How Did We Let This Happen?

Gertrude Blanck, Ph.D.
New York, NY

Some time ago, I was invited to give grand rounds at one of our large psychiatric hospitals. There was no one to greet me at the reception desk, and the receptionist did not know where the auditorium was! I wandered through the corridors until I encountered a staff member whose name tag told me that she was a social worker. She gladly led me to the auditorium and started to leave. I asked, wasn't she coming in. She replied, “I cannot attend grand rounds because I'm only a social worker.” I gave my talk to the psychologists and psychiatrists.

It was not always that way. As a student at the Columbia University School of Social Work very many years ago, I was taught by the giants of social work: Gordon Hamilton, Fern Lowry, Dorothy Hutchinson, Lucille Austin, among others. They were openly teaching psychoanalytically-oriented psychotherapy. We students attended grand rounds and staff conferences at the New York State Psychiatric Institute, at Payne Whitney, and other such facilities around town. We were learning psychotherapy. It was called that. We graduated as psychotherapists, competent to engage in practice. The group workers, community organizers, administrators all followed a different track. The psychotherapy track was undiluted. Oh, Columbia, what has become of you?

After a stint practicing psychotherapy in an agency, I went into private practice. The agencies did not love it. The NASW did not love it. The Columbia University School of Social Work did not love it.

Long after graduation and well into practice, I corresponded with the Alumni Association of the Columbia School because, by then, I realized

Membership Division Of Practitioners To Be Established Within The Committee On Psychoanalysis

A Membership Division within the National Membership Committee on Psychoanalysis is now being established to identify the independent practitioner of psychoanalysis within the clinical social work profession. The establishment of this Division is a first within the profession. Until now, clinical social workers who practice the specialty of psychoanalysis have been forced to turn to membership in other professions to be identified as having met standards for practice. As a consequence, clinical social workers who practice the specialty of psychoanalysis have understandably tended to disavow their identity with the profession of clinical social work.

Only members in good standing of the National Membership Committee on Psychoanalysis will be eligible to make application for membership in the Division. Standards for training in psychoanalysis as set forth in The National Federation's 1983 position paper: “Psychoanalytic Training for Clinical Social Workers” will be the standards for membership. (These standards were published in the Clinical Social Work Journal, Vol. 12, No. 1, Spring 1984, and the Committee’s 1987 Newsletter.)

Further information and applications will be distributed to members of the National Membership Committee on Psychoanalysis when available.

Second National Psychoanalytic Conference

HOLD THESE DATES! NOVEMBER 16-19, 1989

Dear Colleague,

You are invited to join us at the second national psychoanalytic conference sponsored by the National Federation’s Committee on Psychoanalysis entitled “The Widening Scope of Psychoanalytic Treatment.” Due to the tremendous success of our first conference last November, which, incidentally is being reviewed in this very newsletter, we are returning to the Penn Tower in Philadelphia this fall. More than 250 clinical social workers from all over the country attended two full days of intellectually stimulating papers and workshops in a warm, mutually respectful atmosphere that prompted lively exchanges of ideas and visions for the future of psychoanalysis and social work.

This year, the theme of the conference addresses the widening scope of psychoanalysis. Since Freud’s initial discoveries a hundred years ago, continued on page 2

The Importance Of Being An Agent For Change

Kenneth Adams, Esq.
Washington, D.C.

To be a clinical social worker and a psychoanalyst is by definition to be a person whose professional growth and satisfaction requires change. The struggle for equal recognition as qualified professionals in comparison to psychiatrists and psychologists is far from won.

Like most social movements, the struggle can be terribly frustrating on an individual level. There are rarely any clear battles won or lost, rarely any perceptible events that cause immediate change, and often it is unclear whether and how individual action can make a difference. Yet progress has been made, and will continue to be made, not as a result of heroic actions by a few people but from the everyday actions of many.

You are an agent for change every time you do an outstanding professional job with a patient, thereby giving substance to the profession’s

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1990 Clinical Conference Planned in New York City

"THE CONTINUING EVOLUTION OF PSYCHOANALYTIC THOUGHT: INFANCY TO ADULTHOOD"

All members of the National Membership Committee on Psychoanalysis are invited to submit unpublished clinical papers or workshop outlines for consideration of the 1990 clinical social work psychoanalytic conference entitled: "The Continuing Evolution of Psychoanalytic Thought: Infancy to Adulthood." This conference will take place in New York City in November 1990.

The aim of the conference is to study and present the continuing expansion of clinical and developmental theories from infancy to adulthood. All diagnoses will be considered; treatment from the perspective of all recognized psychoanalytic schools of thought will be included. Some examples for examination will include analytic application in regard to: women's issues, group approaches, childhood development, child abuse, gender and identity issues, impact of separation/divorce, socio-cultural perspectives, and work with special needs groups including AIDS, cancer, etc. Program length will be 75 minutes.

Papers will not be returned unless requested along with a stamped return envelope. Contributors will be contacted only if paper/workshops are accepted by the Conference Committee. Conference Chairpersons for 1990 are Walter Alvarez, M.S.W. (New York) and Rosemarie Gaeta, M.S.W. (New York).

Please send papers to: Rosemarie Gaeta, M.S.W. 92 Eltingville Blvd. Staten Island, NY 10312

Papers must be submitted by January 15, 1990.

SECOND NATIONAL PSYCHOANALYTIC CONFERENCE

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psychoanalytic theory has developed a continuously expanding framework for the understanding of the mind and treatment of all forms of human psychopathology. This framework can be used in all kinds of setting—from agency to couch. Thus far, four main psychoanalytic points of view have evolved: drive/conflict theory, developmental ego psychology, British objects relations theory, and self psychology. Each of these makes a unique contribution to the understanding of psychoanalytic theory and technique. It is the aim of this second conference to present an opportunity to clarify each of these points of view and explore their treatment application to a widening scope of human dilemmas.

To highlight some of the special program offerings: on Thursday evening, November 16th, we begin with a film and panel discussion of Freud's famous case, "The Rat Man." Friday morning there will be an opportunity to attend workshops which review the basic concepts of each of the current psychoanalytic points of view. These workshops are repeated once so that clinicians can attend at least two. Concurrent with these workshops, advanced papers and workshops will be given. Friday afternoon, the keynote speaker will be Joseph Palombo, M.A., followed by an open business meeting of the Committee on Psychoanalysis. In the evening there will be a dinner at the Waldorf Astoria, Saturday morning will begin with Margaret Frank, M.S.W., as keynote followed by concurrent presentations of papers and workshops. Luncheon, included in the conference fee, will feature Herbert S. Stream, D.S.W. Presentations on Saturday afternoon will be followed by a wine and cheese reception organized on behalf of several state clinical societies. Sunday morning, Judith Mishne, D.S.W., will be our keynote following a continental breakfast sponsored by the National Federation of Societies for Clinical Social Work.

This national conference will be a major contributor to the solidification of the identity of the clinical social worker who practices the specialty of psychoanalysis and psychoanalytic psychotherapy. The Committee of Psychoanalysis and its programs are our major vehicle for contributing original, creative, intellectually stimulating ideas for the continued growth of psychoanalytic practice in the mental health field.

We look forward to meeting all of you in November.
Reports From Area Committees

Walter Alvarez, M.S.W., National Area Chairperson for New York;
Rosemarie Gaeta, M.S.W., National Liaison to Area Chairpersons;
Beverly Gorsuch, M.S.W., National Area Chairperson for State of Washington;
Rosemary Lukton, D.S.W., National Area Chairperson for Northern California;
Geraldine Schick, M.S.W., National Area Chairperson for Southern California.

National Membership Committee Builds Strength Through Development And Coalescence Of State And Regional Groups

Rosemarie Gaeta, M.S.W.
National Liaison to Area Chairpersons
New York, NY

As National Liaison to state and regional groups, I am happy to report the rapid growth of the National Membership Committee on Psychoanalysis throughout the country. The development of this interest has resulted in a growing strength of the National Membership Committee, a National Federation organization which fosters professional advancement of the clinical social worker as psychoanalytic practitioners.

Much thought has gone into coordinating the formation and development of our membership in specific regional areas and in finding a viable way of tying together a structure throughout the country. I have been working with Crayton Rowe, M.S.W., the National Chairperson for the Committee on Psychoanalysis in order to develop a cohesive structure which includes joint local and national membership.

Support by local, state, and regional levels is imperative to the vitality and strength of the Committee on Psychoanalysis as a national force. Local, state, and regional committees on psychoanalysis must support the national Committee if clinical social workers as psychoanalytic practitioners are to form the collective union necessary to promote national visibility, establish national standards, and achieve national parity with other professions.

In addition to my efforts at coordinating formation of all state and regional groups, I have been functioning as the New York State Chairperson for the Committee on Psychoanalysis. This state committee was originally founded in 1980 as a standing committee of the state board. In New York state, the Board has been quite supportive of the efforts of the committee in its goal to meet the needs of the state membership through educational programs and legislative advocacy. Last year, the New York State Board sponsored a survey to its entire state membership in order to determine interest in the state committee on psychoanalysis.

Via the survey, we attempted to organize peer study groups in psychoanalysis and psychoanalytic psychotherapy. The purpose of these groups was to provide an educational opportunity to the membership as well as to offer a place to meet and network with fellow professionals with similar interests. The response of the state membership was enthusiastic. Eight ongoing study groups are now meeting throughout the state. Communications from the state membership indicate that there is further interest in additional study groups. A second survey will soon be effected and more study groups are expected to be organized in small chapter localities.

The benefit of educational activities in small chapter localities has been to give our membership a very real, and weekly, experience with the committee. Regional day conferences such as the one organized by Rosemary Lukton in California can have the same impact. Members at a local and regional level can experience a sense of belonging and begin the process of becoming actively involved in professional organizations.

Report From State Of Washington

Beverly C. Gorsuch, M.S.W.
National Area Chairperson for State of Washington
Seattle, WA

A chapter of the Committee on Psychoanalysis was formed in Seattle, Washington in August of 1986. It was not a difficult thing to accomplish, as the Washington State Society for Clinical Social Workers has a number of members who are mature, experienced and highly trained psychoanalytic psychotherapists. Many of these same persons have been officers or board members of the society. There are no social workers in Washington state (to my knowledge) who are psychoanalysts. The reason for this is obvious. The Seattle Institute of Psychoanalysis is a member of the American Psychoanalytic Association, and until this past year did not accept non-medical applicants for full training as analysts. There are no other psychoanalytic training institutions in the Northwest.

Ironically, although there has been no training institute offering full analytic training to social workers, the Washington State Society of Clinical Social Work has, in the last four years, been providing some of the best psychoanalytic training in the area in the courses offered through their education committee. In addition, four clinical social workers are on the faculty of the Seattle Institute Of Psychoanalysis. In summary, social workers here have done psychoanalytic research, published papers, taught numerous courses, and provided training and supervision.

Until 1986, it did not occur to anyone to organize around the sub-specialty of psychoanalytic practice because everyone was sensitive to professional isolation.

Report From Southern California

Geraldine Schick, M.S.W.
National Area Chairperson for Southern California
Los Angeles, CA

The Southern California area committee of the Committee on Psychoanalysis held a brunch meeting on January 21 for area members of the national committee and other interested analytically-oriented social work practitioners. This meeting marked the initiation of membership activities in Southern California. We had a 25% response to our mailing of one hundred invitations. Many more social workers who could not attend expressed interest in being included in subsequent activities.

There was a presentation of the background of the development of the national Committee on Psychoanalysis and the need for organizing locally to promote national recognition. There was an extended lively discussion as the group came to understand the significance of the national Committee and the implications of its existence. What followed was a spontaneous group decision to form itself into a number of sub-committees. To date there are five: program, membership, education, legislation, and liaison. The liaison committee, the group felt, should maintain contact with the Society of Clinical Social Workers, as well as NASW, the area committee in Northern California, and Division 39 in this locale. The group also spontaneously and generously volunteered donations of seed money to support our operations. Those clinicians who were present but not yet members of the national committee pledged to join. Current members who participated were active and enthusiastic. The group met again in February and began to form sub-committees. Continued effort will be made to form membership sub-committees at the national and local levels.
All members of the National Membership Committee on Psychoanalysis are invited to submit information on their professional accomplishments for publication in future issues of the "News and Views from the Members" column. Send your name, degree, city, state and a comment about your recent accomplishment to: Florence W. Rosiello, M.S.S.W., 295 Central Park West, Suite 6, New York, NY 10024.

Katherine A. Brunckow, L.C.S.W., Washington, D.C.

I am engaged in analytic training at the Washington Psychoanalytic Institute, which was granted a waiver by The American Psychoanalytic Association last April in order that I might be fully admitted into the clinical training program. I have a fulltime private practice in Washington as a psychotherapist and am a consultant to the Office of Medical Services of the Peace Corps.

Margaret Frank, M.S.S.W., Newton Centre, MA

As part of a panel at the February 1989 meeting of APGA, Frank presented a paper entitled "Applying Object Relations Theories to Dynamic Group Psychotherapies." During 1988-89 Frank will be offering a twenty-week course "Integration of Drive and Object Relations Theory" under the auspices of The Guild for Continuing Education. She will be contributing a chapter in a book entitled "From Case to Theory to Case." Frank has been appointed to the Board and Education Committee of the Massachusetts Institute for Psychoanalysis (formed by Division 39, APA).

Jean M. Jenny, M.S.W., Bellevue, WA

I am beginning work on forming a Northwest Chapter of the Pre- and Peri-natal Psychology Association of North America. This group is based on the work of Dr. Tom Venny and David Chamberlain. Ph.D.

Stephen A. Kurtz, M.S.W., New York, NY

His book The Art of Unknowing: Dimensions of Openness in Analytic Therapy was published by Jason Aronson, Inc. in May 1989. Kurtz is one of few social worker/psychoanalysts to be published in the prestigious Journal of the American Psychoanalytic Association. In his book he again breaks new ground with deep re-thinking of the bases of psychoanalytic theory and practice. Julie Miller says in the advance comments, "... a writer of unusual brilliance and erudition. [This book] should be especially valuable for the seasoned practitioner striving to overcome tendencies toward habitual ways of relating to patients." And James Grotstein writes, "Most unusual and compelling work. By eschewing the litany of traditional psychoanalytic jargon, [Kurtz] allows us to experience the joy and freedom of imaginative conjecture." Eve Mayer, Ph.D., Scottsdale, AZ

Her new book Good Love/Bad Love was published in the Summer of 1989. It focuses on the detrimental effect that narcissistic disturbances have on couple relationships. She was mentioned in the media (newspapers and television) under the rubric of "The New Traditionalist".

Charlotte Krause Prozan, L.C.S.W., San Francisco, CA

She has had a paper entitled "An Integration of Feminist and Psychoanalytic Theory" published in Women, Power and Therapy, ed. Marjorie Braude, M.D. (Haworth Press, NY, 1987) Crayton E. Rowe, Jr., M.S.W., New York, NY

Chairman of the National Membership Committee on Psychoanalysis and David Mac Issac, Ph.D., a founding member of The New York Institute for Psychoanalytic Self Psychology, are co-authors of Empathic Attunement: The Technique of Psychoanalytic Self Psychology which was published by Jason Aronson, Inc. in April 1989. Diane Zerbe, M.A., Seattle, WA

Zerbe has had a paper accepted for publication by the Clinical Social Work Journal. It is entitled: "The Therapist at Play and the Patient Who Begins to Play." Zerbe has taught two courses this year under the auspices of WSSCSW, "Human Development: Birth to Age Six: Theory and Clinical Process," and an eight-week clinical seminar on the clinical process. Through the Continuing Education Division of the University of Washington School of Social Work, she taught with a colleague a two-day workshop entitled "Helping Couples: An Object Relations Approach."

How I Became a Jungian Analyst

Gareth S. Hill, M.S.W., Ph.D.

Berkeley, CA

From a time soon after I received my M.S.W. degree in 1962, I cherished a dream of becoming a Jungian analyst. At that time, however, the C.G. Jung Institute of San Francisco limited its training program to medically-trained psychiatrists and Ph.D. level psychologists. I and several other clinical social workers who were in Jungian analyses and quite identifying with, and identifying to, psychoanalytic theory and practice, formed a seminar group and invited various analysts to consult our group about clinical work and theoretical issues. After a number of years, we had gained considerable professional expertise and no longer felt the need for consultation. The group was transformed into a peer supervision group.

In the meantime, I became quite determined to become a certified analyst, and was admitted to the clinical psychology doctoral program at the University of California at Berkeley. I immediately felt an enormous identity crisis because the ethos of academic psychology was quite different from what I was familiar with in social work, and I was not happy as a psychology student. In my third quarter of study, the truth of the inauthenticity of my relation to clinical psychology was overwhelming, and I dropped out of the doctoral program, sacrificing my dream of becoming an analyst. It was at once a huge relief and a great grief.

I plunged myself into a reaffirmation of my social work identity and became active in the movement to obtain licensure for practice in California, which led to being part of the group which founded the first Society for Clinical Social Work. All the while, I continued in my Jungian analysis, and the peer group continued to meet. Four years passed—about the time I would have had to take a doctorate in psychology—and it was suggested to me by an analyst that I should apply to the Institute so that the question of admitting social workers to training might be brought up for consideration. There was a new feeling among some of the members that a change was appropriate, stimulated by the collective phenomenon of that era in which hierarchies of all kinds were being challenged. I applied and suggested to one of my colleagues in the peer group, Mary Jo Spencer, that she apply too; she did about six weeks later. Much time went by, and finally we heard that the matter had been shelved, and I set about giving up the possibility of training for the second time. Again, my grief was deep. Just as I was coming to terms with this disappointment, the membership of the Institute came to a vote on the matter, and we were admitted! The new base-line criterion for admission became a license to practice psychotherapy in California. It was 1972, about a year after we had applied.

Training in the C.G. Jung Institute of San Francisco involves a minimum of four years of formal weekly seminars. The curriculum for the first two years is determined by the Curriculum Committee, whereas in the third and fourth years, the candidates design their own curriculum as class groups. All members of each class follow the same curriculum. Each candidate is expected to complete at least one year of case consultation in a group led by an analyst member. Each candidate must present a case to the appropriate training committee, demonstrating a basic knowledge of Jungian theory and its clinical application, before she or he can be passed into "control analysis." For me, this occurred at the continued on page 8

National Psychoanalytic Training Structure To Be Studied

Crayton E. Rowe, Jr., chairman of the National Membership Committee on Psychoanalysis, reported that the Board of the National Federation, at its May 1989 meeting, gave its consensus to the committee for the exploration of the formation of a national psychoanalytic training structure for society members. Rowe emphasized the immediate need for the clinical social work profession to offer psychoanalytic training to keep pace with other professions which are attempting to become the dominant training force. For example, Division 39 (Psychoanalysis) of the American Psychological Association is sponsoring psychoanalytic training institutes throughout the country and is appealing to clinical social workers as students. More recently they have sponsored The Foundation Fund to further finance its efforts. Rowe expressed his concern should psychoanalytic training be left exclusively to other professions, it is unlikely that clinical social workers will achieve parity in this specialty practice.

Any national training structure must be approved by the Board of the Federation. The organization of the national "Institute" will include ways to work cooperatively with existing psychoanalytic training institutes to promote parity for the profession.
Message To Members

We were delighted with the success of our first annual conference in November 1988. We now look forward to a similar success at our next national psychoanalytic conference in November 1989, in Philadelphia.

Also, we were pleased to learn of the nationwide network of study groups in regional areas of our national membership Committee on Psychoanalysis. Furthermore, it is a pleasure to announce that our membership Directory will soon be published. This Directory will provide an opportunity to expand contacts with members.

Our national membership Committee on Psychoanalysis is the only national organization within our profession that makes it possible for us to be recognized as psychoanalytic specialty practitioners of equal status to those of other professions. It is only through nationally demonstrating our psychoanalytic expertise that we can hope to influence the public and legislators on both the national and state level.

Despite the practice of mental health disciplines, which request yearly dues ranging from $100.00 to $500.00, our committee refuses to do so. Rather than fixed dues, we think that you should decide through your annual contributions what the value of our organization is to you. We hope that you continue to think carefully about the importance of our effort and make every attempt to bring in new members.

Drs. Carole and Abraham Ring
Membership Chairpersons

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1988 Conference Breaks New Ground

Ben Mankita, M.S.W.
Bellmore, NY

The first national conference by the Committee on Psychoanalysis was held at Penn Tower Hotel in Philadelphia, Pa., on November 4, 5, & 6, 1988. Although the Committee has been in existence for over eight years, this conference was its baptism as a major force. "Advances in Psychoanalytic Practice for the 90's" was the culmination of a long-standing professional effort to advance the specialty practice of psychoanalysis and psychoanalytic psychotherapy within the social work profession. Until now clinical social work psychoanalytic practitioners had to turn to other quarters for identity, recognition and visibility. Well over 250 professionals converged from states throughout the country to be a part of this event.

The conference ran from Friday afternoon through lunch the following Sunday. It was highlighted with major presentations by renowned experts on psychoanalytic theory and practice, and political and legal experts assessing the realities of practice in the 90s. It was filled out by a choice to attend up to sixteen well-presented workshops spanning the range from practical practice issues, to technical practice issues. Plenty of time was available to network, socialize and enjoy. There were luncheons, wine and cheese parties (we were encouraged to verbalize, and not to act out), tours of Philadelphia and interesting places to go for dinner. The conference offered it all.

My experience of the conference began Saturday morning. I woke up at 4:30 A.M. and wondered why I was leaving the comfort of Morpheus to drive three and one-half hours to Philadelphia. I left Long Island by 9 A.M. still wondering, but vaguely excited. I arrived at the Penn Towers by 7:30 and checked in. I had some coffee and started to meet people. I was informed by numerous sources of how well the first tier of workshops went on Friday afternoon. The people I interviewed had glowing reports of the workshops they attended. I was roundly chastised for missing the first keynote address by Jean Sanville Ph.D., "Theories, Therapies, Therapists: Their Transformations." I was told that she spoke of the intricacies in understanding the patient from a developmental point of view. She views the interchange between the analyst and patient as a kind of therapeutic "play" which facilitates the patient's development. The therapist's empathic attunement to the patient's early needs allows for the unfolding and analysis of the needs.

As I considered what Dr. Sanville had presented I began to realize the level of expertise of this conference. Having had much clinical training and experience, myself, I was now aware that significant learning was a realistic expectation at this conference. I was soon to learn this for myself, because Dale Meers, D.S.W., presentation on "Pathological Narcissism: The Psychoanalytic Effects of Inexact Conceptualizations" was about to begin.

Although it was 8:30 A.M. in the morning, Dr. Meers' presentation was setting, like a jolt of caffeine. He began by presenting a case he had supervised in which the therapist (very accurately) analyzed and interpreted to a patient the extent that it became an assault on the patient's defenses. In 1894 Freud developed the method of interpreting content, but ego psychology discovered that the more effective method was to directly interpret the defense. Meers went on to state that in his estimation libidio theory (and classical analysis) is damaging and has been superseded. He went on to point out that the pathological narcissism of the therapist may lie in his belief that only he has the proven solution—a kind of omnipotence that fosters a philosophy of knocking down defenses to recreate his own image within the patient. He gave a very succinct history of the development of analytic theory and ended with a call to therapists to approach the profession with more open minds.

The morning workshop I chose to attend was on "Pathological and Unresolved Mourning: Core Dynamics in Psychoanalytic Treatment." It was given by Carol Tosone, M.S. One issue we considered was what might

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AGENT FOR CHANGE

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claim to competence and parity. You are an agent for change every time you refer a patient to another professional who you feel can more appropriately diagnose or treat the patient's physical or mental problems. In so doing, this detracts from the ability of organized medicine to propagate the notion that only medical school graduates can be trusted to diagnose the contributory physiological and emotional causes of a patient's symptoms, and are solely able to refer patients to appropriate specialists for treatment.

You are an agent for change every time you encounter blatant (or subtle) bias against clinical social workers in a professional publication you read, and fire off a letter to the Editor as Lou Mone (a Sacramento, California, native and former Chair of the National Federation's Vendorship Committee) did recently to the American Psychoanalytic Association Newsletter. Dr. Mone's letter caused the Editor to print a clarification: that the article in question merely summarized the views of an individual psychiatrist, and did not represent the opinion of that newsletter or its editors.

You are an agent for change every time you become aware of a conference or seminar which offers an opportunity to influence policy makers who determine the kinds of services and professionals who will be reimbursed for treatment, as did Marsha Wineburgh (a Manhattan clinical social worker and former President of both the National Federation and the New York State Society) when she received a flier from the New York Business Group on Health announcing a conference among health insurance policy makers to discuss mandatory coverage for services rendered by non-physician providers. Ms. Wineburgh passed along the flier to the National Federation, assuring that the voice of the social work profession would be heard.

You are an agent for change when you join professional organizations, such as the Committee on Psychoanalysis and the State Societies of Clinical Social Work, that are persistently agitating for parity of professional recognition and practice opportunity.

And last, but certainly not least, you are an agent for change when you attend the annual conference sponsored by the National Federation's Committee on Psychoanalysis. The 1988 conference was far more than an educational gathering. It was in every way a celebration of the role of social workers as key contributors of psychoanalytic psychotherapy. As practicing clinical social work professionals gathered to hear and respond to outstanding clinical presentations by clinical social workers, it was unmistakably clear that clinical social workers bring a unique and valuable perspective to the therapeutic process that is different from what the other professions are trained to offer. The professional identity of clinical social workers is most vividly present.

There is a struggle to define, feel, and project the separate and unique professional identity of clinical social work to a skeptical community. There must be progress toward parity with psychiatrists and psychologists in the health care system. Through participation in professional activities like the clinical conference sponsored by the Committee on Psychoanalysis, you strengthen your ability to develop and to project that professional identity, without which you will always be seen and defined by the health care delivery and reimbursement systems as an "ancillary" group of health care providers.

In sum, each of you can be an effective agent for change merely by doing what every committed professional should do—by providing excellent services, by maintaining high professional standards of competence, by reading professional literature and being vigilant about correcting erroneous or biased portrayals of your profession, by working with your professional organizations to help them advocate for change, and by participating in professional conferences that help to shape and convey your unique professional identity.

MEMBER PROFILE

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velop my own 'style,' and so that is what I have been doing in my nearly four decades of teaching. And great fun it has been, in the contact with students preserving and enlarging upon my own experiences with learning in this ever changing field.

I wrote of the trust that had characterized students in my days at Smith, contrasting that with the very different attitudes toward authority that were coming into being. I saw the coming of men into the field, combined with the burgeoning women's liberation movement, as presaging enlarged perspectives both for social work and for the individuals involved.

Issues of autonomy had impressed me from the beginning, especially since my first professional experiences were in a mental hospital, where it was manifest that social workers were handmaidens to psychiatrists. But when I moved on to a family service agency, I could see social workers taking the initiative, hiring psychiatrists as consultants, but being themselves the ones in charge. All the while, the male/female issues were still intertwined with these ways of organizing services.

What I placed in the fourth age was the taking of that first job. Social workers were at that time in great demand and I was able to choose an other family agency, where I would by industry overcome the inferiority so common to my profession. And since it was a 'functional' agency, I took myself back to school, this time at the University of Pittsburgh, for a graduate year with Ruth Smalley. Then, moving to New York, I worked for Community Service Society, which was like a big psycho-dynamically oriented clinic at that time. And they let me write my own ticket, so to speak, giving me Margaret Mahler and Marianne Kris as consultants so that I could learn therapy with children.

Later, I moved to California. I again sought work in a family agency, but was soon wooed away to the VA Mental Hygiene Clinic and then to the Hacker Clinic in Beverly Hills, an outgrowth of Menninger's in Topeka. Identity was being increasingly firmed up, especially since, in neither of those clinics, was there any role differentiation between social workers and the other mental health professionals. In fact, we both supervised and were supervised by the others; and cases were assigned more by our sense that one of us just might be especially apt with given patients. And so of course, this contributed to the confidence that finally led to my entering private practice full time in 1958. Generativity was manifest, I hoped, in the continuing teaching and in the consultations offered to colleagues who were trying to do it.

As I contemplated the eighth age. I was hearing cries of doom from many sources, fears about the possible demise of professionalism, BA social workers and even lay personnel taking over jobs once available only to MSW's, insurance increasingly paying for therapy and social workers not yet accepted as vendors. But I did not feel despair, for California clinical social workers had been busy establishing the Society for Clinical Social Work, talking about the clear need for graduate programs leading to the doctorate, if social workers were to hold their own among the clinical professions.

As I have written this, I feel how very much I have omitted of even that which was in my "Eight Ages" paper, for it included speculations on the interactions between an individual trajectory and the sociocultural surround. I declared that clinical social work had not lost its feminine touch by incorporating the masculine element, but had gained a creative instrumentality. I did not see us as needing to fear our own death, for we had piled up a rich estate of values to leave as heritage to future generations.

Now, how to account for the last fifteen years? They have included an ongoing period of being on high alert, for there are people who range in ages from two to eighty-two, for I have always felt I learn from noting the continuities and discontinuities of lives, both the patterns which seem to endure and those which undergo many modifications. They included participating in the founding of the Institute for Clinical Social Work, and acting as its first Dean for a couple of years and enjoying its being an inspiration to other such beginnings. And there was the founding of the Los Angeles Institute for Psychoanalytic Studies, a multidisciplinary program for the education of analysts. I acted as its president several times, serving in an ongoing way as training and supervisory analyst. And there has been the Editorship of the Clinical Social Work Journal, which permits me to attend to an issue dear to my heart: to encourage social workers to contribute to the literature, and to write well. I have conducted workshops locally and here and there throughout the country on writing for clinical publications, and am delighted when I see some of the participants' names on manuscripts subsequently submitted.

I find this communiquè with some of the same sense of frustration with which I began, dissatisfied with the literature here. It has been such a rewarding professional life, with such variety and such ongoing stimulation: the patients who have been my best teachers; the colleagues with whom none of those innovations could have been accomplished; the agencies, clinics, schools and institutes which have provided facilitating environments; the students who challenged me to articulate what might otherwise have remained feelings about clinical practice; and my family which has been supportive and inspirational in myriad ways.

She to teach diagnosis! That, the best modality for each individual case? In order to do that, we need from the ordinary English vocabulary. In its scientific meaning it refers, not to physical separation, but to a psychological condition of knowing how to evaluate research. The psychologists in our program had gotten far ahead of their Master's programs than we had had. They were unfamiliar with the literature, and had writing skills that seem no longer to be required of social workers.

I do not expect the accusation of sloppy scholarship to sit well with social work educators. Yet, I have sound bases for comparison. I know about the training of psychologists, about the exact sciences, about training in other professions. There is no question, in my opinion, that these other professional schools are more rigorous.

In addition to shocking absence of scientific rigor. a major ill of social work education is confusion of purpose. The Council for Social Work Education, despite countless numbers of conferences that have produced reams of paper that attempt to define social work, remains murky on the subject of what social work is. The sober fact is that it is a hodgepodge. Social work education attempts to teach a large number of skills. Their greatest weaknesses are their own. Is social work vocational? Is it common sense? Is it an art? Is it a science? Is it a profession? It is true.

I have been exposed to other forms of endeavor that, these days, come under the aegis of social work but are foreign to me and to my social work training. I heard another lecture, this one by the Dean of a school of social work. She was advocating advocacy. It seems that clients are not capable of telling the social workers on the other side of the desk what their needs are. They need to advocate. I do appreciate that it is often difficult for a client, particularly if non-English speaking, to buck the system. But is becoming the intermediary for the client a valid role for social work?

The speaker, making her case for advocacy, went on to describe how tyrannical, bureaucratic, unfeeling and unhelpful the people are who supposedly help these clients. In the discussion period, a social worker from one of the agencies under attack for being insensitive to the needs of the clients announced, "I am the enemy you are speaking about." Social workers as advocates against social workers?

What is there that is unique to the training of social workers that makes them competent to be advocates? Couldn't a lawyer do it better? Or even a public relations man for an organization?

I know about the unscholarly drift in social work education from yet another angle. For many years I, along with Rubin Blanck, conducted a post-Masters training program in psychotherapy. The requirement for admission to our program was a Master's degree in social work or a doctorate in psychology. Most of our applicants were social workers. In the admission interview, and later in the classroom, we found at that time that the new crop of social work graduates had a different education in their Master's programs than we had had. They were unfamiliar with the basic tenets of psychotherapy and some had not even been exposed to the literature. The psychologists in our program had gotten far ahead of the social workers. They had learned scientific methodology, knew the literature, and had writing skills that seem no longer to be required of social workers.

I do not expect the accusation of sloppy scholarship to sit well with social work educators. Yet, I have sound bases for comparison. I know about the training of psychologists, about the exact sciences, about training in other professions. There is no question, in my opinion, that these other professional schools are more rigorous.

In all fairness I should say that social work is not the only discipline that continues on next page
HOW DID WE LET THIS HAPPEN? from previous page

legal training to revise the welfare laws.

And in psychotherapy, the psychologists have gotten ahead of us and do not even feel challenged. Note the recent settlement of the lawsuit brought by the American Psychological Association against the American Psychiatric Association. In principle the settlement calls for inclusion of non-medical people in the psychoanalytic training programs. In practice, whom do you think will be accepted for candidacy, psychologists or social workers? Don't bet on the social workers.

When I was in my field work placement many years ago, we had a team set up: psychiatric resident, psychology student, social work student, an administrative assistant. It was the psychiatrist who was responsible for the diagnosis, for which he leaned heavily upon the social worker who was skilled in collecting the data. The psychologists, at that time, did testing only. It was the social workers who did the treatment.

How did this get turned around? How psychologists are doing treatment, fighting for turf with the psychiatrists. They do not have to fight with the social workers who, with notable exceptions, have fallen far behind. Certainly the Bachelors of Social Work are no threat.

Having qualified as a psychologist as well as a social worker, I am sometimes asked to speak at psychology conferences. One time, I was invited to be the luncheon speaker at a conference of psychologists. I had a good lunch at a table with a number of psychologists who were most cordial to me at first. Then the time came for me to go to the podium. In my talk I pointed out that, regardless of primary discipline—psychiatrists, psychologists, psychiatrists and social workers all do the same thing. They do psychotherapy. We have to stop fighting for turf and realize that we practice a common profession called psychotherapy. When I returned to my table for coffee after my speech, the heretofore cordial psychologists would not talk to me!

They saw no need to unite with social workers for legislation, for licensure, for professional organizations. They had gotten ahead and intended to stay there. How did we let that happen? Can you imagine the psychologists allowing there to be a Bachelor of Psychology? How did we allow our training to become so watered down that we are the bottom profession on the totem pole?

The first matter of business for social work education is the provision of a better professional self-image. It is up to the curriculum to provide it. This means that social work educators have to get clear about what the profession is all about.

Other professional schools instill an attitude of professionalism from the outset. I try to do that in my own teaching. That is a drop in the bucket. I am not fulltime faculty anywhere. I am one voice in a vast wilderness.

Take as an example the matter of fees. Under our economic system, every professional accepts that he or she is entitled to a fee for service. Social workers charge fees reluctantly, apologetically, as though they are one-person philanthropic agencies. They forget that philanthropic agencies are subsidized, while the individual practitioner is on his or her own. We have to provide for overhead, vacations, sick leave, and for our old age. Professional schools in their curriculum must teach us how to do this and how to collect them. Can you imagine a social work school doing that?

Social work is the only profession in which graduates go into practice without the blessing of their schools, even if they are not overly rejected as was the case with me. In other professions, the schools support the professional welfare of their graduates. In turn, the graduates support the professional development of the schools. This is the nature of professional organizations, the professional associations exist for the purpose of backing their members. We had to form the National Federation because NASW, along with the schools of social work, were the enemies of private practice. Having two professional associations divides us and saps our energies.

Clearly, I think much is wrong with social work education. Designating the problem is simple. The remedy is more difficult. We cannot, as individuals, substitute for the professional schools. But we are all alumni of some school of social work. We are the graduates with the greatest experience in the profession. We have to get to social work educators, educate them to the realities of life after social work school so that the schools prepare their students for it. They cannot excommunicate all of us if we act together.

We need to return the curriculum to what social work used to be in its glorious days. Gordon Hamilton used to say, "I'm a psychotherapy advocate." That's the kind of advocacy we need. How do we allow ourselves to be excluded from grand rounds? How did we allow our schools to water down what social work used to be?

Perhaps the Columbia School was right in communicating me, because social work education has become something other than the education I had. The same school, the same degree, with a curriculum that I do not recognize. I am sure the greats of social work would not recognize it either. Gordon Hamilton, Lydia Rappaport, Fern Lowry, Annette Garrett, Dorothy Hutchinson, Lucille Austin, would you have let this happen?

JUNGIAN ANALYST continued from page 4

end of the second year of training, but it can be later if the candidate so elects. Control analysis is supervision by a senior analyst on one or more analytic cases. The senior analyst is selected by the candidate and with the approval of the training committee. A minimum of 100 hours of control analysis is required for each year of training—usually about half with a male analyst and half with a female analyst. My control work was with two different male analysts because I had had a very long personal analysis with a female analyst.

Throughout the training, each candidate’s progress is followed by the training committee by means of annual interviews. The candidate’s personal professional development is assessed against the background of the candidate’s written self-assessment and occasional reports from the control analyst. The personal analyst has no input whatever into the review of a candidate-in-training.

At the end of training, each candidate must write a study of a control case, usually a fifty page document, and present this to a joint certifying board composed of analysts from the San Francisco and Los Angeles Institutes. When this initiative has been successfully completed, the candidate is invited into membership in the Institute. My own training was completed in a little over four years. I became involved in the founding of the California Institute for Clinical Social Work, a doctoral program in which I then became a student completing my doctoral degree in 1978.

In the international community of Jungian analysts, there are two major streams of thought and orientation to analysis. One is commonly called the “symbolic” method. This is the classical Jungian method where greatest emphasis is placed upon stimulating the natural healing potentialities of the Self by attending to the symbolic productions of the analysand—dreams, active imaginations, and expressive productions. This occurs in the individual process between analyst and patient in which concentration on and a kind of amplifying of the images leads to the awakening of archetypal potentialities in the psyche. In this method, transference is usually seen as the transference of archetypal potentialities which are held rather than analyzed.

The other major method is commonly called the “clinical” method in which relatively greater emphasis is placed upon the developmental issues flowing from early life and the resulting parental complexes. Here emphasis is placed on analysis of transference neurotic phenomena, and the analytic situation is sometimes close to that of the Freudian psychoanalytic method.

Throughout the world, one or another of these two “schools” tends to be represented by individual institutes. In San Francisco, we have been careful to avoid a schism between proponents of the respective methods in favor of viewing the two as entirely complementary to one another, each appropriate in its differentiated application on a case-by-case basis. San Francisco’s prominence in the Jungian world community is in large measure due to this balanced view, which in fact is gaining greater and greater recognition.

When the C.G. Jung Institute of San Francisco opened its training to clinical social workers, their commitment was to full collegiality. There has, in my experience, been scarcely a trace of interdisciplinary prejudice. In addition, considerable attention has been paid to balancing the membership as to gender. It is an organization in which there is constant development in the nature of the analyst and patient relationships, the potentialities in the analyst’s and patient’s work members, out of a total 110 members, and there are 8 clinical social work candidates-in-training, of a total 45 candidates. Obviously, the percentage is increasing.

NATIONAL MEMBERSHIP COMMITTEE from page 3

cess of coalescing into an even stronger national entity that can make a major impact in protecting the rights and interests of those who practice psychoanalysis as a sub-specialty of clinical social work. I refer the readers to the articles in this newsletter by Geraldine Schick (Southern California Area and Beverly Gorsuch (State of Washington Area) for further development of these ideas. You will be hearing in the next newsletter about more work going on in the other areas, especially, the northeast. Walter Alvarez has been recently appointed by the readers to the activity in the New York area.

Further, I would like to encourage each state within the National Federation to begin thinking about these issues. Each state or group of states may organize and coordinate efforts regarding the formation of local and regional groups. As your national liaison, I would welcome working along with any individual member and to coordinate efforts nationally. I feel there is no group too small for significant import. I can be reached in New York City at either telephone number: 718-356-8881 or 212-598-9765. I look forward to serving another year on the Committee.
of the committee offered to recruit colleagues. A second brunch meeting is planned for April 29 when the structure of the working committees is finalized and they have an opportunity to meet and plan future activities.

Our area committee welcomes the formation of its counterpart in Northern California. Dr. Rosemary Lukton, the former dean of the California Institute for Clinical Social Work is the temporary chairperson of the Planning Committee for the March 18th founding meeting in Berkeley, California. Included in the Planning Committee are: Lisa Blumenfeld, Ph. D.; Helen Berenstuhl Gallant, L.C.S.W.; Linda Cozzarelli, L.C.S.W.; Mike Johnson, D.S.W.; Cynthia O'Connell, Ph. D.; and Jacova Silverthorne, L.C.S.W. At the meeting Dr. Lukton plans to invite participation in developing committee structure and planning for future programs. Following the conclusion of business, Charlotte Prozan, L.C.S.W. who has published extensively on the subject of integrating feminist and psychoanalytic theory will address the group and lead the discussion on that topic.

A number of experienced social work practitioners in the Los Angeles area have been utilizing their clinical expertise by teaching at a local university. These dynamically and analytically-oriented social workers have been involved in teaching second-year students in the Master's Degree program at the school of Social Welfare at the University of California, Los Angeles. Dr. Jerome Cohen, professor of Clinical Social Work and chair of the Clinical Program explained that about five years ago, in a planned curriculum move, the school recruited interested and qualified social work clinicians from community agencies and private practice to share their clinical knowledge and practice skills with the advanced-year students. In the second year, social work students, in order to fulfill their clinical requirements may choose courses from a range of specialized areas of interest such as group practice, family practice, clinical theory, or theory of practice of borderline and narcissistic disorders. By integrating community-based practitioners into the Master's Degree program, students and clinicians mutually benefit from the class-room contact. Students gain the advantage of learning clinical-practice wisdom firsthand from their "practitioner-instructors." The instructors can make a contribution to students at the beginning of their careers by offering clinical insights not available from other sources in the didactic aspect of the program. Among those involved in the teaching program are: Wanda Houck, M.S.W., Naomi Malin, M.S.W., Idell Natterson, Ph. D., and Ellen Ruderman, Ph.D. The long-range importance of a program of this type is that the importance of Psychoanalysis is that students while still in school, are offered excellent opportunities to observe, hear, and experience clinicians of their own discipline functioning as psychoanalytic practitioners. The possibilites for students then become real and practical. The source of their clinical identity, whatever direction they choose - either as therapists and/or analysts, is more likely to remain with social work. That is the basic tenet of the Committee on Psychoanalysis.

Two names were inadvertently omitted from the Southern California area committee and I wish to make that correction, they are: Terrence McBride, M.S.W. and Ellen Ruderman, Ph.D.

The desirable fact that clinical social workers represent a broad spectrum of treatment orientations. The decision to organize had two triggers:

1) The WSSCSW began to focus on various specialties within the profession, to highlight them and actively promote public awareness of these specialized skills. This was done with the very successful conference on divorce mediation, co-sponsored with the legal profession. This was followed by a conference on schools, co-sponsored with Seattle Schools and making clear the enormous potential of social workers for training, consultation to teachers, and treatment for school children. In this context, then, it seemed more reasonable to highlight the sub-specialty of psychoanalytical work.

2) I was invited to join an interdisciplinary study group. Three of the members had recently moved to Seattle from other parts of the country where they had been trained in psychoanalytic institutes. This brought to my attention that there are more opportunities elsewhere and that perhaps we could do something in Seattle to promote psychoanalytic practice. As a social worker I was also impressed, in particular, with the attitude of the psychologists and the sense of active support they knew was available to them from the American Psychological Association. At this point, I thought, "Wait a minute! Surely, our profession can be equally supportive and proactive." I called Crayton Rowe, M.S.W., Chairperson for the Committee on Psychoanalysis, in New York City, left a message on his answering machine, and got an immediate response. I was given the list of Washington State members of the national sub-committee, we were declared an official chapter, and it was suggested I call a meeting.

In August I called my friends and colleagues in WSSCSW. Eleven came to a meeting at my house and the question was presented, "Do we wish to form a chapter?" The answer was, "Yes." The next question concerned the organizational relationship of the chapter to the board of WSSCSW. This was resolved in December when the board invited the chapter to become a committee of the board. I am the chairperson and at present William Eytre, Wynona Morrison, and Roberta Myers are committee members. We are encouraging our members to write papers to present locally and to our national conference. We hope to have a delegation to the November conference in Philadelphia. We are encouraging everyone who works psychoanalytically to join and contribute to the national committee.

Let me quote a few of the comments made in response to the formation of a local chapter. "It feels very good to have a group that recognizes and validates the work that I do (and have done for years)." "It has felt very lonely to be working in such a specialized and demanding profession, without having a professional organization that cheers one on." "My self-esteem is rising as I consider that we can be active in the pursuit of our careers rather than passive." "How obvious that Social Work should be setting standards for a sub-specialty and not simply be "belonged" to another professional group to let us in.

Of course there were concerns. Some people have objected to the use of the word psychoanalysis - that is, they would prefer the name be "The Committee On Psychoanalytic Psychotherapy" - because there are no social workers here who are psychoanalysts, and there is just a beginning awareness that in some parts of the country there are a number of social workers who are analysts.

Some people (even those who practice psychoanalytically) regard the committee as elitist. The issue begins to be redefined when: 1) other sub-specialties are also developed and recognized and psychoanalytic work is only one specialty among others. 2) We don't hold the light of psychoanalytic work under a bushel. It's attractive and rewarding only because it works. This has often not been communicated. Herbert Strean's article, "The Psychoanalyst: An Agent of Social Change" speaks compellingly to this issue. 3) We are actively welcoming, supporting, and creating necessary resources for social workers who are interested in psychoanalytic training, including the desire for personal analysis or therapy. For example, I have the impression that graduate students in psychology are more aggressive in applying for low-fee psychoanalysis, and therefore are not so prone to regard psychoanalytic treatment as an unobtainable luxury (i.e., elitist). 4) We respond to curtailment of training opportunities in a forthright manner. Diane Zerbe, M.A., President of WSSCSW, provides a good example in her recent letter responding to the University of Washington's School of Social Work Mission Statement. She wrote expressing "concern and dismay" at emphasis placed on social change, social justice and equality and research at the cost of reducing the importance of sound clinical training. Zerbe wrote, "We feel the unique contribution of social work to social policy must be based on an understanding of the emotional needs and psychological functioning of individuals and families. For example, how can we design effective policies and programs to deal with teenage pregnancy, or the problems of child abuse without an understanding of human growth and development, [and/or] parent-child interactions and clinical methods?" Zerbe urged a strengthening of the clinical curriculum, and expressed hope for an ongoing dialogue between the WSSCSW and the School of Social Work. The letter was responded to and a dialogue is underway.

In summary, I think the formation of the chapter of The Committee on Psychoanalysis has boosted our morale and pride in our work and profession, has connected us to our colleagues across the country, which allow for the beginnings of mutual support and encouragement.
happen if the lost object became hyper-catexect. We discussed the stages of mourning and how grief and mourning are processed throughout a person's life. We discussed the types of unresolved mourning and cultural aspects of the grief process. I was very satisfied with the presentation and could only wish it was longer.

We convened for the luncheon at noon. As we sat together I learned how informative and excellent the concurrent workshops were that I was not able to attend. Kenneth Adams, Esq., Washington representative of NFSCSW was the luncheon speaker, reporting on "The Status of Reimbursements for Psychoanalytic Treatment." He did not paint a very pretty picture. He noted that on the horizon, insurance carriers are being reorganized by firms who run them as an investment. As such, coverage will be by short-term contract averaging 10 to 15 sessions per patient. 80% of patients will be participants in plans that impose severe limitations. This is the challenge for the 90's as he sees it. Looking around the room one could see anxiety levels rise.

After lunch the next set of workshops began. Needing something pleasurable to consider at that point, I chose to attend "Erotic Feelings in Psychoanalytic Treatment: Implications for Technique." Laura Fuerstein, M.S.W., and Sandra Lewis, M.S.W., led a process-oriented group workshop exploring sexuality and its meaning in the analytic setting. Both reality factors and transference-countertransference dimensions were considered. The reasons for erotic feelings, techniques for working with them and issues of acting-out were raised. The workshop was both pleasurable and a fine experiential learning.

Herb Strean, D.S.W., was presenting next. In his charming, insightful manner, he addressed the conference on "The Impact Psychoanalytic Perspective: Marriage and Marital Conflict." Dr. Strean was both humorous and thought-provoking. If Freud considered love neurotic, then Dr. Strean thought marriage impossible. If only "happy people can have a happy marriage," the stage is set in marriage for reliving one's own developmental conflicts in a myriad of possible fashions. Dr. Strean covered such points as "the marital complaint is always the unconscious wish," and the development of relationships from "falling in love" to "distillation and falling out of love." Treatment aspects were considered - these included splitting, projection, denial, unconscious collusion and how to side-step the triangulation pitfalls. To me the most important point was that marital complaint and conflict protected the ego in that it projected symptoms outward, onto the relationship or partner.

Coffee and danish at 8:30 greeted us on a sunny Sunday morning. I had breakfast with Rubin Blanck, M.S.W., and bantered with him about his upcoming presentation. He was pleasant and self-assured. After a brief introduction Gertrude Blanck, Ph.D., and Rubin Blanck took the podium to expound on "The Impact of Ego Psychology on Psychoanalytic Theory and Technique." Dr. Gertrude Blanck compared working with patients as Freud's structural hypothesis had dictated with working according to the tenets of ego psychology. She discussed such points as the functions of object representations, transference (in the neurotic and borderline), interpretation, resistance, abstinence, and termination. Her comparisons of how to work with neurotics vs. working with borderlines was most enlightening in the aforementioned areas. Rubin Blanck's presentation was geared towards seeing "self representations and object representations as a point of interpersonal conflict." He outlined how objects are internalized and organized within the infant's psyche and then proceeded to show the development of a sense of self and a sense of object within the infant. He defined ego development as the child wrestling with independence from the mother-identity formation. Hostility and aggression are a very necessary part of this individuation.

At this point Dale Meers made the closing remarks and the conference was adjourned. A most significant learning and social event and a most insistent political statement. If Psychology has its Division 39, fighting for control of psychoanalytic licensure then we, as Social Work Psychologists need our own counterbalancing voice. This voice sounded loudly and clearly. We, as a profession can only gain from strongly unified informal groups, like the Committee on Psychoanalysis. This was more than a conference for me and many of my colleagues in attendance - it was a consciousness raising. The caliber of presentations and workshops rivaled, in quality, any of those presented by any professional group. Leaving this conference I felt proud to be a Social Worker and proud to be a Psychoanalyst - and most proud to be a Social Worker Psychoanalyst. A piece of my professional identity was more securely set.

The ride home offered visions of next year in Philadelphia. It was with great anticipation that I left, looking forward to the second annual conference sponsored by the Committee on Psychoanalysis. At the time of this writing, "The Widening Scope of Psychoanalytic Treatment" (November 16-19, 1989) rises on the horizon. I urge all those who had "other things to do," to schedule in some nourishment for themselves in a conclave that promises to be enlivening to the intellect as well as to the soul. Ben Mankin is in private practice on Long Island, N.Y. and is on the faculty of the Adelphi School of Social Work.
Psychoanalytic Training For Clinical Social Workers

We are pleased to present a new and ongoing specialty section in this edition of the Newsletter, one which highlights our advertisers and offers our readers a description of analytic institutes. This service is provided for prospective psychoanalytic candidates who are considering or selecting institutes for training purposes.

(Institutes are presented in alphabetical order)

The Institute for Psychoanalytic Training & Research (IPTAR)

We at IPTAR wish to invite you of the Mental Health disciplines to consider our psychoanalytic program if you are interested in obtaining specialized training taught by a distinguished faculty of practicing psychoanalysts. The IPTAR Training Program integrates recent contributions in the area of Ego Psychology, Object Relations, Child Development, and Narcissistic Regulatory Processes within a broad Freudian framework. Candidates are provided with a thorough grounding in both psychoanalytic theory and clinical techniques, and develop into conceptually well organized clinicians capable of effective treatment with neurotic and seriously disturbed patients.

Case seminars and professional programs with the students and members are held to insure a closer alliance between IPTAR and Candidates. We encourage an active student organization, referral services and are highly responsive to our regular student evaluations of faculty. IPTAR actively attempts to provide a training program that is economically feasible, as well.

IPTAR grants a Certificate in Psychoanalysis and offers professional psychoanalysts membership in the IPTAR Membership Society established in 1958 and chartered by the New York State Board of Regents.


Stanley Grand, Ph.D. Norbert Freedman, Ph.D.
President Dean

The Psychoanalytic Referral Service

THE INSTITUTE FOR PSYCHOANALYTIC TRAINING & RESEARCH (IPTAR) has consolidated into its unifying integrated Psychoanalytic Training Program contributions in Ego Psychology, Object Relations, Child Development, and Narcissistic Regulatory Processes within a Freudian framework, taught by a distinguished faculty. Candidates develop into conceptually well organized clinicians capable of effective treatment of a wide range of problems. IPTAR attempts to provide a program that is economically feasible as well. IPTAR grants a Certificate in Psychoanalysis and offers psychoanalysts membership in the IPTAR Membership Society established in 1958 and chartered by the New York State Board of Regents.

FOR INVITATIONS TO PROFESSIONAL MEETINGS, OPEN HOUSE AND FOR BULLETIN: “THE CONTEMPORARY APPROACH TO PSYCHOANALYTIC TRAINING” CALL (212) 427-7070 OR WRITE TO IPTAR, 1651 THIRD AVENUE, NEW YORK, N.Y. 10128.
National Institute for the Psychotherapies
A CONTEMPORARY APPROACH TO PSYCHOANALYTIC TRAINING

The National Institute for the Psychotherapies, a New York State chartered training institute since 1972, offers a training program responsive to the needs of today's practitioners.

Unlike most training programs, which subscribe to a single "school" of psychoanalysis and thus offer relatively limited approaches to theory and technique, NIP's Program in Psychoanalysis and Comprehensive Psychotherapy is designed to provide a broader, less restrictive training opportunity.

The core of the four-year program is a thorough training, both didactic and practical, in the basic principles of psychoanalysis and psychoanalytically-oriented psychotherapy. The curriculum offers intensive comparative study in psychoanalytic theory, technique, and developmental theory, with special emphasis on recent advances in object relations theory and self psychology. Third and fourth-year candidates may study additional therapeutic modalities specifically chosen to supplement traditional psychoanalytic skills.

Because we recognize that integrating theory and practice is a complex and lifelong process, our goal is to develop in our candidates a capacity for flexibility in the use of various theoretical and technical paradigms, and the critical skills to assess different therapeutic approaches. Moreover, because we recognize that this process does not take place in isolation, we also encourage a spirit of openness and the building of collegial relationships among candidates. Toward that end, all candidates participate in a unique group experience as part of their first-year curriculum. Additionally, they are afforded the opportunity to remain active through our Professional Association after graduation.

The training experience includes compensation for clinic work as well as some private practice support following graduation. The Institute also offers a Training Program in Supervision of the Psychotherapeutic Process, Training Programs in specialized psychotherapeutic modalities, and an extensive program in continuing education for advanced professionals.

For further information, contact Jane Lemiszko at 212-582-1566.

The National Psychological Association for Psychoanalysis (NPAP)
NEW ACCELERATED TRIMESTER PROGRAM

The National Psychological Association for Psychoanalysis welcomes applications from qualified social workers for thoroughgoing psychoanalytic training leading to certification and membership in NPAP.

A new accelerated trimester curriculum integrates psychoanalytic developmental ego psychology, self psychology and object relations theories within a contemporary Freudian framework.

Founded in 1949 by Dr. Theodor Reik, one of Freud's most gifted disciples and the author of "Listening with the Third Ear," the NPAP spearheaded in the United States the training of non-medical analysts.

NPAP has its own journal, The Psychoanalytic Review, to which candidates contribute; a private brownstone, garden and library in the heart of Greenwich Village; a member-in-training organization and newsletter; and an active referral service, the Theodor Reik Consultation Center for candidates and members.

For invitations to NPAP scientific meetings and Open House and to receive NPAP's comprehensive bulletin, please phone or write: NPAP, 150 West 13th Street, New York, NY 10011, 212-924-7440
New York Center for Psychoanalytic Training, Inc.

Celebrating its twenty-fifth anniversary, the New York Center for Psychoanalytic Training was founded in 1963 by Dr. Reuben Fine, Director Emeritus. Dr. Herbert Strean, leading social work educator and author, is the current Director. Divisions are active in New York City, New Jersey, Long Island and Hudson Valley.

NYCPT offers a full program in psychoanalytic training, a three-year program in psychoanalytic psychotherapy, and a program in child and adolescent psychoanalysis. It sponsors symposia, a basic concept workshop series, and Friday evening Scientific Meetings. Speakers at these meetings have included Dr. Peter Blos, Dr. Anni Bergman, Dr. T. Berry Brazelton and Dr. Joyce McDougall.

We are proud of our involved, active student body. A student representative attends all Board meetings, keeping students informed and Board members aware of student concerns.

For further information call Jeane Bailey, administrator, at 212-757-9200. Prepared by Dorothy Lander

The New York Freudian Society

The Psychoanalytic Training Institute of The New York Freudian Society offers a comprehensive program in adult psychoanalysis which can be undertaken in either New York City or Washington, D.C. In addition, the Institute offers a highly-regarded course of study in child psychoanalysis.

Seminars begin with basic psychoanalytic theory in a core program common to both adult and child tracks. This includes a general introduction of the theory and its historical development. In particular, these courses deal with the conceptual evolution from empirical observation to metapsychological propositions; theories of human development from infancy through maturity; the concept of the unconscious, theory of drives and regulatory processes; the principles of ego psychology and object relations; and the formation of psychological events such as dreams, fantasies, symptoms and the psychopathology of everyday life.

The child program diverges with seminars specific to child psychoanalysis, covering issues of diagnostic assessment, the understanding of the child's communications, establishment of a therapeutic alliance, and the principles of technique in child treatment.

The clinical applications of the theory involve diagnosis, phenomenology and structure of the various clinical categories; evaluation of analyzability; and the theory of technique.

Continuous case seminars provide opportunities for integration of the theoretical and clinical material. In the child program, these seminars are offered in each developmental phase of childhood: infancy, latency, adolescence.

The control analyses are conducted four times weekly, with each supervised once weekly. Two adult cases and two child cases from two different groups are required respectively for completion of the training. Faculty are selected from an esteemed group of experienced analysts.

Prepared by Kristine Shays Lupi
The New York School for Psychoanalytic Psychotherapy

Application is open to licensed or licensable social workers, psychologists, psychiatric nurses, and psychiatrists. The New York School for Psychoanalytic Psychotherapy provides a training program with a tradition. This three-year curriculum offers a systematic course of study linking traditional Freudian concepts to contemporary ego psychology as developed by Anna Freud, Hartmann, Spitz, Mahler, et al. The administration and faculty of NYSSP are experienced practitioners and have been trained in developmental psychoanalytic ego psychology. Thus, this School presents a uniquely integrated approach to the teaching of the theories of ego psychology and their application to the techniques of psychoanalytic psychotherapy.

Two seminars, given in sequence, meet once a week for 15 weeks each semester. There are two semesters per year. In the first year the two courses coordinate an intensive review of Freudian theory with an introduction to theory and technique of ego psychology. In the second and third year, the format is a weekly three-hour seminar with the second one and one-half hours devoted to application of theory through case presentations. The approach of ego psychology to diagnosis, psychopathology, the use of dreams and the treatment of the more disturbed patient is emphasized.

NYSSP is an affiliate of the Council of Psychoanalysis Psychotherapists and meets standards for psychotherapy institutes required by the Council.

NYSSP holds an absolute Charter from the Board of Regents of the State of New York. Classes are held in Manhattan and Long Island. Seminars are limited in size to allow for full participation.

Programs sponsored by The New York School for Psychoanalytic Psychotherapy and its membership association The Society for the Advancement of Psychoanalytic Developmental Psychology.


December 3, 1989, Rita Ransohoff “Freud’s Collection of Antiquities.” (In honor of the 50th anniversary of his death.)


The above meetings are held at the Ethical Culture Society, 2 West 64th St., N.Y.C.

Other meetings are to be announced. For further information call Carol Thea.

Postgraduate Center for Mental Health

The training program in Psychoanalysis and Psychotherapy at the Postgraduate Center for Mental Health, founded in 1948, was the first program in the United States to offer psychoanalytic training to social workers. Today, after more than forty years, the Postgraduate Center is still dedicated to the same principles and knowledge to a wide variety of community problems.

1) An inter-disciplinary approach to training.
2) The integration of clinical experience with didactic training.
3) The training of treatment programs which apply psychoanalytic principles and knowledge to a wide variety of community problems.

The Postgraduate Center offers an outstanding curriculum based on classical and contemporary psychoanalytic knowledge, as well as a special emphasis on intensive analytic supervision and evaluation of all candidates in order to enhance their professional development. Case conferences, special workshops and monthly scientific programs contribute to the strong collegial sense of our professional community.

The Center runs a series of certified clinics where students in all programs are able to both learn and to prepare for independent practice by engaging in the psychoanalytic treatment of patients from a variety of socio-economic and diagnostic backgrounds.

The Postgraduate Center has also been at the forefront of the effort to apply psychoanalytical principles to other treatment modalities and to a wider variety of community needs, what we call “psychoanalysis with a social conscience.”

The Psychoanalytic Training Program in Psychoanalysis and Psychotherapy with Adults (a four-year-training program), stands alongside outstanding specialty training programs in Psychoanalytic Treatment of Children and Adolescents (three years), Analytic Group Therapy (two years), Family/Couples Therapy (two years), and Supervision of the Psychoanalytic Process (two years). Candidates are accepted on a tuition basis or may exchange clinical service for training costs. Flexible financial arrangements and stipends are available. 

Ava L. Siegler, Ph.D.
Dean of Training

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Our Technical Orientation

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Small seminars one evening a week in Manhattan and Long Island. Curriculum emphasizes normal and pathological development. Case presentations and individual weekly supervision.

Outstanding faculty trained in psychoanalytic psychotherapy and in psychoanalysis.

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Small classes and highly trained supervisors and faculty provide candidates with a solid grounding in both classical and contemporary psychoanalytic thought and technique.

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Only a limited number of candidates will be accepted to each training program for 1989-90.

Applicants are encouraged to apply as soon as possible. For further information and application forms please call or write directly to:

Ava L. Siegler, Ph.D.
Dean of Training

Postgraduate Center for Mental Health
124 East 26th Street
New York, New York 10016
(212) 689-7700 Extension 266 267
The Society for Psychoanalytic Study and Research

In 1958 the Society was founded in New York City by Dr. Joseph Levi and his students. It was incorporated in 1959 and was chartered provisionally by the New York State Board of Regents in 1962.

A training program in psychoanalysis was offered by the Society from its inception until the mid-1960's. Subsequently, members of the Society worked in study groups on such topics as psychoanalytic aspects of learning disabilities, adoption, narcissism, and the borderline personality. In 1980 members of the Society re-established a training program in psychoanalytic psychotherapy, which was broadened in 1983 to include additional training in psychoanalysis as an option. Currently, the Society offers a four-year training program in psychoanalytic psychotherapy and/or psychoanalysis. Members of the faculty include Joyce Edward, Carroll Felleman, Roslyn Goldner, Arthur Goldweber, Martin Greene, Edward Levin, Michelle Levine, Arnold Pusar, Monica Rawn, Jacob Slutzky, Patsy Turini, Cecily Weintraub, and Beatrice Weinstein.

A moderate-cost treatment service was founded in 1981 to provide candidates with additional, relevant clinical experience. It also provides members of the community with more intensive psychoanalytic psychotherapy or psychoanalysis at a lower cost than would otherwise be usually available to them. In September 1988, the clinic service was converted into a referral service.

To serve the professional community, The Ruth Rabinovitch Memorial Lectures were begun in 1983, with Harold Blum, M.D. as guest speaker. In subsequent years, speakers have included Fred Pine, Joyce McDougall, Roy Schafer, Jacob Arlow, Martin Bergmann and Charles Brenner. Special workshops and seminars have also been offered to the professional community since 1984.

Washington Square Institute for Psychotherapy and Mental Health

Washington Square Institute, located in Greenwich Village, is proud to be in its thirtieth year of community service. WSI offers a program in Psychoanalytic Psychotherapy which is completed in roughly four years, but designed so that students can progress according to their own academic needs. The theoretical emphasis is on psychoanalytic ego psychology with a curriculum which is regularly reviewed and updated to incorporate new developments in the field and address changing needs in the client population. A major advantage for our candidates is the availability of clinical experience in the WSI Treatment Center, also the largest free-standing nonprofit psychotherapy center in New York City.

Upon completion of the individual psychotherapy program, the graduate may elect to continue advanced courses to earn certification in Psychoanalysis. WSI has taken the lead in creating an advanced psychoanalytic program focused on the understanding and treatment of character pathology. In addition, WSI offers a program in Analytic Group Psychotherapy geared to the requirements of the American Group Psychotherapy Association.

Every effort has been made at WSI to provide a serious and scholarly environment in which to pursue a psychoanalytic career. We have our own psychoanalytic library. The Institute publishes three publications: the professional journal, Issues in Ego Psychology, Monographs in Group Psychotherapy, and Notes and Comments, a monthly newsletter for WSI staff and students. The Professional Society of Washington Square Institute open to WSI staff, students, faculty and alumni promotes a feeling of community among WSI people and provides an opportunity for members to participate and contribute to the work of the institute.

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To receive a detailed brochure, please write or call:

Mrs. S. Fishman
Washington Square Institute for Psychotherapy and Mental Health
41 East 11th Street, New York, NY 10003. (212) 477-2800
Chartered by the NYS Board of Regents. Established in 1960.
Westchester Center for the Study of Psychoanalysis and Psychotherapy

The Westchester Center, founded sixteen years ago, is a multidisciplinary psychoanalytic and psychotherapeutic training institute, chartered by the New York Department of Education. The tri-disciplines are substantially represented in both the student body and the faculty.

The four-year training program consists of small seminars which meet on Tuesday nights from 7:00 PM to 10:00 PM in White Plains, and of individual supervision and personal analysis. Supervision is with members of the faculty in their private offices, which are located in Westchester County and New York City, with a few in Rockland County and Connecticut. Personal analysis is privately arranged with a qualified training analyst who must be approved by the Center but need not be a faculty member. At least some part of a candidate's personal analysis must take place during the period of matriculation and be at a frequency of three times per week for at least one year.

The Westchester Center is an eclectic institute in that faculty members represent a variety of theoretical orientations, and the seminars offer an introduction of the different theoretical contributions in the fields of psychoanalysis and psychotherapy. Furthermore, candidates are free to choose their supervisors from the faculty and are encouraged to explore different theoretical orientations. The majority of faculty members are also affiliated with other recognized analytic training institutes in the metropolitan area.

In addition to the formal training program, the Center runs a low-cost treatment service in which candidates are required to participate. In conjunction with its Psychoanalytic Association, the Center sponsors a series of public professional lectures, clinic conferences, weekend retreats, holiday parties and various other professional and social activities.

Committee on Psychoanalysis

A NATIONAL MEMBERSHIP COMMITTEE OF THE NATIONAL FEDERATION OF SOCIETIES FOR CLINICAL SOCIAL WORK, INC. (Committee Est. 1980)

The Committee on Psychoanalysis was formed as a standing committee of The National Federation of Societies for Clinical Social Work in May 1980, in response to the need for a national advocacy group for Clinical Social Workers who practice psychoanalysis and psychoanalytic psychotherapy. While Clinical Social Workers are a major provider group of psychoanalysis and psychoanalytic psychotherapy in the nation, they have been forced to look to psychology and medicine for standard setting and clinical identity as psychoanalytic practitioners. The Board of the National Federation voted in October 1985, to expand the scope of the Committee to allow all interested members of State Societies of Clinical Social Work to join the Committee directly and make financial contributions which will be used exclusively by the Committee for its work.

Major goals: In addition to insuring parity for Clinical Social Workers as psychoanalytic practitioners and educators, the committee's goals are to provide:

1) A national sub-specialty identity for Clinical Social Workers who practice psychoanalysis and psychoanalytic psychotherapy. This is similar to what Division 39 (Psychoanalysis) of the American Psychological Association provides for the psychologist and the medical psychoanalytic associations provide for the psychiatrist.
2) National standards for Psychoanalytic training and practice by Clinical Social Workers.
3) National educational conferences.
4) Forums for specialty interests.
5) Area conferences.
6) Publications.

Who may become members? Any individual of a State Society of Clinical Social Work who is interested in working toward achieving the goals of the Committee may become a member. Committee membership is open to interested Clinical Social Workers in a similar manner as membership in Division 39 is open to interested psychologists. If you are not a member of a State Society of Clinical Social Work, we will send you information regarding membership in the State Society in your area. Your Society must be a member of the National Federation.

Membership Application

COMMITTEE ON PSYCHOANALYSIS

Name __________________________
Address __________________________ Number and Street __________________________
Telephone (Office) __________________________ City __________________________ State Zip __________________________
Telephone (Home) __________________________
Highest Degree __________________________
University __________________________ State Society Membership __________________________
License or Cert No. __________________________ State __________________________

☐ The Committee is supported solely by annual membership contributions.

☐ I wish to contribute: $200 ☐ $100 ☐ $50 ☐ $25 ☐

CONTRIBUTIONS ARE TAX DEDUCTIBLE FOR MEMBERS OF THE PROFESSION. Checks should be made payable to The National Federation of Societies for Clinical Social Work, Inc.

I WOULD BE INTERESTED IN WORKING ON:

☐ A. National Standards
☐ B. National Conferences
☐ C. Legislation
☐ D. Public Relations
☐ E. Other

Please return to: CRAYTON E. ROWE, JR., M.S.W., CHAIRPERSON
230 West End Ave., Suite 1D, New York, NY 10023

Only members in good standing of State Societies of Clinical Social Work are eligible for membership on the Committee.