major technical controversies in our field. This book is deceptive in its simplicity.

The process of learning to become a psychoanalyst or a psychoanalytically oriented psychotherapist is a long arduous journey in itself. Because of Jane Hall's enthusiasm and optimism, warmth and sensitivity as a clinician, supervisor and teacher and her lovely way with words, this book is bound to serve as a trustworthy guide for many generations to come.

Louise L. Crandall, PhD, is psychoanalyst in private practice in New York City. She is a member of The New York Freudian Society and an Adjunct Associate Professor at NYU School of Social Work. In addition, she has been involved in the planning of the 7th NMCOP Clinical Conference to be held in New York in January 2000.

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## Aims And Purposes Of The NMCOP

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

## Narcissistic Disorders in Children and Adolescents: Diagnosis and Treatment

Edited by Phyllis Beren, Ph.D.; Jason Aronson, Inc., Publishers, Price: \$55.00.

Reviewed by Susan B. Sherman, DSW

Any therapist who has worked intensively with a narcissistically disordered child knows what a demanding, unsettling and frustrating task it can be. In this collection of papers about the diagnosis and treatment of narcissistic disorders in children and adolescents, edited by Phyllis Beren, our experiences as therapists are validated and we are afforded new pathways for understanding and helping these children. If the measure of a clinically applicable book is the experience of having one's patients appear before one's eyes as one reads, this book masterfully fulfills that criterion.

Phyllis Beren's introduction is excellent; it precludes and integrates the important concepts to be found in the papers; i.e., a consensus among the authors that certain characteristics are common in children with this diagnosis; e.g., a lack of empathy, need to control, lack of regulation of self esteem and affect; that the parents of these children often have similar pathology; that the children tend to "enact" in their treatment, rather than use language, provoking intense countertransference reactions in the therapist. Beren says the goal of this volume is to "refocus our interest on the inner life of children, including both their internal conflicts and their reactions to the environment, while acknowledging the role of the family system" (p. xiv) with the more particular focus on the variety of narcissistic disorders found in children. While Beren points out that narcissistic concerns occur on all psychosexual and developmental levels this book emphasizes the more severe narcissistic pathologies. Nine of the fifteen papers have been previously published between 1977 and 1996, but each was carefully selected for inclusion because of its original contribution.

Part I of the book, entitled "Thinking about Narcissistic Disorders in Children and Adolescents," addresses the etiology and pathology of this disorder, which the authors view as arising in the pregenital phase of development, but incorporating aspects of oedipal development as well. Distinguishing between preoedipal and oedipal aspects of development, Edgecumbe and Burgner describe a preoedipal phallic phase and a phallic narcissistic phase. They show how children with narcissistic disturbance frequently present with some form of gender confusion and have difficulty identifying with the same sex parent and sharing the primary object. Beren believes that, for these children, the oedipal phase becomes distorted

because they have not developed a beginning cohesive self, causing the erection of narcissistic defenses to cope with such fears as separation, loss of autonomy and control. Beren refers to Bach's work on adults, concluding that the prevalence of sadomasochistic traits can be traced to preoedipal origins of shame and humiliation. The premature development of oedipal conflict is noted by Mahler and Kaplan, who urge us not to oversimplify our understanding of this disorder since the pathways may vary and there are more or less severe manifestations. Joffe and Sandler suggest that the central feature in disorders of narcissism in children is "the existence of an overt or latent state of pain that has constantly to be dealt with by the ego; and that the defensive and adaptive maneuvers which are responses to it can assume pathological proportions" (p. 12). Such responses include lack of self-esteem, feelings of inferiority, unworthiness, shame and guilt, and they suggest that the developmental causes vary. Marsha Levy-Warren discusses both healthy and pathological narcissism in adolescence, presenting a patient in whom early narcissistic development was impeded, where healthy narcissism is restored through the therapeutic work.

The book continues with a section on assessment and diagnosis. The diagnosis of a narcissistic disorder in a child is formulated in the usual way: from history, behavior and personality traits observed at home and at school, but ultimately confirmed by what takes place between the therapist and patient. The criteria for diagnosis is clearly explicated by Phyllis Beren in her chapter "Narcissistic Disorders in Children." Her formulations later resonate in the six case illustrations comprising the last section of the book. She delineates specific and applicable criteria for making this diagnosis by way of an elegant case example and through her thinking about her work with other similar patients. We learn the most about these children, she says, through the ways we observe ourselves to be working with them, i.e., when we notice that we are moving away from an interpretative stance to a "corrective emotional experience." As Chused illustrates, narcissistically disordered children tend to experience psychotherapeutic intervention itself as a deep narcissistic wound. They have disturbances in self-esteem regulation which create both overvaluation and undervaluation of themselves and their objects, including the therapist. A compelling need for a self-object places great demands on their relationship to the therapist. Their lack of self-awareness disallows empathy for others and themselves; precocious ego development results in an overdevelopment of self-sufficiency. These behavioral expressions of their emptiness and sense of impoverishment are enacted between the patient and therapist in the treatment room. We feel bored, ineffective, helpless to help. Beren and others (e.g., Chused, Sloate) describe how their patients responded to the most

gentle reflection of their behavior as an assault, a narcissistic injury. Actions or enactments, rather than language, are the tender of communication, says Chused. A perverse anal-aggressive and sadomasochistic play style was noted by many authors (Chused, Frosch, Rosegrant). A child's disregard of rules, urgent need to win, and feelings of utter devastation when he has lost, result in cheating and lying. The contempt expressed toward Chused by her young patient induced feelings of vulnerability and self-protection in her. Parker shows how remaining consistent and "holding," while shut out by her patient over a long period of time, gradually created a safe enough environment for him to begin to share what was inside.

Several of the authors comment on the parents' dynamics and the difficult work one must do with them as well. "Intermittent Decathexis -- a Type of Parental Dysfunction," by Robert and Erna Furman, describes a specific aspect of the parent's behavior toward their child that offers a key to diagnosing narcissistic disorder in children and deepens our understanding of them. "Intermittent decahexis" is defined as "not seeing the child," a profound obliviousness, a disconnection between parent and child where the child is made to feel nonexistent, arousing extreme narcissistic rage. They suggest that this behavior reflects a primitive defense, close to primary process, an attempt to erase competition "between the parent's wishes and the child's needs" (p. 42). This enormous narcissistic injury leads to difficulties in formulating an integrated body image. Parker and Bene point out that parents may experience the therapist as interfering in the mother-child bond and may, therefore, need to sabotage the treatment. In Parker's work with a challenging child and mother, the treatment ends prematurely following her suggestion the mother begin psychotherapy which coincided with a summer break. While parents of these children often need to be in their own treatment for the child to sustain his, they are frequently unable to tolerate either. A heightened sensitivity to separations and breaks in the frame can elicit a serious regression and, frequently, a flight from treatment.

*Please see Book Review on page 10*

## ARTICLES IN UPCOMING ISSUE:

- ◆ Book Reviews.
- ◆ Information on the 7th National Clinical Conference to be held in New York in January of 2000.

**ATTEND THE CONFERENCE:  
INCLUSIONS & INNOVATIONS:  
VISIONS FOR PSYCHOANALYSIS IN THE NEW MILLENNIUM**

JANUARY 20TH - 23RD, 2000 AT  
THE NEW YORK MARRIOTT, WORLD TRADE CENTER

**CALIFORNIA**

**LOS ANGELES**

Jean Sanville, MSS, Ph.D.

"Thinking About Writing!"

Friday, September 17, 1999

4:00 - 6:00 PM

RSVP by 8/1/99

Call 310.472.6452

**ILLINOIS**

**CHICAGO**

Amy Eldridge, Ph.D.

"Clinical Writing for Publication: Sorting  
Through the  
Dilemmas & Difficulties"

Friday, October 15, 1999

10:00 - 11:30 AM

RSVP by 10/1/99

Call 847.432.3204

**NEW YORK**

**NEW YORK CITY**

Joyce K. Aronson, MSW, PhD

"Mastering the Struggle to Write by  
Sticking Close to the Clinical Material"

Sunday, June 6, 1999

2:00 - 4:00 PM

RSVP by 5/15/99

Enrollment is limited

Call 212.860.1961

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**CHICAGO**

William Borden, Ph.D, LCSW

"Writing Well"

Thursday, June 10, 1999

9:00 - 10:30 AM

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Enrollment is limited

Call 312.674.1667

**MASSACHUSETTS**

**NEWTON**

Margaret (Peggy) Frank, LICSW, BCD &  
Joan Bolker, Ed.D., LICSW, BCD

"Writing Past the  
Watcher at the Gate"

Monday, September 27, 1999

7:30 - 9:00 PM

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Call 617.965.3315

**DIX HILLS, LONG ISLAND**

Michelle Joy Levine, MSW

"Helping More People Through Writing  
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Saturday, June 12, 1999

11:00 AM - 12:00 PM

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Richard Alperin, DSW

"Writing an Article for  
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10:00 AM - 12:00 PM

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**BELLPORT**

Joyce Edward, MSW, BCD

"Writer's Workshop"

Sunday, September 26, 1999

9:30 AM - 12:00 PM

RSVP by 8/20/99

Enrollment is limited

Call 516.286.3691

**CHICAGO**

Constance Goldberg, LCSW, BCD

"Making Writing Possible:  
From the Idea to the Text"

Friday, September 17, 1999

1:30 - 3:00 PM

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# BEGIN THE MILLENNIUM IN A SCHOLARLY SPIRIT:

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Professional  
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## NEW YORK

### NEW YORK CITY

Diana Siskind, MSW

"On Becoming an Author"

Monday, September 27, 1999

8:00 PM

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Enrollment is limited

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### ROCKVILLE CENTRE

Cess Weintraub, Ph.D.

"From Idea to Finished Manuscript"

Saturday, October 16, 1999

10:30 AM - 12:00 PM

RSVP by 10/4/99

Enrollment is limited

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### NEW YORK CITY

Phyllis Beren, Ph.D.

"Writing an Edited Book"

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8:00 PM

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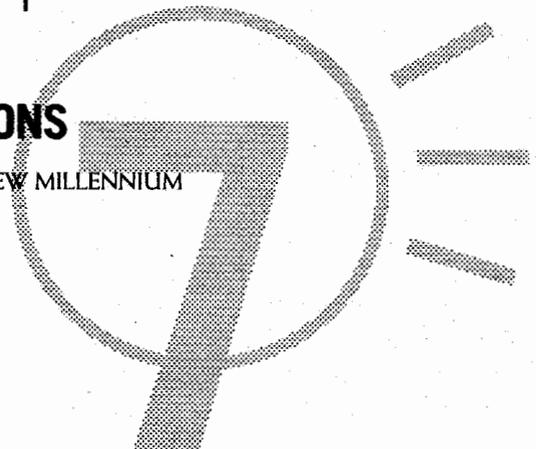
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Morrel brings a compelling and significant perspective in his paper "Attention Deficit Disorder and its Relationship to Narcissistic Pathology." The issue of whether the overdiagnosis of ADD may at times obscure a more accurate diagnosis of narcissistic personality, brings attention to the larger problem before us: whether long term treatments are being replaced by quick medication cures. "Neurobiology is not the enemy of psychoanalysis, reductionism is," Morrel tells us (p. 128). He argues that a loss of specificity in the diagnosis of ADD has affected its becoming a diagnosis based on behavior, which ignores both relationship and narcissistic pathology, based on a child's attempt to protect his self-esteem and tolerate his affects. He gives detailed and cogent examples of patients where ADD was clearly a misdiagnosis, including one where parents sought Ritalin for their child so that she would do better on her SATs! This dangerous anti-psychoanalytic stance, Morrel argues, precludes an appreciation of the fullness of a human being's emotional experience, preventing a child with narcissistic pathology from having the most effective treatment.

The six clinical papers in the final section of the book, by Chused, Frosch, Parker, Rosegrant, Shopsin and Sloate, establish both the variety and commonality of experience where issues of narcissism predominate. All of these case illustrations are of latency age children, which may reflect Morrel's idea that children of this age with disruptive classroom behavior are referred more frequently for psychotherapy with the hope of an ADD diagnosis and medication solution. While it is impossible to capture the richness and wealth of the scrupulous work contained in these papers, I will briefly comment on two. Sloate's paper, "The Role of Auditory Defenses in the Treatment of a Narcissistic Boy" uses infant research to illustrate the part played by early developmental processes in the formation of narcissistic pathology and the genesis of auditory defenses. A previous paper by P. Kernberg (1989) discussed developmental distortions in the visual sphere, i.e., gaze, the difficulty narcissistic children have with maintaining eye contact. Sloate demonstrates that severe disruptions in early object relations may promote a pre-symbolic substructure that could predispose a child to narcissistic pathology. While the Furmans describe the parent who cannot see the child, Sloate describes the child who cannot hear the parents. The boy with whom Sloate worked experienced his mother's words as unbearable assaults on his being. Sloate was challenged with finding a way into the child's world. Initially her patient was not effectively present; he withdrew to a place where he could preserve his omnipotence but was unable to make use of what his therapist had to give. Sloate meticulously traces her

painstaking work to a turning point where the child could invest words with meaning and sense and relate libidinally to the therapist and himself as "meaning givers" (Bach, 1985). Sloate comments on this work deepening "... our appreciation of the tenacity of narcissistic conflicts and defenses, and the magnitude of the clinical task when we undertake such treatments" (p. 209).

Frosch tells us about his work with David in his paper "Narcissistic Injury and Sado-masochistic Compensation in a Latency-Age Boy." He beautifully describes how the child's never feeling central in his mother's life leads to a paucity of defenses and a tendency to rapid rage. While devaluing his objects he never relinquishes his longing to obtain what he needs from them, expressed in his constant demands for love. The resolution is played out in an elaborate anal-sadistic fantasy, and Frosch demonstrates, as do each of the authors, how children with narcissistic pathology make the therapist feel helpless and out of control. With a great deal of honesty about his inevitable countertransference, Frosch shows how the containment of his own aggressive feelings toward David and deep understanding of his enactments, serve to heal him.

As Beren summarizes, the amount, intensity, and kinds of feeling aroused in the work we do with narcissistically disordered children is formidable, and our obligation to utilize our deepest self-reflection in the treatment make this work perhaps the most challenging and meaningful that we do. This book can help us do that work.

#### REFERENCES

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Susan B. Sherman, D.S.W. has an adult practice of psychoanalysis and psychotherapy and a child practice of psychotherapy in Manhattan and Long Island. She is on the faculties of the Society for Psychoanalytic Study and Research, and the Jewish Board of Family and Children's Services Clinical Training Institute, and on the adjunct faculty of Adelphi University School of Social Work.

# Consortium Update

Margaret G. Frank MSSW BCD  
Past President, NMCOP



Margaret Frank

The Psychoanalytic Consortium meets again at the end of May. There have been few internal communications save on our joint efforts to influence the Federal Government on the legislation that seems bound to erode patient confidentiality.

There are two major projects that are currently objects of the Consortium's attention. The first has to do with the preliminary draft of our standards for analytic training. As you know, this has been an ongoing effort accompanied with a great deal of tension. The process has been slow but a document has been written which contains minimal standards agreed upon by all of the organizations with room for institutes to hold to their own standards as long as they are higher. Shortly, these will be distributed to institutes and members for their input. The goal is to create a document acceptable to all that can be adopted by the DOE (Federal Department of Education) and CORPA.

The second major issue involves expanding the membership of the Consortium. Several organizations have approached the Consortium. In response, the Consortium has articulated guidelines for membership. The most important of these guides are that the organization must be a membership organization. Considerable tension has arisen related to the tone of the IPS's approach to the Consortium. (Currently the IPS is not a membership organization). In addition the APsAA has made public commitments to their joining. No one in the Consortium is against increased membership. The commitment is to their meeting the standards for membership.

As the decks clear we will be able to turn our attention to issues in psychoanalytic education in the professions. There is no question that cooperation has grown in these years of working together. At the same time there seems to be a reticence to explore what we might learn from each other.

The latest issue of TAP contains reports on a number of interesting projects run by analysts where the attention is on community and front line problems. One cannot tell whether these projects have availed themselves of consultation with social work psychoanalysts who have had long experience with the use of and translation of psychoanalytic theory to children and adults who live on the margin.

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# NMCOP AND CSWE: THE NEED FOR A PRESENCE, THE HOPE FOR A VOICE

By Barbara Berger

CSWE, the Council on Social Work Education, held this year's 45<sup>th</sup> Annual Program Meeting in San Francisco from March 10-13. For the first time, NMCOP had a representative there. The experience created a powerful message about the importance of having a presence in these meetings. Thousands of educators in social work come together at the APM and share their work and concerns about educating new social workers at the BSW and MSW levels. It is a major concern for our organization that the importance of clinical issues, theory and research be emphasized for education in schools and at these meetings.

The Clinical Symposium, a group of clinical social workers advocating the need for this input at the meetings, provides the vehicle through which we can be heard. This symposium is currently led by Dr. Alan Levy of Loyola University Chicago, chair; and Dolores Dungee-Anderson, University of Virginia, chair-elect. They have guided a small, but enthusiastic group of academicians and clinicians wishing to strengthen the presence of clinical content in curriculums. This can be accomplished in relation to CSWE by the submission of papers, directly through the clinical symposium, to future conferences. The deadlines for papers are always April 1 of the year prior to the conference, almost a year before the next APM. The next APM for which papers may be submitted is March 8-11 of 2001. The paper proposal is due by April 1, 2000. Acceptable papers fall into several categories. Conceptual papers should be on a subject relevant to social work. They should contain well substantiated ideas grounded in theory and be important in social work education. CSWE also welcomes empirical papers and papers about innovative educational ideas relevant to social work or social work education.

The education of our newest professionals is the best way to influence the practice of clinical work in our field. When clinical social workers have access to good training in psychoanalytic models of development and treatment, they bring deeper, more insightful knowledge to the people with whom they work. Through a stronger presence at the Annual Program Meeting of CSWE, we have an opportunity to be influential.

Copy Deadline for our next issue is

September 15, 1999

## Profiles

### PROFILE OF LEON WURMSER, M.D.

By Monica J. Rawn, CSW, BCD



Leon Wurmser

The National Membership Committee on Psychoanalysis has invited Leon Wurmser, M.D. to be a Distinguished Speaker at our upcoming national conference in January 2000. We are most fortunate that he has accepted. Trained at the Baltimore-DC Institute for Psychoanalysis, our illustrious speaker is a training and control analyst at the N.Y. Freudian Society, a member of the American Psychoanalytic Association, and of the International Psychoanalytical Association.

Dr. Wurmser retains citizenship in Switzerland, his birthplace, where he obtained his medical and psychiatric training. He lives with his wife in Maryland and they have three sons. He must accrue enviable mileage as a most "frequent flyer" in his flights to Switzerland, Sweden, Germany, Austria, Czechoslovakia, and Russia where he regularly teaches. (In fact, at the time we spoke, he was about to take off, flu and all, to Germany where he was scheduled to deliver a paper).

The paper Dr. Wurmser will present to us at the Conference is titled, "Magic Transformation and Tragic Transformation." The theme was inspired by his reading of Tolstoy's 1899 little known novel, **Resurrection**. The story follows Prince Ivanovitch Nekhludov's dedication to making restitution for a past wrong he committed against a prostitute he had once known. By happenstance, he is later called upon to serve on her jury after she is charged with a murder she is innocent of. Acquitted, she is nevertheless sentenced to hard labor in Siberia as a result of bureaucratic bungling. Feeling responsible for her fate, the prince determines to follow her. Out of his egalitarian ideal, he gives away his property to his peasants. The novel, I think, raises questions of guilt and responsibility on four levels. One is the false charge against Katusha, the prostitute. The second is the self accusatory Prince, who seeks the resurrection of his soul. Tolstoy's story is an implied commentary on society's guilt and responsibility, and finally, there is Tolstoy, who in fact accused himself of triviality for having written the novel.

Dr. Wurmser provides us with his abstract of "Magic Transformation and Tragic Transformation":

Our fairy tales and myths, our dreams and fantasies lived from the wishes that we could magically change ourselves and the world we live in. In almost every hour of our psychotherapeutic or psychoanalytic work we meet this hope for

magical transformation that our patients set in various objects in the outside: in drugs, or our presence, or in the symbiotic union with others, in money, in gambling, television, success, food and especially also in sexual gratification or religious ritual. They feel supported in their hope for magical transformation by the spirit of our civilization. The expectation is ubiquitous that complicated problems could be solved by simple means: a profuse assortment of medications, a panoply of abbreviated treatment approaches or of technical, even surgical manipulations. What would require patient labor, what would call out for self-confrontation with the painful conflicts of being human is being replaced by quick methods, shortcuts and the incessant request for ostensibly more cost-efficient measures, although what is faster does not have to be more effective. Such magical transformation is contrasted by what George Eliot called in "Daniel Deronda" 'tragic transformation.' What she means with this is not something that is in our common understanding something sad, but it refers to a process of profound inner change brought about by suffering, i.e. trauma, through massive inner conflict, through insight and through action or active work, in behalf of somebody else or in the service of a great cause. These 4 steps of inner and often external suffering, of inner and often also outer conflict—especially conflicts between opposing values, ideals and commitments—of deeply altering insight and of transforming such knowledge into a serving activity is one way of looking at the change in an effective psychoanalysis. Another intimately related way is the observable shift from a preponderance of inner compulsiveness to a sense of inner freedom.

Dr. Wurmser will present clinical material, which, incidentally, will be included in a German text soon to be published.

Dr. Wurmser's clinical interests are wide in scope, as are the patients he treats psychoanalytically. He has long been a maverick in analyzing patients often labeled unanalyzable, using the minimal in parameters, with a focus on intrapsychic conflict, defense, and superego analysis. His research interests include the psychodynamics of compulsive drug abusers, and to that end, he has served on various government commissions, committees, and advisory boards concerned with addictions. Dr. Wurmser has served on the faculty and administration of a variety of educational and psychoanalytic institutions both in America and abroad, where he lectures several times yearly. Among his many honors, he received the Outstanding Teacher in Psychiatry, Residents' Award for 1978-79 from the University of Maryland. He received the Award for Pioneering Excellence and Achievement from the American Mental Health Foundation, and the Award by the Margit-Egner-Foundation in Zurich for work done in anthropologic psychology and philosophy. He has published about 300 scientific articles, authored 8 books, coedited 6 volumes, and written a yet to be

published novel. The impressive breadth and depth of his scholarship is further reflected in his mastery of many languages, some of which he has published in: German, French, Swedish, Latin, Ancient Greek, Hebrew, Czech, Russian, Norwegian, Italian, Spanish, Yiddish, Aramaic, and Chinese. (He has promised to present his paper to us in English!)

Asked who most influenced his work, Dr. Wurmser named first his supervisor, Jenny Hall Waelder, one of the founders of child analysis. She had been a close associate of Anna Freud, Helene Deutsch, and Greta Bibring. Dr. Wurmser worked for many years in supervision with Paul Gray, known for his most meticulous attention to analytic dialogue as it shapes the therapeutic process. He found Lawrence Kubie's theoretical contributions most impressive and helpful.

As our century draws to a close we look in retrospect to the birth of psychoanalysis at the turn of the last century. The discovery of the unconscious, infantile sexuality, the impact of the drives, the narrow definition of transference—innovations, all. Within the last half century we have seen the shifting emphasis to the ego, object relations, the vicissitudes of narcissism, the wider definitions of transference and countertransference, the wider scope of patients treated analytically. What next? Dr. Wurmser expects the next century will redress the insufficient attention now paid to superego analysis. His focus on shame, guilt, and the archaic superego, so prominent in the severe pathology of patients we treat, has been one of his long standing interests and a clinical guidepost in his work. We look forward to Dr. Wurmser's elaboration of this organizer.

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## PROFILE OF MORTON CHETHIK, MSW

An Interview by Ruth Oscharoff, MSW

Morton Chethik loves to play and this has informed his illustrious career as a child analyst, teacher, and author. A New Yorker by birth, Mort graduated from Brooklyn College but by the time he was 30 in the 1960's he had relocated to the mid-west and immersed himself in the Cleveland Child Therapy Program, completing the six-year program in child psychoanalysis. He then moved to Ann Arbor, Michigan with his wife and family which now includes four grown children. For thirty years he has taught in the University of Michigan's Department of Psychiatry, most recently as Clinical Associate Professor. Speaking with him, it is easy to see why he has been named "Teacher of the Year" four times over the course of his career with their Child and Adolescent Service.



Morton Chethik

A prolific writer, in 1989 Mort wrote **Techniques of Child Therapy: Psychodynamic Strategies** which has been widely read and translated into many other languages including Japanese. He has also authored or co-authored over twenty-five articles published in scientific journals covering a variety of issues related to clinical work with children, adolescents, and parents. Among Mort's many honors over the years, he has been selected as a Distinguished Practitioner in Social Work of the National Academy of Practice. The Child and Adolescent Track of the Year 2000 Conference is very pleased that Morton Chethik will present a workshop and film on "The 'Play Relationship' and the Therapeutic Alliance." It promises to be a wonderful opportunity to speak with a remarkable clinician. In February of 1999 Ruth Oscharoff, MSSW interviewed Morton Chethik about his Conference presentation:

RO: We're very glad you will be presenting at our Conference in January 2000. "The 'Play Relationship' and the Therapeutic Alliance" is an intriguing and relevant topic for clinicians interested in child development and treatment.

MC: Yes, this will be a paper that will address the play aspects of the patient-therapist relationship—not only for children, but adolescents and adults. I will also show a video of a mother-child interaction that illustrates live the libidinal aspects of the relationship.

RO: In your career working with young people, have you seen shifts in the types of problems that youngsters in our society struggle with?

MC: In my career I've had two hats—a private practice and a position as professor in the Department of Psychiatry at the University of Michigan. At the university we dealt with a very troubled population and I am particularly aware of a different quality of problems

among the economically disadvantaged. Layoffs in the working class groups have led to tremendous stress for families. Multiple trauma, drug addiction and violence are more common. The whole family requires multiple services in order for the children to be helped. There are problems with bonding, and those difficulties are lived out in action. I've seen more acting out such as sexual play, violence and all kinds of hard-to-manage behaviors. We see more families with horrific stories that result in very shattered children.

RO: How have these serious difficulties in the youngsters and in the families affected therapists?

MC: We must work with the parents or the whole families. If we do that, we can do so much more. And if we use play, we can really accomplish a lot. Of course, the limitations of managed care in terms of number and frequency of sessions creates a problem.

RO: How can we integrate psychoanalytic thinking into these current problems and limitations?

MC: With psychodynamic training, we can have a good understanding of the patient's history, which is a great help. I saw a number of kids who had problems with expressive aphasia, but when they engaged in play, my psychoanalytic framework gave me a good idea of what was going on. As you can see, I'm into play.

RO: How did you become so interested in play?

MC: As a kid, I loved to play, so there was a natural carryover into my work with children. Also, I had a very playful grandfather. He made my family's European origins come alive for me—he lived out stories from the shetl my family came from. Later in my clinical work I couldn't believe I could get paid for playing. I also have done a lot of work with adults and I believe that working with children enhances a therapist's ability to reach adults. Some times psychoanalytic work with adults can too easily become intellectualized. When you work with children, communication can be more affective. You might say, for example, "Joe has a lot of lion feelings today." Affective language can be useful in adult treatment also. The video will illustrate some playful, joyful aspects of the parent-child relationship. My paper will speak to how a perspective with children helps in psychoanalytic therapy with adults. If you bring play into treatment, you capitalize on a basic ingredient in the early parent-child bond.

RO: Thank you for talking with me. I know that many others and I look forward to hearing your presentation at the 2000 Conference.

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Beyond the Female Homosexual

Elisabeth Young-Bruehl

In the final two decades of the current century, the study of gender and sexuality has been revived from a variety of directions: the traditions of feminist scholarship, postclassical and postmodern psychoanalytic theory, developmental research, and cultural studies have all contributed to renewed fascination with those powerfully formative aspects of subjectivity that fall within the rubric of "gender" and "sexuality." Clinicians, for their part, have returned to gender and sexuality with heightened sensitivity to their role in the treatment situation, including the richly variegated ways in which assumptions about gender and sexuality enter into our understandings of "normality" and "pathology."

*Studies in Gender and Sexuality* is a response to the excitement attendant to recent research and writing by scholars and clinicians alike. It will provide a forum for examining gender and sexuality that is both multidisciplinary and interdisciplinary; in this way it seeks to broaden the purview — theoretical, clinical, and cultural — of all its readers and to promote constructive exchanges among them. As clinicians and scholars who have written and practiced at the intersection of feminist theory and clinical psychoanalysis for the past two decades, the Editors are particularly interested in those areas of controversy that invite the divergent perspectives and insights of different disciplines. Early issues of the journal will focus on transgender identities and intersexuality; contemporary readings of the category of perversion; puberty and adolescence revised and revisited; and the intersections among class, race, and gender in theory, culture, and the clinical situation.

The primary goal of *Studies in Gender and Sexuality* is to promote dialogue on these and other timely topics among clinicians, researchers, and theorists. Consonant with this goal, the journal will also publish related work from the humanities, social sciences, and natural sciences, where questions involving gender and sexuality are currently in lively debate.

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