



NEWSLETTER

Committee on Psychoanalysis

A National Membership Committee of The National Federation of Societies for Clinical Social Work

VOLUME 5

FALL 1991

Rosemarie Gaeta, M.S.W., to Head Ad Hoc Committee on APsA

Waiver Issue



In July 1990, Rosemarie Gaeta was appointed by Adrienne Lampert, M.S.S.A., President of the National Federation of Societies for Clinical Social Work, to head up an ad hoc committee to address the issue of the waiver process for the social worker who wishes to apply for training at an institute of the American Psychoanalytic Association (see article by

Kenneth Adams, Esq., this issue of the *Newsletter*).

On March 8, 1991, representatives of the Committee on

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American Psychoanalytic "Waiver" Process Remains Major Obstacle For M.S.W.s

Kenneth Adams, Esq.

Washington, D.C.

Last year a committee of the American Psychoanalytic Association, APsA, proposed a change in APsA by-laws. This change would permit member institutes to accept non-physician candidates without requiring a waiver from APsA, if the candidates hold a Ph.D. in clinical psychology or a doctoral degree in clinical social work or psychiatric nursing.



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20th Anniversary Gala Celebration

Helga Justman, M.S.W.

Belvedere, CA

In 1991, the Committee on Psychoanalysis is participating with its own track, "Psychoanalysis and Psychoanalytic Therapy," in the 20th Anniversary Gala Celebration of the National Federation of Societies for Clinical Social Work. The clinical conference will take place at the Palmer House, Chicago, IL, Sept. 27-29, 1991, and promises many exciting events.

Our 1991 Program Committee Members, Richard M. Alperin, D.S.W.; Francis Brown, M.S.W.; Marsha Fine, M.S.W.; Elinor D. Grayer, Ph.D.; Rosemary Lukton, D.S.W.; Terry C. McCall, M.S.W.; Roberta Myers, M.S.W.; Joseph Palombo, M.A.; Florence Rowe, M.A.; and Helga Justman, M.S.W., Chair; representing New York, New Jersey, Chicago, Northern and Southern California, and the State of Washington, have most generously given their time under pressures of deadlines in carefully reviewing and evaluating the many submissions. Each paper was reviewed without knowledge of name of presenter and final selections were made to represent the range of interests of members. The keynote speaker for our track will be Karla R. Clark, Ph.D., faculty member of the Masterson Institute, on "Season of Light/Season of Darkness: The effect of buried trauma on the structure of the self."

Save the Date!

Fourth Psychoanalytic Conference

The Fourth National Clinical Conference, "Psychoanalytic Explorations in Outer and Inner Space," will be held in Los Angeles, CA, Oct. 15-18, 1992. For information contact: Ellen G. Ruderman, Ph.D., Conference Director, (818)784-7090; or Mae Denton, Ph.D., Asst. Director, (213)820-7070.

Harmonious Overlap Between Two Antithetical Disciplines: Behaviorism and Psychoanalysis

Barrie M. Biven, M.S.W., Ph.D.

Ann Arbor, MI



In this paper I should like to illustrate some basic differences and some basic similarities between behavioral theory and practice, and psychoanalytic theory and psychoanalytic psychotherapy. I will also describe some subtle differences between the two disciplines, such as the pleasure principle, a basic psychoanalytic concept; and antecedent conditions, a basic behavioral concept. Further, I

will support my thesis with a brief description of the way fundamental behavior therapy concepts of modeling, aversive conditioning and systematic desensitization can be partially explained by classical psychoanalytic concepts.

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Professional Standards

David Phillips, D.S.W.
New York, NY



In previous columns of the *Newsletter* (1988 and 1990) I have suggested that a number of developments have taken place which have increasingly meant that the treatment of the individual is no longer solely a transaction between patient and therapist. Most therapists are familiar with developments such as the Tarasoff decisions, which require that they protect third parties from the potential violent intent of their patients,

even if that means a violation of the promise of confidentiality, and laws, now in effect in all states, requiring the reporting of suspected cases of child abuse and/or neglect. Even though these events are well known, they deal with situations which will come up rarely, if ever, in the professional lives of most therapists. There is, however, another case which is much less known but which may have a far more profound impact on the practice of psychotherapists: Within the confines of this limited space, I will attempt a brief introduction to the current debate surrounding the case of Dr. Rafael Osheroff.

Dr. Osheroff, a physician, was admitted in January of 1979 to Chestnut Lodge in Maryland — perhaps the country's leading and best known inpatient, psychiatric facility. Prior to this hospitalization, Dr. Osheroff had been treated as an outpatient for two years with psychotherapy and medication

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Committee on Psychoanalysis Continues Participation in Formation of Psychoanalytic Training Programs

Bea Reardon, M.S.W.
Cambridge, MA

The second formal meeting to develop an interdisciplinary Federation of psychoanalytic training programs was held November 3-4, 1990 in Cambridge, MA. Sixty professionals, representing training institutes and other interested organizations from across the U.S. and Canada, gathered to share information about the issues in psychoanalytic training and to further the development of the fledging Federation. Marga Speicher, Ph.D., and Bea Reardon, M.S.W., represented the Committee on Psychoanalysis.

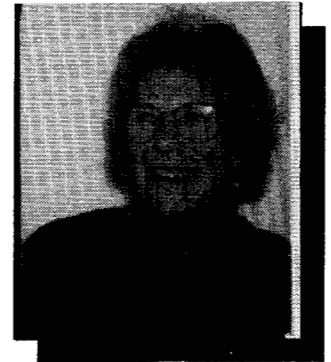
The Federation was originally sponsored by members of



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Member Profile

Margaret Galdston Frank, L.C.S.W., B.C.D.
Newton Centre, MA



It is a perplexing project to consider writing a profile of yourself for an audience which consists of many "who knew me when," friends from the recent past, and a mass of faceless readers. I had to ask myself, what is of special interest? Do I have a special message to impart? How sharply shall I draw the line between the professional 'me' and the personal 'me' in writing? In real life I view these elements as an inextricable blend. I took out my C.V. and read the now four to five pages and thought, 'boring and unrevealing.' But as I scanned the pages more carefully, I found the years of activity prompted a memory.

The memory was of a question/observation made some years ago by my youngest son. His musings came at a time in his life when he began to see me as a part of a world larger than making his lunches, hosting his pals after school, and attending to his bruises. His half-remarked and half-questioned, "What are you, Mom? Most of the time you see patients, and sometimes you are a patient. Some of the time you are a teacher and some of the time you go to classes. Sometimes you supervise other people's work and sometimes you go and get supervision on your work." He paused while I was speechless with the acuity of my ten-year-old's observations. When I did not answer he said, "Well, I guess you like to inquire and then you like to share what you have learned."

As I think about this interchange I am struck that it is the story of my personal and professional life to this very day. Inquiry has never ended, but the early part of my life was tipped heavily in the direction of learning. In 1953, some of you will remember, I was a blue-eyed, curly-haired, anxious new psychiatric social worker. (That's what we were called in those days.) I was a new staff member of the then-Jewish Board of Guardians. I was the daughter of a psychiatrist father and a mother who was a Labor Economist. I was intensely interested in learning to treat emotionally disturbed children. My college years at Vassar, where I majored in Child study, sociology and philosophy, made attending Columbia University School of Social Work a most natural next step. At Columbia, one could get a rich training in psychodramatic theory even though the prevailing caveat was that social workers did not work with transference, only psychiatrists did. I recall pondering why a phenomenon that existed in the therapeutic relationship was to be ignored by members of my profession, despite its universal existence.

It was not until years later when I began to teach in schools of social work that I became aware of what I consider a "learning inhibition" in our profession. Too often, in the name of defining ourselves as a profession with a unique theory, we have excluded knowledge associated with other professions.

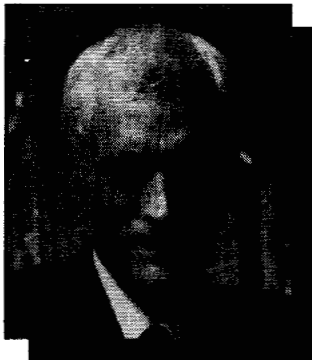
Life at Jewish Board of Guardians, my first job, supported learning beyond anyone's imagination. Even the most senior

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Interviews with Crayton E. Rowe, Jr., M.S.W., and Rosemarie Gaeta, M.S.W.

*Diana Siskind, M.S.W.
New York, NY*

In July 1991, Rosemarie Gaeta will assume the position of Chairperson of the Committee on Psychoanalysis. As you all know, Crayton E. Rowe, Jr., has held this position since the inception of the Committee which he so ably formed and led for the past 11 years. Rowe and Gaeta graciously agreed to allow me to interview them at this juncture in the history of the Committee. The following are excerpts from these interviews:



Diana Siskind: Crayton, eleven years ago you began to organize our National Membership Committee on Psychoanalysis. Did you anticipate its outstanding growth and success?

Crayton Rowe: It was no surprise to me and no surprise to many other of our members who were also concerned about what was happening to specialties within our profession. Of all the specialties, psychoanalysis was undergoing the greatest threat from other professions. For example, in 1971 in New York State, the Biondo Bill claimed psychoanalysis for psychology. It also threatened social workers with a position of subservience to psychologists in other practice areas. Since clinical social workers were extremely interested in psychoanalysis, and were major providers of psychoanalytic psychotherapy, I was convinced that a structure could be created that would provide clinical social workers with a specialty identity and an opportunity to practice psychoanalysis within their own profession. In other words, *the structure was missing, not the interest and motivation*. Some were saying that social workers are characterologically passive. They follow other professionals. They never think about their own independence. I did not believe this. The history of clinical social work shows that the profession was composed of a number of specialties that uniquely contributed to theory and practice. However, after the formation of the NASW, the well-documented deterioration of social work began. Agencies as well as schools of social work discouraged independent practice—a kind of finger-pointing to any clinical social worker who dared claim that he or she had the right to practice on a parity with other professionals—a forced humility and self-effacement. As a social work student, I remember a number of instructors, mostly psychiatrists, who warned us to stick to counseling and ‘stay away’ from treating on ‘deeper’ levels. I think that our National Membership Committee on Psychoanalysis has been the only organization that has effected any major change in the public’s understanding that clinical social workers practice specialties within their own profession and on a parity with other professions.

Diana Siskind: On a more personal note, we all know how tirelessly you have worked for the Committee. Now that you are stepping down, do you plan to give yourself some leisure time or do you have any other major projects to pursue?

Crayton Rowe: I am very happy to be able to step away, for if any organization is to exist, it has to exist with new people, new thoughts, new ideas and inspiration, The Committee is now a living and viable standing organization. It’s no longer an infant; it’s no longer a latency-age child; it is perhaps a young adult if we were to look at it this way. I would like to be of help in any way that I possibly can in supporting the new administration and the continued growth of our National Membership Committee. I am very pleased with what we have accomplished so far and applaud the National Federation for allowing this specialty structure to develop within the body of its organization.

Excerpts from interview with Rosemarie Gaeta

Diana Siskind: I think that we can all be very proud and pleased with the growth and impact of the Committee on Psychoanalysis over the past eleven years. As future Chair of the Committee, what is your primary goal?

Rosemarie Gaeta: As my leadership of the Committee begins this July 1991, I am committed to continuing the enthusiastic growth and development of our organization. My primary goals could be summarized as: 1) membership; 2) national recognition; and 3) parity with other professions.

The Committee has really ‘taken flight’ in the three short years it has been a membership committee, a phenomenon that clearly attests to the need for a place that members of the social work profession who practice the specialty of psychoanalysis and psychoanalytic psychotherapy can come together, share ideas, and organize themselves as a powerful national force. I believe that the Committee has already made greatly significant strides in promoting the stature and visibility of the clinical social worker engaged in psychoanalytic practice. Fertile ground for continued growth of committee membership is still abundant. We need to reach out and identify those clinical social workers who are homelessly wandering about because until only recently there was no specialty community of psychoanalytic practitioners who opened the door, put on the light and made for warm welcome. The Committee on Psychoanalysis is that warm welcome.

Since I’ve been functioning as National Liaison for the Committee for the past year, I’ve been very involved in Chapter development. I’ve sensed the pleasure that our membership takes in belonging to a group with whom they can closely identify, and I’ve



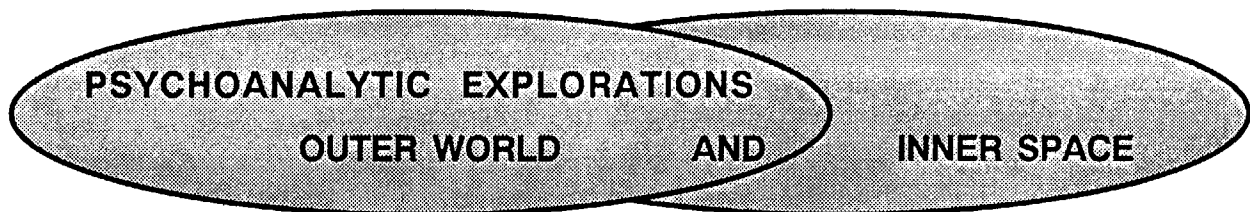
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COMMITTEE ON PSYCHOANALYSIS

A National Membership Committee of the
National Federation of Societies For Clinical Social Work

ANNOUNCES

THE FOURTH NATIONAL CLINICAL CONFERENCE



BEVERLY HILTON HOTEL
LOS ANGELES, CALIFORNIA

OCTOBER 15-18, 1992

Psychoanalysis illuminates the intrapsychic space of individuals in the context of their place in the outer world of family, groups, and the community. This conference will highlight the rich interaction between the individual's inner experience and the play of forces in outer reality, both in development and in the analytic situation.

CALL FOR PAPERS

Please submit four copies of a full paper or draft of paper (with identifying information on the cover only) and a biographical abstract on a separate page. Give fullest possible description of panel or workshop content and purpose. Include biographical information on all participants. Time allotted for presentation of paper, panel or workshop is 90 minutes. Papers returned on request if accompanied by a self-addressed stamped envelope.

DEADLINE: January 15, 1992

Please contact the following people for further information:

Conference Director:

Ellen G. Ruderman, Ph.D., B.C.D.
16542 Ventura Blvd. #514
Encino, CA 91436
(818) 784-7090

Call for Papers:

Jessica Lehman, M.S.W., B.C.D.
(213) 478-8545
Maggie Magee, M.S.W., B.C.D.
(213) 450-8568
Jane Rubin, M.S.W., B.C.D.
(213) 208-3313

Mail Papers to:

Maggie Magee, M.S.W., B.C.D.
3331 Ocean Park Bl., #201
Santa Monica, CA 90405

Assistant Conference Director:

Mae Denton, Ph.D., B.C.D.
11633 San Vicente Blvd. #320
Los Angeles, CA 90049
(213) 820-7070

Membership Information:

Rosemarie Gaeta, M.S.W., B.C.D.
Chairperson
Committee on Psychoanalysis
92 Eltingville Blvd.
Staten Island, NY 10312

Crayton E. Rowe, Jr., M.S.W., B.C.D.
Chair Emeritus
Committee on Psychoanalysis

1990 National Clinical Conference

Maggie Magee, M.S.W.
Santa Monica, CA

The Third National Clinical Conference of the Committee on Psychoanalysis was held at the Vista Hotel in New York, Nov. 1-4, 1990. The largest national clinical conference to date, "The Continuing Evolution of Psychoanalytic Thought:



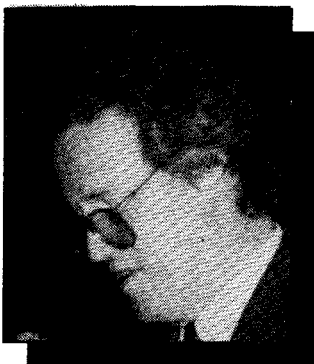
Infancy to Adulthood," was attended by over 500 social workers from 28 states, as well as Canada, Germany and Austria. Conference Directors Rosemarie Gaeta, M.S.W., and Walter Alvarez, M.S.W., noted the theme of the conference "...has a double meaning. It refers to the evolution of the profession and the understanding of the individual throughout the life cycle." Five Keynote Addresses developed the theme of the conference, and forty-three workshops, panels, or paper presentations revealed the wide-ranging contributions being made by social workers to the evolution of psychoanalytic thinking.

The conference opened Thursday evening with two Keynote Addresses. Ernst Federn, M.S.W., described the history of "the unhappy marriage between psychoanalysis and social work," and how that unhappy marriage has interfered with the development of psychoanalysis as a social field of knowledge. Calling August Aichorn "the first psychoanalytic social worker," Federn pointed out that Aichorn addressed "the social aspect of man's development." If, said Federn, Hitler had not come to power and "driven these ideas out, psychoanalytic social work could have come to the U.S. not as a poor immigrant but as Stephan Becker and I do today [invited and honored speakers at a national conference]." Federn felt that the time had finally come that the two



fields can share knowledge, although it will take much work.

Stephan Becker, Dr. Soc. Paed., Founder and President of the Association of Psychoanalytic Social Work, Rottenburg, Germany, described the development of the Center for Psychoanalytic Social Work, a residential treatment facility for psychotic children and adolescents, and gave several moving descriptions of his clinical work.



He helped a young patient who was hearing voices make sense of her frightening experiences as he talked to her of her need to project a part of her self that had become too painful to contain. His address attested to his

National Study Group on Work And Psychoanalysis

Elaine Rose, L.C.S.W.
Pacific Palisades, CA

Professional social work theory is rooted in psychoanalytic theory. It is part of the history of the development which led to the establishment of the speciality of clinical social work, and thereafter the organization of the Federation of Societies of Clinical Social Work, which then created the National Committee on Psychoanalysis.



However, the profession of social work has not previously identified the practice of psychoanalysis as one of its specialties. This speciality identification has until now been claimed by psychiatry and psychology. In today's context of the ferment in the field, the Executive Council of the Committee on Psychoanalysis, at its meeting Nov. 1, 1990, created a National Study Group on Social Work and Psychoanalysis in response to internal and external pressing needs. Elaine Rose, L.C.S.W., is the Chair of the Study Group, whose members are: Barrie M. Biven, M.S.W., Ph.D., B.C.D., MI; Jerome Cohen, M.S.W., CA; Joyce Edward, M.S.S.W., B.C.D., NY; Margaret Frank, L.C.S.W., B.C.D., MA; Roslyn Goldner, M.S.S., B.C.D., NY; Judy Ann Kaplan, M.S.W., B.C.D., NY; Rosemary Lukton, D.S.W., B.C.D., CA; Dale Meers, D.S.W., B.C.D., Washington, D.C.; David Phillips, D.S.W., B.C.D., NY; Ellen Ruderman, M.S.W., Ph.D., B.C.D., CA; Jean Sanville, M.S.S., Ph.D., B.C.D., CA; Marga Speicher, M.S.W., Ph.D., B.C.D., NY.

The Study Group delineated a two-fold purpose: To study the evolution of psychoanalytic practice within clinical social work with the focus of defining the identity of the social work psychoanalytic practitioner, and to study what and how psychoanalytic theory is being offered in the schools of social work and how psychoanalytic theory can be useful to social workers in agency settings.

The Study Group will meet biannually and report its findings at the 1992 national conference. Area Study Groups are forming in California, New York and Washington, D.C. Other interested areas are encouraged to write: Elaine Rose, L.C.S.W., 210 Notteargenta Road, Pacific Palisades, CA 90272.

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Reports From Area Committees

Walter Alvarez, M.S.W., National Area Chairperson for the Northeast

James Engelbrecht, M.S.W., National Area Chairperson for Texas

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

Roberta Myers, M.S.W., National Area Chairperson for the State of Washington

Ellen Ruderman, Ph.D., National Area Chairperson for Southern California

Carol Tosone, M.S., National Area Chairperson for Pennsylvania

Billie Lee Violette, M.S.W., National Area Chairperson for Northern California

Report from National Liaison

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



As National Liaison to regional membership groups, I am pleased to report a strengthening of existing membership groups throughout the country, as well as the recent addition of two new regional groups. A warm welcome is extended to Carol Tosone, M.S., (PA), and Jim Engelbrecht, M.S.W., (TX), the two new Area Chairpersons. The Committee thanks these two leaders for helping to form and organize their respec-

tive chapters for the national organization.

There has been increased interest in the National Committee on Psychoanalysis, especially following the success of the Third National Clinical Conference in New York City, Nov. 1-4, 1990. Many persons called or wrote expressing interest in forming a local group of the National Committee. Other persons contacted me with requests for the National Committee to provide similarly fine educational programs or training in their small rural or suburban locales, where no formal area chapter of the National Committee exists. As a result of these dialogues, the office of the National Liaison has developed a special committee on continuing education to study and address this need and to implement a program to support the membership in the outlying locales.

For further information on this committee, please contact Cecily Weintraub, Ph.D., 40 Arrandale Road, Rockville Center, NY 11570.

Report from the Northeast Area

**Walter J. Alvarez, M.S.W.
National Area Chairperson for the Northeast
New York, NY**

The Northeast Area has enjoyed a busy and exciting year. This is largely due to the fact that the Northeast Area group had the privilege of hosting the Third National Clinical Conference of The Committee on Psychoanalysis. The conference, held at the New York Vista Hotel in November of 1990, was a major success and was attended by over 500 people. The success of the conference was assured by the active participation of many of our regional members who served on the conference planning committee as well as volunteered their time to work during the conference. Our members are very pleased that we were given the honor of being the host area and proud that our contributions were effective in assisting to make the Third National Conference a success.

Since the November conference the Northeast Area has been working to redirect our energies into planning on the local area level. We have been using this year to further define our local area group and are confident that by year's end we will have an active and even stronger area chapter. Part of the development of our area group has involved the establishment of an area executive committee. An executive committee was developed and includes Robert Evans, M.S.W., Program Director; Florence Rosiello, M.S.W. (NY), Harriett Diamond, M.S.W. (NJ), Program Co-Chairs; Janice Victor, M.S.W. (NJ), Helen Krakow, M.S.W. (NY), Membership Co-Chairs; Sylvia Teitelbaum, M.S.W. (NJ), Judy Kaplan, M.S.W. (NY), Elections Co-Chairs; and David Phillips, D.S.W. (NY), Chair of the area study group on Social Work and Psychoanalysis.

While having a large area membership is exciting, it offers several organizational dilemmas. A major dilemma is in regard to the geographic diversity of our membership. The Northeast Area includes New York, New Jersey and Connecticut. Although New York City offers a central location for area programs our executive committee has made a commitment to ensure that programs are also offered outside of New York City to provide greater access to all of our members. The current plan that we have devised is to alternate between holding general meetings in New York with smaller local meetings held outside the city. During this year we are hoping to offer four different programs.

Our first program was held in April and featured a case analysis and panel discussion. The presentation, *Differing Psychoanalytic Viewpoints on the Negative Therapeutic Reaction: The Treatment of a Difficult Case*, featured three of our area members. They included Florence Rowe, M.S.W., presenting a Self Psychological perspective, Jeff Seinfeld, M.S.W., Ph.D., presenting an Object Relations view, and Ronald S. Sunshine, M.S.W., presenting Drive Theory perspective. The



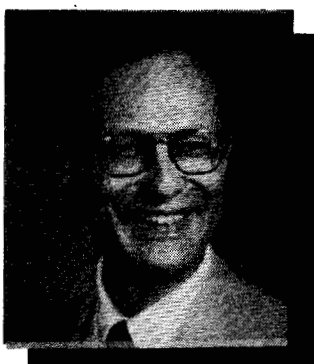
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presentation was informative, with the divergent theoretical viewpoints creating a lively and thought-provoking discussion.

More programs are being developed with the hope that we will be able to offer three more for the Fall of 1991. One particular program that is being developed will include a presentation by the area members who are members of the National Study Group on Social Work and Psychoanalysis. We look forward to an exciting year and the further development of a stronger and more active area committee.

Report from Texas

James Engelbrecht, M.S.W.
National Area Chairperson for Texas
Dallas, TX



James Engelbrecht recently has been appointed Chair of the Texas Area of the National Membership Committee on Psychoanalysis. Engelbrecht has been a psychoanalytic psychotherapist in private practice in Dallas for the past twenty-five years.

On behalf of the Committee on Psychoanalysis, Engelbrecht is working closely with the Texas Society for Clinical Social Work, a psy-

choanalytically-oriented organization in its educational thrust. As Area Chair of the National Membership Committee, he hopes to be an effective liaison between the National Committee and the Board of the Texas Society. Engelbrecht plans to work toward increasing the membership of the National Committee, thereby adding to the membership of the Texas Society.

Report from Washington State

Roberta Myers, M.S.W.
National Area Chairperson
for the State of Washington
Seattle, WA

I would like to introduce myself as the Area Chair for Washington. Many thanks to Beverly Gorsuch, M.S.W., our past Chair, for her leadership in organizing this chapter of the Committee on Psychoanalysis in May 1988. Thanks, also, to Wynona Morrison, M.S.W., who carried the post during our transition of leadership.

The Washington Area Committee on Psychoanalysis is still very much in its infancy, involved in the dynamic process of defining its identity, needs, and strength. We are considering what makes us unique as psychoanalytic social workers, as well as understanding our role within the context of our larger psychoanalytic work setting. We have a good working relationship with our own Washington State Society for Clinical Social Work and have enjoyed steady support from this group.



There has been a longstanding 'home' for psychoanalytic thinkers and teachers within the WSSCSW.

Many of our members of the National Membership Committee specialize in the treatment of children and belong to the local Child Therapy Association. This interdisciplinary group has provided its members and the broader practice community with a meaningful format for the study and development of psychoanalytic child therapy. We also have the Seattle Institute of Psychoanalysis, which is a member institute of the American Psychoanalytic Association. Most of our contact has been through their regular extension division seminars, but they have recently announced the formation of a two-year interdisciplinary psychoanalytic psychotherapy training program. We are witnessing an exciting development in our community of more collaboration between psychoanalytic professionals of all disciplines, coupled with a widening of educational and training opportunities. Other than the opportunities that were provided subsequent to the decision that APA institutes be available to non-medical candidates, there has not historically been full psychoanalytic training for social workers in our region. The interdisciplinary Northwest Alliance for Psychoanalytic Study has done much to facilitate the development of new educational opportunities, as well as opening up existing avenues and bridging relationships in this community. The Alliance, which is in the process of developing an intensive one-year course on psychoanalytic theory, in addition to its many other offerings, has committed itself to meeting this developing need for both formal and informal programs of psychoanalytic study.

So it is an exciting time here, indeed, psychoanalytic education and support very much on the upswing. The area that continues to need attention and expression is the identity of the psychoanalytic social worker, per se, and we see the Committee on Psychoanalysis as fundamental to this development. We are excited to have a connection with our colleagues across this country and to be able to share and learn from one another's experience. We are excited to be part of an organized vehicle of expression and exploration in such nationally important topics as the waiver situation in APA institutes. It is our vision that the Washington Area Committee on Psychoanalysis will continue to develop to help make ours an important and meaningful contributing arm of this most important national organization.

Report from Southern California

Ellen G. Ruderman, Ph.D.,
National Area Chairperson
for Southern California
Los Angeles, CA

The Southern California Area Committee continues to grow in membership. It now has 120 members—enthusiasm and productivity. Its many excellent psychoanalytic educational programs have been well received by the social work community. Three conferences included J. Sanville, Ph.D. (1/90), "Odyssey to Psychoanalysis"; C. Riley, L.C.S.W. (3/90), "Winnicott



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Report from Southern California

and Early Infant Development"; S. Cooper, M.S.W., and J. Cohen, Ph.D., "Integrating Interpersonal and Intrapsychic: Clinical Dilemmas in Psychoanalytic Practice." Saturday Seminars given for members included stimulating psychoanalytic case presentations: G. Sisson, M.S.W., L.A.I.P.S., Training Analyst, presenting "Nobody's Baby - Difficulties in Mental Representation and Internalization"; T. McBride, L.C.S.W., L.A.I.P.S. Member, presenting, "The Fate of Internalization in a Case of Inadequate Separation-Individuation." In June 1991: C. Baum, L.C.S.W., of PCC Institute on "Mothers, Infants and Toddlers: Psychoanalytic Considerations."

N. Malin, Ph. D., presented "Returning to Psychoanalysis with the Same Analyst" in May 1991. Our Program Committee has provided the mental health community with some excellent courses, workshops and consultation group experiences. Following the National COP Conference in New York, five half-day Saturday programs entitled "Reflections: A Series of Psychoanalytic Papers" were organized to present to the social work community papers offered by local clinicians at the NY Conference. E. Ruderman, Ph.D., began the series with "Countertransference: An Instrument for Reciprocal Growth" (3/91), followed by M. Magee, L.C.S.W., and D. Miller, M.D., "A Critical Review of Psychoanalytic Theories of Female Homosexual Development" (4/91), E. Rose, L.C.S.W., "Impact of Cumulative Trauma on Narcissistic States" (6/91), J. Sanville, Ph.D., "Interpreting Reparative Intent" (9/91), and F. Brown, Ph.D., "Issues of Narcissism in the Treatment of Men by Women Therapists" (1/92). The year culminated with an informative, well-planned Membership Meeting (1/92).

We continue to enjoy a good working relationship with the State Society, including my attendance at the Society Board Meeting in June 1990, and a Task Force meeting in October 1990, to insure greater clarity and interfacing between the Society and the COP. Following this, we were pleased that the State Society formally voted to end its liaisonship with the Psychologist's Division 39. Both organizations agreed that social workers need to be represented by social work organizations in which they have the right to vote and make choices about leadership, to alleviate confusion about their clinical identity. In March 1991 the Chairpersons and Program Chairs of both organizations will meet to discuss ideas for a future program to be co-sponsored by our local committee and the State Society.

The Southern California Area Committee took a strong position in letters to the State Society Board and to Crayton Rowe, Jr., M.S.W., National President of COP, urging the National COP to send strongly-worded statements to the NFSCSW requesting they embark on a concerted lobbying, educative, and possibly legal effort to urge the American Psychoanalytic Association to add M.S.W./B.C.D.s to those eligible for psychoanalytic training without waiver under a pending amendment to APA by-laws. When this Chair brought the proposal to the State Society Board, the Board voted unanimously to support this measure and to request that the National Federation send letters to all APA Institutes nationwide insisting that MSWs not be a focus of APA discrimination.

The following Executive Board members have guided the development of the Southern California Area Committee over the past year: Chairperson, E. Ruderman, Ph.D.; Chair, Program Committee, M. Denton, Ph.D.; Assistant Chair, Program Committee, R. Benitez-Bloch, Ph.D.; Chair, Education Committee, S. Moscov, L.C.S.W.; Co-Chairs, Membership

Committee, J. Lehman, L.C.S.W., M. Magee, L.C.S.W.; Secretary, M. Harriss, L.C.S.W.; Treasurer, P. Sable, Ph.D.; Consultant Liaison State Society, H. Ziskind, L.C.S.W.; Liaison to So. Area Committee - San Diego, L. Mone, Ph.D.; Liaison to Southern Area Committee - Orange County, Cy S. Brown, Ph.D.; Chair National Study Group on SW and Psychoanalysis, E. Rose, L.C.S.W.; Consultant, J. Sanville, Ph.D. Two subcommittees were added in March 1991: Co-Chairs-Public Relation Liaison Committee, S. Marems, L.C.S.W., and E. Tabachnick, L.C.S.W.; and Co-Chairs, Publicity Committee, C. Lake, L.C.S.W., and J. Schore, Ph.D. Our thanks to L. Chassler, who helped in organizing our courses and workshop series, and to all those on our varying committees who have helped to make this year one of growth and success.

Corrections from Previous Newsletter

The following printing errors were made in the Fall 1990 Vol. 4, Newsletter: Instead of "... State Society had been instrumental in creating a subspecialty identity for those social workers specifically engaged in the practice of psychoanalysis and psychoanalytic psychotherapy..." it should have read, "The Committee on Psychoanalysis has been instrumental in creating a subspecialty identity for all those clinical social workers who are specifically engaged in the practice of psychoanalysis and psychoanalytic psychotherapy..." In addition, the name Geraldine Schick, M. S.W., was misprinted as Schlick.

Report from Pennsylvania

Carol Tosone, M.S.

National Area Chairperson for Pennsylvania
Philadelphia, PA



I am happy to report the formation of the Pennsylvania Area Committee on Psychoanalysis and to serve as its first Chairperson. The Area Committee was formed thanks to the efforts of Katherine Donner, M.S.W., and founding members Jeffrey Applegate, D.S.W., Miriam Field, M.S.W., Jeffery Kaufman, M.S.W., Susan Levine, M.S.W., and Marcia Pilz, M.S.W. The support of Cathy Higgins, Ph.D., Robin Robb, Ph.D., and the Board Members of the Pennsylvania Society for Clinical Social Work also helped to make the Area Committee a reality.

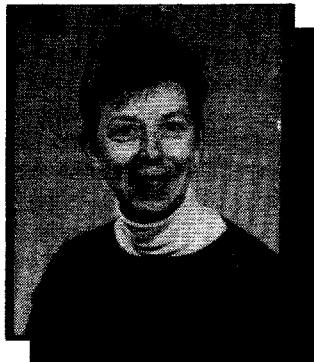
Our local committee held its first meeting in November 1990. Since this time we have continued to meet on a monthly basis. We meet to discuss case and clinical issues, as well as developments in the larger psychoanalytic community. In the near future a Self Psychology peer supervision and study group will be forming under the direction of Elaine Ominsky, M.S.W. We also hope to develop additional specialty study groups and to provide scientific meetings of interest to our members.

Pennsylvania is just one of several Area Committees already established. I encourage those of you in states which have not yet formed area committees to do so. Members of the Pennsylvania area can attest to the benefits of meeting regularly with colleagues whom they appreciate and respect. Our members look forward to working with members of the National Committee toward the goal of enhancing the clinical social work profession.

Report from Northern California

Billie Lee Violette, M.S.W.

National Area Chairperson for Northern California,
San Francisco and San Mateo, CA



The Northern California Committee on Psychoanalysis works to meet the needs of the local membership through study groups and Saturday afternoon programs that address psychoanalytic thought and provide opportunities for professional connections. There is constant recruitment of members for the Committee, and we look for ways to involve the local membership in the direction the local Committee takes. A close alli-

ance is maintained with the California Society for Clinical Social Workers. This is done through liaison at California Society Board meetings; last May we co-sponsored a program with the Society. We recruit members for the Society at the same time we recruit for the Committee, and we encourage Committee members to attend and present at the annual California Society Conference held each November.

The governing body of the Northern California Committee is a Steering Committee that meets monthly, consisting of members from the San Francisco metropolitan district. However, our membership consists of people all over Northern California. We rotate responsibilities of the secretary, and Michael Johnson, D.S.W., has recently assumed the responsibilities of the treasurer. Helga Justman, M.S.W., is the Chairperson of the Program Subcommittee and working with her are Terri McCall, M.S.W. (also the contact person for Peer Study Groups), Marsha Fine, M.S.W., and Velia Frost, M.S.W. This committee sets up Saturday afternoon programs consisting of a networking/social hour, a brief business/announcements time, and a presentation for which 1.5 hours of continuing education credit are given by the California Society. Justman, with help of her committee, has also set up the Committee on Psychoanalysis track at the Chicago 1991 Federation Conference. Elise Blumenfeld, Ph.D., is the Membership Chairperson and her subcommittee consists of Sharon Karp Lewis, M.S.W., Merle Davis, M.S.W., Rosemary Lukton, D.S.W. (also new editor for 1992 *Newsletter*), and Kim Ward, M.S.W. This committee keeps the membership records, recruits new members and registers attendees at programs, as well as collects fees and handles the hospitality functions. Velia Frost, M.S.W., and Helen Gallant, M.S.W., handle Continuing Education credits. Marsha Joswick, M.S.W., a Local Activity Leader for the California Society, has recently joined our steering committee.

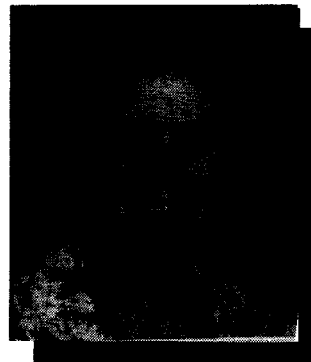
The 1991 programs are held bimonthly and have included: Terri McCall, M.S.W., on the creative process in therapy; Karlyn Hanks, Ph.D., on music in therapy within the theoretical framework of Kohut and Jung; and a larger program regarding a Celebration of Social Work, co-sponsored with the California Society and featuring Shirley Cooper, M.S.W.

We were extremely pleased to host the National Executive Committee of the Committee on Psychoanalysis in February 1991 in San Francisco. It afforded an opportunity to develop closer working relationships with our national leadership from

the various states, and to exchange ideas for local chapters. Barbara Varley, D.S.W., President-Elect for the Federation, also attended this meeting, providing an opportunity for bridge-building with our parent national organization.

Book Review

Separation-Individuation: Theory and Application
by Joyce Edwards, Nathene Ruskin, & Patsy Turrini
Cecily G. Weintraub
Rockville Center, NY



The second edition of *Separation-Individuation: Theory and Application*, by Joyce Edwards, Nathene Ruskin, and Patsy Turrini, represents a substantial reorganization and expansion of the widely used and highly regarded book first published in 1981. The original book was written with the collaboration of Nathene Ruskin, who has since died. Yet, inasmuch as parts of her original contribution are included in this edition, she is recognized as an author.

Designed as a text for mental health professionals, the initial format explicated separation-individuation theory. With their extended case vignettes the authors demonstrated the usefulness of Mahlerian insights into the developments of self and object representations to the understanding of adult behavior. Even the happy inclusion of a glossary was a valuable study aid adding to its clarifying function.

The expansion in the current work represents a reconsideration of Margaret Mahler's theoretical contributions. A strength of this volume lies in its interweaving separation-individuation concepts with other theory including infant research, fantasy formation, narcissism and drive development. In this sense then, the authors mine the potentialities of the theory and provide further demonstration of its clinical usefulness by showing a continuity between preoedipal and oedipal pathology.

Since recent 'baby watchers' have shown the newborn infant is oriented to the external world from the beginning of life, Mahler came to reconsider the precursors to the separation-individuation phase, namely autism and symbiosis. Her later thought about the term autism was a subject of her own intellectual scrutiny, trying as she did to capture the essence of her thinking about the first weeks of extrauterine life, when, she held, the infant's focus is directed inward and during which the focus to the external world is relatively minimal. The authors chronicle Mahler's debate with herself about the terms "the presymbiotic phase," "the beginning of the dialogue," "the awakening," and "the refining or finding of the maternal niche" to demarcate the infant's unique beginnings. Because of their experiences with Mahler, the authors impart knowledge of her work from a privileged position. Mahler herself was pleased with both the authors' interpretation of her theory as well as with

Continued from previous page

Book Review

the authors' dissemination of the theory to such a broad range of mental health professionals. Prior to her death, Mahler met with the writers and discussed her contributions. The effect is a sense of dialogue between Mahler and her challengers.

A particularly welcome addition to this volume is the chapter on fantasy formation. These pages address Mahler's belief of the place of instinctual drives and consequent fantasy formation in the development of psychic structure. A schema is presented that traces the development of fantasy structures drawn from the five case studies of *The Psychological Birth of the Human Infant*. This effort not only suggests the development of normal and deviant fantasy formation, but also begins to draw connections with the infant-toddler's development of symbol formation. An original contribution presented by the authors is the classification system for the fantasies which they based on an internal or external event that Mahler and her colleagues related to the development of the fantasy. The categories include protecting and preserving objects; anatomical differences and castration shock fantasies; relieving separation anxiety and sadness; overcoming the effects of siblings' births; overcoming exclusion, primal scene and jealousy; self preservation; and phobias.

The chapter on narcissism, with its case studies enriched by the perspective of Mahler's work, deepens and broadens the perspective of self and object representations and narcissistic vulnerabilities. In the synthesis of current literature on narcissism, and throughout the book as a whole, the authors' efforts are Herculean and provide a context from which the beginning or seasoned reader may draw for future reading. Though numerous references are mentioned, the citations are ever clear, coherent and helpful.

In addition to the chapter on intervention and prevention, whose focus is the application of Mahlerian theory to welfare, governmental, and societal programs, the revision presents two case examples of women in the middle years where issues with elderly parents exacerbate earlier pathology. These case studies further indicate the stresses on self perceptions and object relatedness at different stages of the life cycle. With the increase of the aging parent population, documenting the role frequently experienced by middle-years children is particularly timely for clinicians.

Both the revision of an earlier case example, that of a Mrs. Carter, and the new case of Mrs. Miles, "Autoeroticism: A Reparative Effort," integrate separate-individuation theory and psychoanalytic drive theory. Such an effort is truly worthwhile as it rebuts pediomorphic and adultomorphic claims. In each of these case reports, the documentation for subphase inadequacies is drawn not from overt behavior of the patients, but from the understanding of internalized self and object representations as they appear in the therapeutic situation. The skill with which the treatment is conducted is testimony to the authors' expertise as clinicians 'at home' with a point of view.

In summary, *Separation-Individuation: Theory and Application* is a significant explication of Margaret Mahler's theory. It will be a valuable text/resource for all mental health professionals.

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New York Psychoanalytic Society
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Continued from page 1

Rosemarie Gaeta, M.S.W., to Head Ad Hoc Committee On APsA Waiver Issue

Psychoanalysis and the National Federation met with the president of the American Psychoanalytic Association (APsA) and three other delegates. This was the first time members of the social work community were invited by the APsA to discuss concerns and positions reflecting recognition by the political agenda of the medical psychoanalytic community of our profession.

Clinical social work representatives at the March 8th meeting included Rosemarie Gaeta, Chair-Elect of the National Committee on Psychoanalysis; Adrienne Lampert, President of the National Federation of Societies for Clinical Social Work; David Phillips, D.S.W., President-Elect of the NY Society of Clinical Social Work and Member of the Federation Committee on Standards; and Crayton E. Rowe, Jr., M.S.W., Chair of the National Committee on Psychoanalysis.

The APsA was represented by George Allison, M.D., President of APsA; Homer Curtis, M.D., Chair, Task Force to Expand Eligibility for Training; Marvin Margolis, M.D., Ph.D., Chair, Board on Professional Standards; and Helen Rosen, Ph.D., Member, Task Force to Expand Eligibility for Training. Helen Fischer, Administrative Director of APsA, was also present.

At present, there is a by-law change on the table of the APsA which, if approved by the membership of the APsA by a two-thirds vote, will eliminate the waiver process for all doctorate-level mental health professionals in psychology, social work or mental health (Ph.D., D.S.W., D.M.H.). This means these particular professionals would no longer have to pass a special initial application process seeking approval from the national organization, the APsA, before making a second application to the local institute. Now these professionals, including doctorate-level social workers, can apply directly to the local training institute for consideration as candidates. They need not be "waived" through this additional committee set up by the national organization. If passed, this by-law change would afford doctorate-level social workers equal access to the application process of an APsA training-approved institute.

While the National Committee on Psychoanalysis hails this as a move forward in recognizing the clinical social worker on a par with other professions, the Committee still does not feel the APsA has gone far enough. The waiver process stands as a symbol of continued discrimination against the M.S.W. social worker whose profession recognizes the M.S.W. as the terminal academic degree. Federal and State legislators also recognize the M.S.W.-level social worker, who has had a number of years of supervised training, as a qualified provider of clinical social work services.

We plan continued study and negotiation with the APsA on this issue and are determined to fight discrimination against the M.S.W. social worker. We will keep you posted via future *Newsletters* or separate mailing on our progress, as well as on what you can do to help.

Continued from page 1

American Psychoanalytic "Waiver" Process Remains Major Obstacle for M.S.W.s

While this change would mark a complete victory for clinical psychologists in their fight for equal access to training institutes, it would continue to exclude most clinical social workers unless they are granted a waiver by APsA.

We contacted the leadership of APsA and the member institutes, and reminded them that the terminal degree in the clinical social work profession is the M.S.W., not the Ph.D. We advised them that very few accredited schools of social work offer a clinical Ph.D., and that many of the most highly esteemed and accomplished clinical social workers in the country do not hold a clinical doctorate. We suggested that they employ the same standards of education and experience as those used in federal and state legislation to define qualified providers of clinical social work services, namely the M.S.W. degree plus a number of years of supervised clinical experience. And we made them aware of the Board Certification Program offered by the American Board of Examiners in Clinical Social Work as a means of identifying advanced practitioners. We asked their leadership to meet with the leadership of the National Federation and the Committee on Psychoanalysis, in the hope that conflict could be avoided over what appeared to be a deliberate attempt to exclude clinical social workers from ready access to training at member institutes. Further, we appealed to member institutes to reject or amend the proposed by-law change, if it was brought to vote.

In December, the APsA Board on Professional Standards met in Miami to decide whether to approve the recommended by-law change. Many institutes favor local autonomy. They believe member institutes should be free to admit any candidate they find qualified for training, and that APsA should not impose threshold requirements that deny access to training to some qualified candidates. Unfortunately, their point of view did not prevail: The vote was 29 to 26 in favor of the proposed by-law change. Control of the governance of APsA apparently is still in the hands of a clique of physicians who resist change, especially if it might mean increased competition from non-physician providers.

It took psychologists five years of litigation and a great deal of money in legal fees to force a change. Apparently the leadership of APsA is determined to limit change as much as possible. At least that is what was reported to us after the Miami meeting.

The struggle over adoption of the proposed by-law change is not over yet. The governing Council of APsA will vote on the change in May. If the Council approves it, the proposal will then go to full membership for ratification, which requires approval by two-thirds of the members. In the meantime, the leadership of APsA has agreed to meet with the leadership of the National Federation and the Committee on Psychoanalysis, to explore whether a peaceful resolution can be found. If they agree to eliminate the waiver process for clinical social workers on an acceptable timetable, it may be possible to avoid an expensive, unproductive confrontation of the sort that psychology found it necessary to mount.

In the meantime, you should be educating your psychoanalytic colleagues to the issue they will be voting on this year. In addition, you should keep track of every decision made by APsA on waiver applications, including the stated reasons for denials and any evidence of other motives, especially motives that limit competition.

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ern California will be available to those attendees who plan a longer stay. Our special hotel rates can be extended for two days before and after the conference, giving you and your family an opportunity to mix business with pleasure.

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Harmonious Overlap Between Two Antithetical Disciplines: Behaviorism and Psychoanalysis

Broadly speaking, a behavioral approach to psychology tends to concentrate on the cognitive aspects of mental functioning or upon the environment. A cognitive approach views behavior as a mode of functioning that has been learned and that can be unlearned in much the same way. By the same token, a more efficient type of behavior can be learned anew. In principle, the environmental approach is not at odds with the cognitive view, but emphasizes environmental influences, often in the form of ingenious experiments, whereby the environment inhibits undesirable forms of behavior (unlearning) and facilitates new modes (teaching). Environmentalists argue they are correct in emphasizing external influences since they can be evaluated directly, while one can make only suppositions about the less accessible internal learning and unlearning process.

In a science where even learning theory is apt to acquire a bad name for being too obscure, it seems foolishly bold to make any mention of psychoanalytic considerations. Yet, professional prejudice aside, I see no basic contradictions between psychoanalytic and either the cognitive or environmental approaches to behavior.

If, for the sake of convenience, I allow myself to view the cognitive and environmental approaches as virtually the same, with only the emphasis differing — one focusing on the internal mental functioning, the other on the external events which shape these mental events — the difference between the behavioral and psychoanalytic approaches is simpler and more obvious to understand. If, in addition, I assume the aim of behavioral psychotherapy is to change the patient's behavior in ways which will make for a more efficient, productive and enjoyable life, the similarity between the behavioral and psychoanalytic approaches becomes equally obvious. However, one would have to admit that the psychoanalytic therapist hopes for change rather than aims for change.

First the difference: With its emphasis upon cognitive functions, behaviorism differs from psychoanalysis, which emphasizes the sexual and aggressive aspects of mental life as primary motivations for all behavior. This in no way contradicts, much less nullifies, either learning theory or environmental considerations. It only states that in addition to the laws of cognitive functioning and environmental influences, instinctual psychic forces also play a decisive role in behavior. In other words, psychoanalysis adds another determining variable in the form of the drives. Only to this extent do psychoanalysis and behaviorism differ, though it is a big difference.

Behaviorism and psychoanalysis are similar in that both embrace the pleasure principle. Though this principle is not so explicit in behavioristic theories, it is implicit in behavioral therapy, since the objective is the reduction of pain and the increase in pleasure. Whether this entails increased productivity at work or an increased orgasmic capacity, the therapy is designed to make life a more pleasurable, satisfying experience for the patient. Similarly, the psychoanalyst looks for symptomatic problems, usually in the areas of work or love, in the hopes of eventually alleviating them.

What then is the difference in the psychoanalytic and behavioral approaches, and what circumstances justify their application? Surely the difference has to do with the variables in question. Is it the patient's instinctual passions which are away, or has he learned incorrect ways of reasoning and

behaving, or is his environment pathogenic in ways that need correcting? All too often the answer to all three questions is a resounding affirmative, leaving one no closer to an answer about the form of therapy that would be most advantageous.

Before delving into this dilemma, one should look upon another, more subtle difference between behaviorism and psychoanalysis, namely the view of the pleasure principle. From a behavioristic point of view, the undesirable modes of behavior result from faulty learning and/or an environment that promotes such undesirable learning and behavior. One does not probe further for other motives which would account for the kind of self-defeating behavior that so obviously interferes with the enjoyment of life. Psychoanalysis too, proposes a basic pleasure principle, one that is seen mainly in terms of instinctual pleasure. It is worth noting here that instinctual pleasures are by no means limited to more primitive erotic or aggressive strivings. For example, pleasure in artistic endeavor or excellence in intellectual activity contains highly refined instinctual elements. Freud described such refinements of the instincts in terms of the ego's capacity to sublimate, but any detailed discussion of ego functions is out of place in this context. Suffice to say that in normal development instinctual drives are not limited to direct sexual or aggressive striving or gratification.

The psychoanalytic notion of the pleasure principle is not straightforward, because what may be an instinctual pleasure may also cause intolerable anxiety. In order to explain this paradox, Freud devised the structural theory of the mind consisting of the id: the instincts; the ego: the part of the mind which tries to satisfy both the instincts and the demands of the environment; and the superego: conscience.

The ego is an extremely complicated set of mental functions. One of the major ways in which it becomes effective is by adopting or internalizing the demands of the environment. For example, children internalize the parental demand for toilet training and general cleanliness. This means that while the toddler may at first only bow to external pressures which he may resent because they oppose his instinctual wish to defecate and urinate when and where he likes, in the long run these environmental pressures will become part of his own ego structure and, hence, autonomous. In this way, one can see how the child's own ego can be at odds with his id. While such battles between ego and id are inevitable in a child's development, and are usually transient, there sometimes occurs a more stable set of opposition between ego and id. This occurs when the instincts are fixated at a regressed state, for example, at the stage where the wish to soil at will is prominent. This instinctual wish strives for gratification, and this causes anxiety in the ego which prohibits such behavior. The ego usually employs various defenses, that is to say ordinary ego functions designed to keep the instinctual impulses at bay. A common example in most cases is reaction formation, extreme cleanliness. Thus, if a psychoanalyst sees an excessively fastidious patient, he feels justified in suspecting that the fastidiousness is a defense against an instinctual wish to be dirty. The analyst may also assume that the instinctual wish is in conflict with the ego.

With this example of the development of a reaction formation we can readily see the bare bones of a form of behavior therapy known as Aversion Therapy. Simply, it is a therapy based on the Pavlovian operation of pairing the target stimuli with an aversive unconditioned stimulus. Aversion

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Harmonious Overlap Between Two Antithetical Disciplines: Behaviorism and Psychoanalysis

Therapy has been used to treat alcoholics, sexual offenders and atypical sexual behaviors. In essence, the goal is to change the behavior into its opposite, e.g., homosexual to heterosexual. The behavioral counterpart to the psychoanalytic defense mechanism of hate into love, is formally learned in an aversive treatment setting, while the development of a reaction formation in psychoanalytic psychotherapy occurs as one unstructured consequence of a successful treatment.

In psychoanalytic psychotherapy the aforementioned conflicts are seen as occurring between the agencies of the mind with behavioral consequences. In addition to conflicts between the ego and the id there exist equally tempestuous struggles between the id and superego. For example, one might wish to steal, murder, or rape, on an instinctual level, but one's superego would cause such guilt that one refrains from acting upon such impulses. From a strictly functional point of view the superego acts as a policeman, using the threat of guilt as a deterrent for delinquency.

These conflicts between id and ego or superego become stable neuroses. The reason these conflicts are so stable is because of the stability of the regressed instinctual fixations, which in turn necessitates the defensive maneuvers on the part of the ego and/or superego. This combination of instinctual impulse and defense is called the neurotic compromise formation. Neither the instincts nor the defenses score a decisive victory. Instead, they muddle along in a manner that is usually unpleasant for the neurotic or for the people around him. The neurotic compromise is the exception to the pleasure principle which should, under normal circumstances, proceed smoothly. If one is not instinctively fixated at a regressed state, there is no need to defend against unwanted impulses. Thus, the ego is free to seek out means in the environment for acceptable instinctual gratification.

We can also see that the psychoanalytic concept of identification and the behavioral concept of modeling are somewhat similar. In analytic theory, identification is a psychological process whereby the individual assimilates an aspect or attribute of another and is transformed, wholly or partially, after the model the other provides. Behaviorists describe modeling as behavior that is learned vicariously as a result of observing the behavior of others. Both concepts rely heavily on the fact that young children watch and imitate their parents and significant others in their lives. In behavior therapy, imitative repertoires are prompted behaviors in which there is a similarity between the behavior of the trainer functioning as an antecedent for the behavior of the trainee. The imitation and modeling that occurs in psychoanalytic psychotherapy is thought to be particularly useful, as it often turns out to be a resistance to further analytical work, which in turn allows for analysis of the transference.

It is easy to see that in the case of neurosis, a straightforward effort to change behavior in a way that will increase the patient's enjoyment of life will not work. If the patient's behavior improves in ways that should give him more pleasure his ego will react with anxiety, since the instinctual pleasures in question are in conflict. If, as is the more common result, the undesirable behavior patterns change, they will break out someplace else and the net result will be naught.

It is in the treatment of neurotic disorders that psychoanalysts and behavioral psychologists seem to differ most strongly. Analysts argue it is useless to treat the behavior alone, since the motivating unconscious wishes are the real source of the

trouble. To try to change the behavior by unlearning it and relearning new behavior, or by changing the environment, is useless because this amounts to no more than a rearrangement of the ego's defensive structures which are the result, not the cause, of the problem.

Behaviorists respond to these objections in a number of ways, the most extreme of which is to deny the presence of unconscious conflicts. Others may not go as far, but would institute a method of treatment for their patients known as systematic desensitization. This technique seeks to develop a new adaptive response that will be incompatible with the old response (i.e., neurotic anxiety,) but will be elicited by the same stimulus (the frightening situation.) Desensitization is conducted in three main stages: construction of a list of anxiety hierarchies, relaxation training and systematically pairing relaxation with items from the hierarchies, beginning with the situation arousing the lowest level to the item eliciting the greatest amount of anxiety.

In a somewhat rigid, codified manner, this technique of desensitization is reminiscent of the psychoanalytic sequence of free association, interpretation, insight and action. Freud believed that beyond a certain point insight lost its value without some attempt at dealing with the anxiety-provoking situation. Such ideas are obviously central to the behavioral process of flooding *in vivo*.

If psychoanalysis is the best treatment for neurotic disorders, when is another form of treatment advisable? Some psychoanalysts argue that in any disorder where intrapsychic conflict between id and ego or superego is present, the psychoanalytic method is best. They argue that if psychoanalysis fails, this is proof that intrapsychic conflicts do not dominate the patient's pathology. I am in partial agreement with this view but not for the same reasons. Psychoanalysis is not a "pure" science, if that means one that deals only with unconscious conflict and defense interpretation. Cognitive and/or environmental alteration are implicit in any alleviation of symptomology. In other words, as the internal conflicts are resolved and the patient finds new ways of behaving and living, he will do so in ways that the behaviorists have mapped out.

The condition under which psychoanalysis often fails to effect a cure fall into two general categories. One is the type of disturbance so exacerbated by the environmental influences that analysis is rendered useless. These conditions are found most strikingly in cases of ongoing child abuse. The other category concerns the kinds of disturbance where for one reason or another the instinctual fixation is so profound or unconflicted that even with interpretation, the patient is unwilling or unable to renounce the regressed instinctual striving. This occurs most typically in the perversions.

In both categories, either when the environment or the instinctual fixations overwhelm the clinical picture, the result is that the neurotic elements are overshadowed to the extent where psychoanalysis is not a viable mode of treatment. It is under these circumstances that behavioral methods are preferable. However, it may be that psychoanalysis is possible at a later date.

We know conflicts between id and ego occur regularly throughout childhood. This happens because the ego is continually internalizing new aspects of environmental pressures to behave in ways that oppose the instincts. Conflicts exist over breast or bottle feeding versus weaning, soiling versus toilet

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Harmonious Overlap Between Two Antithetical Disciplines: Behaviorism and Psychoanalysis

training, oedipal versus peer group attachments, and so on. We do not label such conflicts as neurotic because they are usually transient. This means there is no instinctual fixation, and that the development of the instincts along oral, anal, phallic and phallic oedipal lines will unfold, if not smoothly, at least successfully in the long run.

The analysis of adults reveals that in addition to the undeniable but nebulous variables of instinctual endowment, the environment is also operative in the formation of a neurosis. If, for example, a mother is particularly lax or punitive with regard to toilet training, one can expect the possibility of anal fixation, either by virtue of overstimulation or because anal gratifications were too vigorously denied, leaving the strivings unsatisfied and still operative. Similarly, oedipal seductions or rejections produce fixations on the oedipal level in the same kinds of ways.

As long as these adverse environmental conditions are not too powerful, one can analyze the child who lives in their midst. This means the instinctual fixations, once uncovered, will relax, allowing for development to proceed to age-appropriate levels. In cases of child abuse, be it aggressive or sexual, the environment is so threatening that the distinction between fantasy and reality, essential for analytic work, breaks down entirely.

There is no question that when a child is being abused, the first imperative is to change the environment even if, as a last resort, this means removing the child from the home: Treatment strategy always includes and attempt to alter the child's behavior, and his emotions, by altering the environment. One can make further provisions for maintaining affectionate ties, for substitute parents, etc., in a variety of ways designed to promote the child's optimal adjustment to the new setting. It can be argued that a change in environment alone may not effect a cure, but is only one way to begin to mend the damage.

Children who are sexually abused usually grow into adults who abuse or/and develop a perversion. It is, therefore, interesting to consider the viability of behavior therapy and psychoanalytic psychotherapy with this group. When the instinctual fixations are so firmly entrenched, environmental changes alone will have little effect since the pathogenic element is internal, not external. Psychoanalysis, which usually deals with internal conflicts, is also limited. Implicit in analytic therapy is the assumption that the instinctual fixations, once analyzed, will be free to mature. If the fixation is immutable however, no such maturation will occur and the therapy will not result in any symptomatic shift.

Such immutable fixations occur in those individuals with a perversion whose symptoms allow them a reliable means of sexual gratification, however unconventional it might be. Whenever symptoms provide gratification, usually called secondary gratifications, they are bound to be more stubborn. In this way a perversion is no different in kind from any secondary gratification, but it is more intense and, thus, more difficult to change.

In reality, perverse people rarely seek analysis for the reasons described above, even though painful psychic conflict often accompanies the essentially gratifying symptomology. Whether one stresses the reluctance to give up gratification or the excessive anxiety about underlying instincts (mainly castration anxiety in the case of the perversions), is a moot point. The fact is, psychoanalysts have a limited track record in treating perversions. Psychoanalytic therapy is not primarily

concerned with discouraging the perversion or finding more sexual gratifications. However, from the point of view of the instincts, this means that psychoanalytic therapy tries to rehabilitate, as much as possible, any normal instinctual tendencies.

Behavior therapy, however, has also met with some limited success. This therapy is generally bent upon discouraging the perversion and in teaching more acceptable ways of sexual gratification. By teaching the patient new forms of gratification the hope is that his perverse fixations will lessen. In this way, behavior therapy is not unlike the normal progress of the instincts from one level of gratification to another. The teaching of new modes of gratification seeks to instill in the ego a preferred mode of behavior.

Unlike the extremes of child abuse and perversion or even the classical encapsulated neurosis, most mental disturbances fall in a middle ground where environmental, cognitive and instinctual conflicts all play a part. For example, one can hardly think of a man in a neurotic marriage not seeking some sort of environmental change once his neurosis is resolved. Nor can one think of the resolution of a neurosis without a profound change in ego functions and in the cognitive aspects that are implicit in all ego functions. Similarly, it is folly to change the environment of an abused child and then totally ignore the inevitable effect that the abuse has had on his instinctual life and his (cognitive) ego functions. In the same way, if a man with a perversion has managed to shift his mode of erotic gratification, one must inevitably assume that a corresponding shift has occurred in his internal instinctual life (the drives) as well as in his ego.

The antipathy that has built up between behaviorists and psychoanalysts is, to my mind, largely irrational. It is clear, whether they acknowledge it or not, that both disciplines regularly take into account the principles from the other, though that is not to say substantial theoretical differences can be ignored.

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Professional Standards

for symptoms of anxiety and depression. His condition had worsened when he did not maintain the recommended dosage of medication, and hospitalization had finally become necessary. In Chestnut Lodge, Dr. Osheroff was diagnosed as suffering from a severe Depressive Disorder, and a Narcissistic Personality Disorder. He was treated exclusively with psychotherapy, four times a week, for a period of seven months. During that time, his condition continued to worsen: He lost 40 pounds and paced so incessantly that his feet became blistered and infected. The case was reviewed in light of this obvious deterioration, but no change was made in the treatment regime. At the end of seven months, Dr. Osheroff's family became alarmed at his condition and had him discharged from Chestnut Lodge and admitted to the Silver Hill Foundation in Connecticut. At Silver Hill, he was diagnosed as suffering from a Psychotic Depressive Reaction, and was treated with medication. With this new treatment he showed in three weeks, and was discharged within three months. Since his discharge, he has continued to be treated on an outpatient basis with psychotherapy and medication, and has maintained a good adjustment with no need for re-hospitalization. Incidentally, it should be noted that these details of Dr. Osheroff's case are a matter of

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Professional Standards

public record. They have been described in several publications (Malcolm, 1988; Klerman, 1990; Stone, 1990), Dr. Osheroff has, himself, written at least one letter for publication as the 'identified patient' in the case (1991), and also participated in a panel discussion on his experience at a meeting of the American Psychiatric Association.

In 1982, Dr. Osheroff instituted a lawsuit against Chestnut Lodge claiming their negligent treatment harmed him in that his hospitalization was prolonged, and that he lost a lucrative medical practice and the custody of his two children from an earlier marriage. The case was settled before coming to trial, and therefore no legal precedents were established, but Dr. Osheroff did win a financial settlement from the Maryland Health Care Arbitration Panel.

In my article in the 1990 *Newsletter* I discussed the basis for professional malpractice, and it is clear there was a significant degree of negligence in the treatment of Dr. Osheroff at Chestnut Lodge. This negligence lies in the failure to institute a new treatment plan in the face of his obvious and prolonged deterioration. The issues raised by the case, however, go far beyond that of a simple example of psychiatric malpractice.

Part of Dr. Osheroff's claim was that the psychotherapy at Chestnut Lodge was carried out without his having made an informed consent to the treatment method. The claim is somewhat muddled by some features unique to this case. In the first place, Dr. Osheroff had been treated previously, and unsuccessfully, with medication, so he should have known from that experience that this was an available treatment. In addition, since he was a physician, he must surely have known the existence of psychotropic medication as an alternative treatment modality. However, in spite of the fact that this case does not offer as "pure" an example as one might wish, it does raise significant issues regarding informed consent to treatment in the verbal therapies.

The doctrine of informed consent that has developed in the practice of medicine requires that patients be informed of the risks and benefits of the proposed therapy; of the risks and benefits of alternative therapies; and of the risks and benefits of no therapy. Some authors have suggested that this defines a simple process of disclosure which does not really assure that the patient understands what is being proposed and gives a meaningful consent to the treatment (Beauchamp & Childress, 1989). But whether we think of a simple process of disclosure of risks and benefits or a fuller and more meaningful process of informed consent, there still remains serious questions as to how often psychotherapists see this as part of their ethical responsibility to patients. Psychoanalysts may tell patients of the 'fundamental rule' and of their policies regarding fees and broken appointments, but how often do they warn them that their condition may temporarily worsen, or that their personal lives may be disrupted by the stress of the treatment method?

The potential requirement that psychotherapists secure an informed consent before beginning treatment becomes all the more pressing in light of the current evidence that suggests a number of alternative therapies might be more successful in the treatment of certain kinds of syndromes. Under the precedents established by many years of malpractice litigation it is clear that professionals have the responsibility to know of alternative therapies which might benefit their patients, and to inform them of these possibilities. A prominent, albeit controversial, author on the Osheroff case has, in fact, argued that

psychotherapists have a particular responsibility to inform patients of the limitations of their treatment and the availability of alternative therapies, since psychotherapy does not have the benefit of controlled clinical trials to support any claim of effectiveness (Klerman, 1990). These questions of informed consent to treatment are significant enough, but the Osheroff case has also served as a vehicle to question the nature of psychotherapeutic treatment itself.

The United States government, through the Food and Drug Administration, requires that prescription drugs be proven to be safe and effective through controlled clinical trials before being offered to the public. As has been pointed out, however (Klerman, 1990), the practices carried out by professionals do not have to meet similar conditions. The legal controls, such as they are, which affect professional practice are essentially those of state licensing and the precedents of malpractice litigation. To a great extent professionals are free to practice any method as long as it is reasonable; as long as it is within their scope of practice as defined by their training, experience, and licensure; and as long as it is a method practiced by a 'respectable minority' of the profession. Though there is no formula for what constitutes a 'respectable minority,' this legal concept does limit professionals from being able to invent their own methods of treatment and doing whatever they want within the context of that 'speciality.'

It is well known that in the last ten years, D.S.M. III and D.S.M. III-R have emerged as standard diagnostic systems whose importance far exceeds that of their predecessors. The Osheroff case has contributed to another, and far more wide-reaching concept: The idea that when the correct diagnosis is made the patient has a 'right' to the correct treatment based on the diagnosis (Klerman, 1990). If this concept takes hold, it is to be presumed that those treatments to which the patient has a 'right' are those that have demonstrated their effectiveness in controlled clinical trials. Needless to say, under a system of 'patients' rights to effective treatment,' (Klerman, 1990) psychotherapists will be at a disadvantage because of the lack of research supporting their clinical claims.

This concept, and the logic supporting it (Stone 1990), have been strenuously, and, in my mind, effectively attacked. It remains to be seen to what effect the argument will or will not affect future malpractice cases. If, however, the concept of 'the patient's right to effective treatment' begins to enter the court system as part of the 'standard of care' by which the future malpractice cases are decided, this will be the most significant and lasting legacy of the Osheroff case.

Beauchamp, T., & Childress, J., *Principles of Biomedical Ethics*, Oxford University Press, 1989.

Klerman, G., "The Psychiatric Patient's Right to Effective Treatment: Implications of Osheroff v. Chestnut Lodge," *American Journal of Psychiatry*, 147:4, April 1990.

Malcolm, J.G., *Treatment Choices and Informed Consent: Current Controversies in Psychiatric Malpractice Litigation*, Charles Thomas, 1988.

Osheroff, R., "Letter to the Editor," *American Journal of Psychiatry*, 148:1, January 1991.

Stone, A., "Law, Science, and Psychiatric Malpractice: A Response to Klerman's Indictment of Psychoanalytic Psychiatry," *American Journal of Psychiatry*, 147:4, April 1990.

Committee on Psychoanalysis Continues Participation in Formation of Psychoanalytic Training Programs

Division 39 of the American Psychological Association and during this meeting there was some continued discussion about the relationship of the Federation to the APA. The final consensus was that an independent organization would most inclusive and could serve to provide an appropriate arena for sharing ideas and practical experience of varied psychoanalytic training programs. The new association will therefore need to rely on interested training programs, organizations and individuals to provide adequate funding.

A major focus of this second conference was to facilitate discussion of common goals among the participants and to begin to consider models for the type of organization to be formed. Two study groups were formed to expand on the main ideas presented within the larger group. The task of one group will be to elaborate on issues related to developing an association which can provide education (possibly through a speaker's bureau and annual conference), beginning institutes and consultation on sharing resources. The other study group will focus on the feasibility of developing an accrediting body which could set standards and provide certification for institutes.

A Steering and Program Committee was formed to continue the work of the organization as it develops over this next year. This committee will plan a follow-up conference to be held in November 1991 on the West Coast. Study groups will then report and membership criteria will be further discussed. Speicher will serve on the Steering Committee, and the Committee on Psychoanalysis will continue to participate in and support the Federation as it evolves.

Addendum

Marga Speicher, Ph.D.
New York, NY

The 1991 Conference of the Federation of Psychoanalytic Training Programs will be held at the Nikko Hotel in San Francisco on November 2 and 3, 1991.

The Conference will be open to 1) individuals interested in and concerned with psychoanalytic training, 2) representatives of psychoanalytic training programs, 3) representatives and members of professional organizations concerned with psychoanalytic training. (The Committee on Psychoanalysis was represented at the prior conferences and continues to be actively involved in the formation work of the Federation.) The program will center on the theme "Supervision of Psychoanalytic Candidates," to be explored in panel discussions in which discussants address aspects of the supervisory process.

Members of the Committee on Psychoanalysis are invited to attend. For information about the Conference contact, Marga Speicher, M.S.W., Ph.D., 340 Lewelen Circle, Englewood, NJ, (201) 569-1559, Coordinator with the Federation for the Committee on Psychoanalysis.

Member Profile

staff attended seminars and case conferences. I remained there for five years, treating children and their parents. At the end of my second year, I received a grant from the Grant Foundation to be on of the first social workers to study in the Child Therapy Training Program at the Council Child Development Center. "Atypical" children were my patients and Drs. Peter Neubauer, Anna Marie Weil, Augusta Alpert, Peter Blos, and Anni Hermann were some of my teachers. The richness of learning during those years has become a part of the fabric of my being.

In the late 1950s, life took me to Boston, where I got a position at the Judge Baker Guidance Center and became part of a NIMH-funded study of children with learning disabilities. My position involved being a clinical liaison between the Baker Guidance Center and the Center for Cognitive Studies under the direction of Jerome Brunner. We studied why and how children learn, and tried to fathom the neurotic reasons for learning inhibitions. Little did I know how much these studies would effect my future teaching.

The excitement of that era has not existed since. The political and economic climate supported all kinds of research into various emotional problems. The Judge Baker Guidance Center was a beehive of study groups. They worked on separate projects and shared their findings in periodic in-house conferences. It was an extraordinary climate and I was in a group of colleagues who loved learning.

You may smile when I report that I saw myself so much the learner, that when I was invited to start supervising students from Smith College School for Social Work and Simmons I called my old supervisor in New York and asked if she thought I was ready to teach. My identity as a practitioner was growing solidly but I did not see myself as having anything to impart, yet.

The Judge Baker Guidance Center was led in those years by an extraordinary and undeservedly lesser-known psychiatrist, George Gardner, M.D. He had a vision which bypassed the territorial concerns of the mental health practitioners. He sought excellence in practice and fervently believed that the best practice was informed by the deepest inquiries into the development of human beings. He broke the rigid discipline mold, inviting me to be the first social worker to train psychiatric residents in their child treatment work. For Boston in the fifties was revolutionary. The more I taught the more I learned both what I knew and what I did not know, and I have been eternally grateful to this day to those who study with me. I know they learn from me; I know equally well that they contribute to my learning.

Without my realizing it, the scales were now tipping to a greater balance between learning and teaching. I began to write papers on our research and present them at the forums of the American Orthopsychiatric Association. Twenty years later I became the President of that Association.

In the early 1960s, under the wing of Florence Hollis at Columbia, I entered the realm of graduate school teaching. I vowed that I would never teach without being in practice and I have maintained the balance for the last thirty years. Family life took me to various geographic locations. In turn I taught at most of the major schools of social work on the eastern coast: New York University, Rutgers, Simmons, and Smith College School for Social Work, where I was Director of the Clinical Sequence. The years in all of those academic settings are

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Member Profile

precious to me and wherever I go, from the beaches of Cape Cod to the ski slopes of Colorado, I am greeted by faces of former social work students. The day of graduate school teaching were precious but they were also disappointing. The politics of academe too often interfere with real inquiry. Social work institutions are not alone in the expenditure of great amounts of energy to maintain the rightness of a theory, or a mode of intervention, or, sadly, the plain quest for power.

In the 1970s, a whole new world of knowledge was opened to me through my studies with Gertrude and Rubin Blanck at the Institute for the Study of Psychotherapy. Not only the content of ego psychology and separation-individuation theory, but psychoanalytic developmental objects relations theory provided an organizing frame for all the understanding I had gathered in previous years. They still provide me with an open system which can contain and organize new knowledge and insights.

This training was so important that when I took the position of clinical director at Smith it was with the provision that I could commute to New York to continue my studies. Those years of study opened new horizons, and I brought to Smith as much of what I was learning as I could. In addition, I was able to invite a star-studded cast of teachers to join the summer faculty. Smith allowed me to enhance its already rich curriculum with courses in ego psychology and separation-individuation theory. They also gave me a platform for teaching, speaking and writing, and an opportunity to integrate my new knowledge and see its relevance to social work practice.

I commuted from New England to New York to study and to complete the practice I had started when I lived in the New York area. This meant eight years of commuting, making me a "frequent traveler" par excellence. My return to Boston brought me into yet another learning and teaching experience. Currently, I am completing Advanced Candidacy in Psychoanalysis at the Massachusetts Institute for Psychoanalysis, where I also serve on the Board and Education Committees. I continue the process of inquiry and see the effects upon my own treatment in psychotherapy and psychoanalysis and the enrichment of my seminar teaching. My students are mostly young practitioners working with sexually abused children and dysfunctional families.

I often muse over the many colleagues who have told me they no longer consider me a social worker because I have pursued the knowledge and practice of psychoanalysis. These comments are made despite the fact that I was one of the early recipients of the Distinguished Practitioner in Social Work Award of the National Academy of Practice. Such comments leave one to ponder what is to be a social worker. Surely we cannot define ourselves by lesser knowledge. Can our profession allow a self-definition by lower income? I have been in the field for close to forty years and have done my share of frontline work. I watch the excitement of my students who know that the poor and the developmentally maimed have psyches too. My students have no conflict about informing themselves, no concern that their increased knowledge will make them less the social worker.

Now, when my youngest son calls from college and asks, "Is this the night you teach a class or take one?" neither of us thinks much about it. Writing this profile has made it clear to me that the process of inquiry is as exciting as the process of using what you have learned, either in a class or with a patient. It has no end. I cherish my current state of being in which I deeply enjoy

what I know and remain excited about how much there is to learn.

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Interviews with Crayton E. Rowe, Jr., M.S.W., and Rosemarie Gaeta, M.S.W.

sensed the pride that the members experience when they participate in the process of building national recognition for the profession. It's also a positive experience to share a new idea on psychoanalytic thinking with one's own social work colleagues, or to identify with a teacher or mentor who is a social work professional. The office of National Liaison is supporting the educational aim of the National Committee by offering national social work presenters to small local area groups. Promoting social workers as teacher of psychoanalytic thought can only benefit those who attend such presentations, both from an academic standpoint as well as to consolidate a new personal and professional identity as a clinical social worker.

Besides sending out social work theoreticians and teachers from across the country to local areas, another vehicle for developing national recognition is to gather together local social work theoreticians and teachers to national conferences. Plans are well under way to bring to our membership a powerful national clinical conference in 1992. This conference, under the directorship of Ellen Ruderman, will be in Los Angeles. I'm confident that the 1992 conference will be a rally sure to excite and please our social work colleagues as well as to command notice from our colleagues in other professions. Our Committee is also celebrating in the Federation's 20th Anniversary Conference to be held in Chicago, September 1991. We will be presenting a specialty track of 16 presentations as well as Keynote speaker.

Diana Siskind: What do you think we can do as individual practitioners to gain parity with psychologists and psychiatrists who also practice psychoanalysis? I am referring to parity of rank and respect as well as to issues of parity that result in economic equality.

Rosemarie Gaeta: In a nutshell, I'd say that the best thing each of us can do to gain parity with other professions is to 'support your Committee on Psychoanalysis.' By this I mean join, get others to join and offer contributions whenever possible, either financial or by contributing personal time and effort to *work* on the Committee.

Also, be active in your local area membership groups. Where there is none, start one. Vote, nationally and in your membership groups. Teach, and if you teach in a school of social work, influence the academic curriculum to further reflect the contributions of psychoanalytic thinking. Encourage your students to join the Committee. Publish. Make sure your colleagues as well as those you treat know that you are social worker. Support the National Clinical Conferences by attending and/or submitting papers.

Know what's happening on the national scene. Keep abreast of the issues affecting the specialty practice of psychoanalysis and psychoanalytic psychotherapy. *Care* what happens to your profession, and don't be silent on the issues.

The key to parity is power. The key to power is a strong *National* organization which promotes and protects your specialty interests as a psychoanalytic practitioner.

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1990 National Clinical Conference

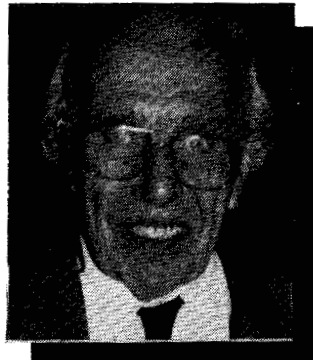
ability to provide for his patients' "need for matching unconsciousness."



Keynote speaker, Jean B. Sanville, Ph.D., in her "Interpreting Reparative Intentions," spoke to "the instinct to recovery" in the patient and the conditions under which that recovery and repair of self might take place. Questioning whether analysis need be a tentative process, she said she preferred a collaborative model based not on confrontation of defenses, but on establishing with the patient that "quiet alert state" when the patient, like the infant with no pressing needs,

is receptive to the outside, a safe play-space with no felt need for boundaries.

Saturday morning Oscar Sternbach, J.D., M.S., gave his audience "Some Remembrances of an Early Social Work Psychoanalyst," and Rudolf Ekstein, Ph.D., delivered his Keynote Address, "The Life Cycle of Relationships: Parent and Child, Man and Wife, Teacher and Student." Ekstein stressed the importance in our work of looking at relationships, not only at the inner life of the person. Using Winnicott's concept of the transitional object, Ekstein noted that in earlier life such transitional phenomena lead us forward into the world and the future. As we grow old "we hold on to transitional objects which...lead us back into the past, to memory."



Saturday's luncheon included a feast of presentations. Adrienne Lampert, M.S.S.A., President of the National Federation, gave a State of the Federation Address. Crayton E. Rowe, Jr., M.S.W., was a surprised recipient of an award for his dedication and vision in Chairing the Committee on Psychoanalysis. Dale R. Meers, M.S.W., delivered his Keynote Address, "Psychopathology of Everyday Clinical Practice: The Pragmatism of Ego Psychology."

Dale Meers, D.S.W., also organized the special workshop series "The Theory and Technique of Hampstead." Social workers trained in the Hampstead Child-Therapy course and Clinic (The Anna Freud Centre) and Graduates in Child Psychoanalysis now working in the United States offered a mini-institute within the conference, including child-focused presentations: Sara McGrath Lundberg, M.S.W., Karen Marscheke-Tobier, M.S.W., Claudia Lament, M.S.W., Stephanie Dee Smith, M.S., Carla J. Elliott-Neely, Ph.D., and Steven Marans, M.S.W.; "Perversions in Women" by Barrie Biven, Ph.D.; "Self-Psychology vs Instinctual Conflict: Some Dangers in Straddling the Fence," by Lucy Biven, M.A.; and a Sunday morning Keynote Panel.

The conference offered numerous papers on all aspects of

psychoanalytic theory and practice, a Basic Concept Workshop, (Classical Theory, Self Psychology, British Object Relations, and Jungian Analysis), and a Gender Series. Panel presentations included "Difficult Points in Treatment," Dianne Heller Kaminsky, M.S.W., Pamela Feldmen, M.S.W., Marcia Rabinowitz, M.S.W.; "The Triple Lens of Psychoanalytic Vision," Alan Grossman, M.S.S., Bruce Yale Bleecker, M.S.W., Alan Dolber, M.S.W., Janice S. Lieberman, Ph.D.; and "Ph.D. Envy," William Behr, M.S.W., Helen Adler, M.S.W., Alice Wolson, D.S.W.

Workshops included presentations on Ego Psychology, Gertude Blanck, Ph.D. and Rubin Blanck, M.S.; A Self Psychology Re-Analysis, Florence Rowe, M.S.W.; an Advanced Self-Psychology Workshop, Crayton E. Rowe, Jr., M.S.W., and David Maclsaac, Ph.D.; Assessment and Treatment of Marital Conflicts, Herbert S. Strean, D.S.W.

The Exhibits Committee, headed by Joseph Walsh, M.S.W., organized a Book Fair. David Phillips, D.S.W., directed the Institute Fair where various Psychoanalytic Institutes and Clinical Social Work Training Institutes provided information about their programs. Barbara Bryan, M.S.W., Chaired the Hospitality Committee, which staffed the hospitality desk and organized Saturday evening's dutch treat dinner party. Friday evening's gala dinner dance was held on the luxury yacht, "The Empress of New York." Dinner guests were treated to a yacht trip past the lights of lower Manhattan and the Statue of Liberty.

The conference hosted the first meeting of the National Study Group on Social Work and Psychoanalysis of the National Committee on Psychoanalysis, Chaired by Elaine Rose, M.S.W., and provided the opportunity for meetings of special interests groups such as the alumni of Smith School of Social Work. The hard work and careful planning of all those who made possible this Third National Conference gave everyone who attended a variety of ways to experience the contributions of social work practitioners to the psychoanalytic movement, and to reaffirm our identities as members of the Committee on Psychoanalysis.

Letters To The Editor

Dear Editor:

I was dismayed when I read the article "American Psychoanalytic Considers Losing Waiver Requirements" by Kenneth Adams, Esq. (Vol 4, Fall 1990). I assume he is the National Federation's legal counsel, yet he is mininformed about our profession.

I quote: "The waiver program presently requires candidates to demonstrate that they hold the highest clinical degree offered in their particular discipline. In the clinical social work field, that is the M.S.W. Degree." Among the programs which specifically offer the Ph.D. in clinical social work are Smith College, Simmons College, the Chicago Institute for Clinical Social Work, and the California Institute for Clinical Social Work. There are a small number of university-based D.S.W. or Ph.D. programs which also have a clinical focus or provide a clinical option.

There is an important distinction to be made between the clinical license and the highest degree, the Ph.D. While it may be argued effectively that the M.S.W. is the generally accepted terminal degree in or field, do we want to discourage qualified clinical social workers from pursuing advanced education and training within their own Ph.D. institutions by disregarding their existence and the valuable role they play in enhancing our profession? Some social workers would benefit from pursuing the Ph.D. and then psychoanalytic training, as has been attested to by several of our graduates who have done just that.

Judith D. Schiller, Ph.D.

Dean

California Institute for Clinical Social Work
Berkeley, CA

Dear Dr. Schiller:

It seemed best that Kenneth Adams, Esq., respond to you himself. He has sent the following reply.

Florence Rosiello, M.S.S.W.

Editor-in-Chief

New York, NY

To The Editor:

Dean Schiller is of course correct in pointing out that there are a few institutions that offer a doctoral degree in clinical social work.

My letter to the American Psychoanalytic Association on behalf of the National Federation for Societies for Clinical Social Work was intended to object to the discriminatory aspect of the American's requirement that non-physician candidates for psychoanalytic training must either possess a Ph.D. or apply to the American for a waiver of that requirement. I am sure Dean Schiller would agree that this gives an advantage to psychologists (for whom the customary terminal degree is the Ph.D.) and unfairly discriminates against clinical social workers (for whom the M.S.W. is still the most common terminal degree).

It does not disparage the few excellent clinical doctorate programs to insist (as the National Federation does) that psychoanalytic training should be equally available to qualified, experienced M.S.W. clinical social workers and to Ph.D. psychologists. There are many outstanding M.S.W. clinical

social workers throughout the country who are well qualified by training and experience to become psychoanalysts. They should not be disadvantaged in their access to psychoanalytic training.

I regret any slight Dean Schiller may have felt as a result of my failure to acknowledge the clinical doctorate programs by the California Institute and others in my letter to the American Psychoanalytic Association. But it would be a mistake, in my view, to accept or encourage any effort by the American to seize upon the existence of a few clinical doctorate programs as support for denying equal access to psychoanalytic training to the vast majority of qualified clinical social workers with M.S.W. degrees. Those clinicians have obtained the highest degree of licensure or certification offered by their states and many are eligible for board certification as advanced practitioners by the American Board of Examiners in Clinical Social Work.

The day may come when the clinical doctorate becomes the generally accepted terminal degree for people entering the clinical social work profession. But that day is not here yet, and on behalf of the tens of thousands of practicing M.S.W. - trained clinical social workers around the country the National Federation will continue to protest the use of the Ph.D. requirement by the American Psychoanalytic Association as a device for restricting equal access to psychoanalytic training.

Kenneth Adams, Esq.

Washington, D.C.

Dear Editor,

I read Kenneth Adams' report in the Fall, 1990 *Newsletter* with mixed emotions. I was pleased to know that there is active communication with the American Psychoanalytic Association to urge them to discontinue the discriminatory practice of requiring waivers for M.S.W. applicants for psychoanalytic training while allowing M.D.s and Ph.D.s to be considered legitimate applicants based on the standard of their own professions. Mr. Adams' letter to Dr. Homer Curtis, President of the American Psychoanalytic Association, offers for equitable treatment of M.S.W. applicants.

While pleased by these positive steps, I feel that Mr. Adams' report raises other concerns which need the serious attention of M.S.W.s. Specifically, Mr. Adams makes it clear that the waiver requirement for psychologists was dropped only as a result of legal action. I am therefore skeptical that M.S.W.s will be relieved of the waiver requirement on the basis of dialogue alone, however reasonable. It seems to me that we social workers must also be prepared to back up our requests with legal action. If not, we give the power to validate our professional credibility to others while psychologists insist upon the professional respect they deserve.

It is my hope that M.S.W.s will be willing to take legal action if necessary to ensure their professional rights. To that end it seems to me that the Committee on Psychoanalysis should begin an immediate effort to assess the willingness of M.S.W.s to fund and support legal action to end the waiver requirement. Unless we are willing to assertively pursue our professional standing it is my fear that we will continue to be denied equal status in psychoanalytic training.

Susan Mendenhall, M.S.W.

Los Angeles, CA

News and Views From the Members

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: Rosemary Lukton, D.S.W., 74 Oak Ridge Road, Berkeley, CA 94705.

Jane Burton, M.S.W.
St. Louis, MO

In addition to psychodynamically-oriented, long-term psychotherapy for individuals, Burton is currently providing long-term psychodynamically-oriented group psychotherapy for a group of four men and three women. She is also finishing a two-year term as President of the Missouri Society for Clinical Social Work.

Sharon Klayman Farber, M.S.W.
Hastings-on-the Hudson, NY

Farber's article on the psychological consequences on the child of physical and sexual abuse was published in the Spring 1991 issue of the *Clinical Social Work Journal*.

She is doing a doctoral dissertation on the connection between the systems of Bulimia (binge-purge syndrome,) and self mutilation, and would like to talk with clinicians working with patients who manifest both symptoms.

Margaret G. Frank, L.I.C.S.W., B.C.D.
Newton Centre, MA

Frank has recently published: "Expanding Knowledge/Expanding Practice in Group Psychotherapy with Children." In *Psychoanalytic Group Theory and Therapy*, ed. S. Tuttmann. International Universities Press; Madison, Connecticut, 1991. Frank is currently an advanced candidate at the Massachusetts Institute for Psychoanalysis, where she also serves on the Board and the education committees.

The following are courses, speeches, and workshops that Frank is presenting: October 1990 - May 1991, (Under the Auspices of the Guild for Continuing Education Newton Centre, Mass.) "Psychoanalytic Developmental Object Relations Theory: Application to Adult Psychotherapy." April 1, 1991, (Boston Institute for Psychotherapy, Inc.) Spring Colloquium: "When We Fail." April 26, 1991, The Georgia Society for Clinical Social Work Workshop: "The Concept of Attachment and Separation in Development and Psychotherapy." March 24, 1991, American Orthopsychiatric Association, Toronto, Canada. Institute, "Treatment of Children: An Object Relations Perspective." July 29 - Aug. 2, 1991, (Seminars for Professional Advancement North Eastham, Mass.) "Repairing the Damaged Self: Theory and Techniques in Child Therapy."

Jon Frederickson, M.S.W.
Washington, D.C.

Frederickson, a faculty member of the Washington School of Psychiatry, recently had an article published in *Contemporary Psychoanalysis*, Vol. 26, No. 3, Summer 1990. The article is entitled, "Hate in the Countertransference as an Empathic Position." Frederickson is also involved with a group setting up a course on supervision at the Washington School of Psychiatry.

Tamar Opler, M.A., M.S.W.
New York, NY

Opler is a member of the Board of Directors of the newly formed Harlem Psychoanalytic Institute.

Cathy Krown Buirski, M.S.W.
New York, NY

Buirski received the Burton Pfeffer Memorial Award at the Postgraduate Center for Mental Health for a paper on childhood bereavement which she co-authored with her husband, Peter Buirski. She will present this paper at our Chicago Conference.

Buirski is relocating her practice to Denver, Colorado, where she will be teaching at the Denver University School of Social Work and Colorado Society for Psychology and Psychoanalysis.

New York, NY

Various members of the Committee on Psychoanalysis are involved in a supervision conference sponsored by the Supervisory Training Program of the Postgraduate Center for Mental Health. Chairperson of the Program Committee for the conference, "The Impact of Theoretical Perspectives on Psychoanalytic Supervision," is Valerie Tate Angel, M.S.W. Cathy Krown Buirski, M.S.W., is also a member of the Planning Committee for the conference, which will be held in New York City on Saturday, Jan. 11, 1992, from 9:00 a.m. to 3:00 p.m. at the Postgraduate Center. Herbert Streat, D.S.W., will conduct an actual supervision session. Crayton E. Rowe, Jr. M.S.W., and Margaret J. Black, M.S.W., are two of the participants on a panel that will discuss the impact of theoretical orientation on supervision. Members of the Committee on Psychoanalysis are welcome to call (212) 689-7700, Ext. 268 for further information.

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. Annual dues and contributions are used exclusively by the Committee for its work.

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

- 1) A national specialty identity for clinical social workers who practice psychoanalysis and psychoanalytic psychotherapy.
- 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. If you are 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.

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Please return to: COMMITTEE ON PSYCHOANALYSIS
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