Executive Council of Committee on Psychoanalysis Makes Recommendations to Federation’s Task Force on Restructure

Rosemarie Gaetsa, M.S.W., B.C.D.
New York, NY

Since the National Federation of Societies for Clinical Social Work (NFSCSW) was founded in 1970, the needs and scope of the organization have broadened and developed. There has been increasing concern that the current structure limits rather than allows for continued growth and expansion. This concern prompted the NFSCSW, in May 1991, to establish a special Task Force on Restructure and to give this Task Force the mandate to

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Psychoanalytic Training for Clinical Social Workers, Special Section

So You Think You Practice Psychoanalysis . . .

Kenneth Adams, Esq.
Washington, DC

If you are reading this newsletter, you probably consider yourself a practitioner of psychoanalysis. But if I asked you to prove it in court, what would you say? That after you earned your M.S.W. degree and practiced clinical social work for some number of years, you underwent training analysis (how many times a week, for how many years?); that you successfully completed a course of training at a psychoanalytic training institute

Psychoanalytic Explorations:
Outer World and Inner Space

COP Fall meeting is set to go in the City of the Angels

Plans are nearing completion for the Fourth National Clinical Conference of the Committee on Psychoanalysis to be held October 15-18 in Los Angeles, California at the Beverly Hilton Hotel. The Conference Planning Committee, led by Ellen G. Ruderman, Ph.D., Conference Director, and Mae Denton, Ph.D., Associate Director, consists of a very enthusiastic local committee, joined by active participants from all over the United States.

The theme of the conference reflects the view that 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.

Distinguished keynote speakers will address the conference theme. We will have Patrick J. Casement, M.A., of the British Psychoanalytic Society and author of the recently published Listening to the Patient; Margaret G. Frank, M.S.W., Massachusetts Institute for Psychoanalysis, distinguished lecturer and author; Charlotte Riley, M.S.W., Faculty, Los Angeles Institute for Psychoanalytic Studies and Graduate of Tavistock; Jean Sanville, Ph.D., President Elect of the Los Angeles Institute for Psychoanalytic Studies and author of The Playground of Psychoanalytic Therapy. Nationally renowned presenters include Joseph Palombo, M.A., Chicago Institute for Psychoanalysis and former Dean of the Institute for Clinical Social Work, Chicago; and Crayton E. Rowe, Jr., M.S.W., founder of the Committee on Psychoanalysis and co-author of Empathic Attunement.

A special highlight will be a panel and related presentations entitled, “Psychoanalytic Theory and Clinical Social Work: The Bridge Between,” chaired by Elaine Rose, M.S.W., B.C.D. of the Los Angeles Institute for Psychoanalytic Studies. The panel will include Barrie Biven, Ph.D., B.C.D.; Jerome Cohen, Ph.D.; Joyce Edward, M.S.W., B.C.D.; Margaret Frank, M.S.W., B.C.D.; Roslyn Goldner, M.S.W., B.C.D.; Judy Ann Kaplan, M.S.W., B.C.D.; David Phillips, D.S.W., B.C.D.; and Carolyn Saari, Ph.D. This will be the culmination of a two-year study by the National Study Group on Social Work and Psychoanalysis.

There will be an exciting selection of over forty presentations, workshops, and panels covering all aspects of psychoanalytic theory and practice. These professional presentations have been selected by thirty-seven readers from across the country.

A delightful stay in the City of the Angels is assured
The Committee on Psychoanalysis Continues Negotiation with APsaA on Waiver Issue

Rosemarie Gaeta, M.S.W., B.C.D.
New York, NY

In October 1991 and March 1992 the Committee on Psychoanalysis met again with the leadership of the American Psychoanalytic Association (APsaA) to address the issue of the waiver process for the social worker who wishes to apply for training at an institute of the APsaA.

The clinical social work members of this special ad hoc committee include: Rosemarie Gaeta, Chair of the Ad Hoc Committee and Chair of the Committee on Psychoanalysis; Adrienne Lampert, President of the National Federation of Societies for Clinical Social Work; David Phillips, D.S.W., President of the New York State Society for Clinical Social Work and Member of the Federation Committee on Standards; Judith Holm, M.S.S., Past President of the American Board of Examiners; and Crayton E. Rowe, Jr., M.S.W., Past Chair of the Committee on Psychoanalysis.

The APsaA was represented by George Allison, M.D., President of the APsaA; Marvin Margolis, M.D., Ph.D., Chair, Board of Professional Standards; Phyllis Tyson, Ph.D., Chair, Committee on Clinical Training; and Helen Rosen, Ph.D. Helen Fischer, Administrative Director of the APsaA was also present.

To briefly summarize the issue and its history: In 1986, with the financial support and backing of the Group for the Advancement for Psychoanalysis and Psychotherapy (GAPP), a group of psychologists sued the APsaA because of discrimination against non-medical applicants to APsaA training institutes. (GAPP is made up primarily from members of the American Psychological Association.) This group won the lawsuit and as a result the APsaA in 1987 admitted 28% non-medical candidates to its class. However, as part of the agreement, the APsaA was allowed to establish a waiver process (known as the Gaskill Procedure) whereby non-medical applicants must first seek approval of the national organization, the APsaA, before undergoing a second application process by the local institute.

Progress was made in 1991 by a by-law change voted by the entire membership of the APsaA. This by-law change eliminated the waiver process for all doctoral-level mental health professionals in psychology, social work, and mental health (Ph.D., D.S.W., D.M.H.). This means that doctoral level social workers need not be "waived" through this additional committee set up by the national organization and that equal access for the application process is insured. However, equal access still is not available for the M.S.W. applicant.

At present, the Gaskill Procedure remains a thorn in the side of the profession of clinical social work. It stands there as a symbol of prejudice against the clinical social work profession by singling out the master's degree clinician as an exception who needs special permission to receive training. This further solidifies the wrongful, prejudicial impression against the master's degree psychoanalyst. The waiver process communicates to the profession of clinical social work, other professional communities, and to the public in general that the master's degree in clinical social work is not an adequate degree to begin psychoanalytic training. It also negatively influences the professional communities as well as the public in general against the master's degree clinical social worker who has already completed psychoanalytic training.

The Committee on Psychoanalysis of the National Federation of Societies for Clinical Social Work holds that the existing master's degree in social work is a solid foundation for beginning advanced training in psychoanalysis. The terminal degree in clinical social work is the M.S.W., whereas the terminal degree in psychology is the Ph.D. Clinical social work wants equal access, an equal chance to apply for candidate status, at a psychoanalytic training institute of the APsaA. Instead of focusing on title or degree, the APsaA needs to look more at the clinical experience and clinical coursework of its applicant from the mental health profession and set some objective, reasonable, equal criteria that make sense for training in psychoanalysis. The Committee on Psychoanalysis has the ear of some in the APsaA. Future talks are scheduled. The Committee on Psychoanalysis does feel that the APsaA is seriously convinced of our sense of responsibility to alert our membership to the negative and prejudicial effect on the profession of clinical social work by the American's policy of requiring a waiver for the M.S.W. applicant as well as of our commitment to make all possible efforts to eliminate the waiver requirement.

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Executive Council of Committee on Psychoanalysis Makes Recommendations to Federation's Task Force on Restructure

make specific recommendations to the Federation Board in April 1992 regarding other structural models that might better meet the needs of the overall organization and its membership.

The Federation's Task Force on Restructure is chaired by Janis Colton and Jane Strauss, past Presidents, respectively, of the Greater Washington, D.C. and Connecticut societies and includes four representatives from other societies as well as Rosemarie Gaeta, Chair of the Committee on Psychoanalysis, a specialty interest group within the Federation.

In September 1991, the Federation Board reviewed and discussed the preliminary report of the Task Force and requested a continuation of their work. One of the major areas of continued focus relates to the structure of the specialty interest groups (Committee on Psychoanalysis and any future specialty interest groups that may later develop) and ways to better incorporate specialty interest groups as an integral part of Federation functioning.

In February 1992, the Executive Council of the Committee on Psychoanalysis met to discuss the basic principles for restructuring that are essential to meet the needs of a growing national Committee on Psychoanalysis. A major priority of the Committee on Psychoanalysis is to insure a structure in clinical social work that will provide it with parity to compete with other professions (such as medicine and psychology) that practice a specialty of psychoanalysis and psychoanalytic psychotherapy.

The Executive Council of the Committee on Psychoanalysis voted unanimously on the following principles: "It is recommended that the Committee on Psychoanalysis be placed under the umbrella organization (set up by NFSCSW) known as FACET (Foundation for the Advance-
Viewpoint

Questions about Reconstruction
Guest Editor, Judy Ann Kaplan, C.S.W., B.C.D.
New York, NY

I would like to pose some questions about reconstruction in the nineties.

First, why has reconstruction become such a controversial subject? Should we keep the term as it is, or discard it? Or should we give it new meaning? And what about the present meaning? Has the term as it's used today become synonymous with the transformation of manifest content into latent content on the basis of childhood memories?

It may be that psychoanalysis itself, in fact, emerged out of a failed reconstruction. Freud at first believed that his hysterical patients had been seduced by their fathers or nurses, though the patients themselves never said that their fathers had seduced them. It was Freud who reconstructed the seduction. He confused wish fulfillment and fantasy with reality. In short, Freud's reconstructions were misleading.

His goal was to lift repression, to overcome amnesia, and to recover lost memories—the same goal as in his earlier topographic view. In his 1937 paper on constructions in psychoanalysis, Freud advocated that the patient needs to feel an "assured conviction" of the reconstruction. However, there are problems with this approach. As Martin Bergman questions: Does the assured conviction mask the analyst's power of suggestion? Does it lead to true recall of experience? Or does it only cause the patient to feel awe and admiration for the analyst's brilliance? Does the recovery of memory achieve therapeutic results? Does reconstruction achieve therapeutic results?

The most famous example of Freud's reconstructions is the Wolf Man, who told of witnessing the primal scene at age one and a half, identifying with the woman in intercourse, and wishing to produce an anal baby with his father. Harold Blum questioned the reconstruction itself, as well as its curative value, especially because he saw the Wolf Man as a borderline child with an infantile psychosis and because the Wolf Man had shared a bedroom with his nurse and a sister. In addition, it was certainly true that the Wolf Man needed to be reanalyzed by Ruth Mack Brunswick. All that this case may prove is that Freud himself was interested in the primal scene.

In another case, that of Marie Bonaparte, Freud's reconstruction in the fourth week of treatment determined the course of treatment and evoked admiration and awe. But again we must ask, what is the curative value of such a reconstruction?

Another relevant question is: Does the theoretical model of the analyst actually determine the analysis or the reconstruction? A reconstruction based on an analyst's model may give coherence to the analysis, but at what cost to truthfulness and accuracy?

Do analysts' models influence our interpretations, causing us to create reconstructions that do not adhere closely enough

Member Profile

Karla R. Clark, Ph.D., B.C.D.
San Rafael, California

It is a very odd thing to try to write an autobiographical study in mid-career. Somehow, I think of such a thing as a retrospective summation of life that is written towards its end. One looks at one's accomplishments and says, aha, THAT turned out to be important because it led to THIS. It is much more difficult to do this in midstream when life is proceeding at a great pace, with the same tumble of purpose and random event which has characterized it all along.

Well, at any rate, this is the task before me. To begin, I will tell you what is most important to me as a professional person. My work must be of compelling interest to me, and offer possibilities for learning and for the development of knowledge and skills over a lifetime. It also must seem to me to be, in the moral sense, good. Ah! How difficult THAT is to define, especially without sounding both pompous and vacuous! I don't really believe that I know what is good, but think it important that I try to be good, as I understand good to be. Personally, I mean that the work itself be kindly and support kindness in others; that it achieve results and say, aha, THAT again we must ask, what is the curative value of such a reconstruction?

There is no real mystery about why these particular things should be important to me, or why I would have chosen the path I did to express them. I was not a rebel. I followed a course wholly congenial with the way in which I was raised, but clarified and defined by what I saw as the weaknesses as well as strengths in aspects of my parents' lives.

I was born in New York City in 1940, the only child of Jewish, left-wing intellectuals. My parents' lives illustrated to me the emotional strains involved in leading a professional life somewhat at odds with either one's ideals or most passionate interests. From the beginning, with their encouragement, I tried to do it differently. My father, Bernard Riback, had

ERRATA

Two names were omitted from the account of the 1990 Conference of the Committee on Psychoanalysis that appeared on page 9 of the Fall 1991 Newsletter. Judy Ann Kaplan, C.S.W., B.C.D., of New York, NY served as Chair of Faculty Relations, while Richard Alperin, D.S.W., of Teaneck, NJ, served as Chair of Public Relations for the 1990 Conference. We regret the omission.

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Some Reflections on "Hearing" the Patient's Story: Action in the Transference and Counter-Transference
Margaret G. Frank, M.S.W., B.C.D.
Newton Centre, MA

Reflections on a topic allow an author to select elements of particular interest without providing the reader with a comprehensive review of the entire topic. In this reflection I wish to explore and illuminate selected resources which are present in the therapeutic exchange which enable us to "hear" additional dimensions of the patient's story. These resources are to be found in the action within the transference and in our own countertransference.

All therapeutic processes start with the telling of a story. By and large, patients tell us their concerns and slowly with our encouragement begin the intricate weave of placing their concerns in an historical context. We hear their words. We learn from the affect present and from the affect which is absent. We learn through observations of language and how it is used. We learn from observing face and body movements. The work of the ego and its range of available defenses tells us more of their story.

Little by little we learn from the revelations of how they see us, parts of their history which may not be presented in words. Even as the better structured patient gets some sense of who we are in reality by our responses to their material, they place transparencies upon us which reflect the stances of significant figures from their pasts.

Recently, a patient who has been in analysis for a year said to me, "I know this is not your style but I feel as though you are mocking me." Of course, one must check within one self to see if one is, in fact, prompting the way the patient hears us. This patient was beginning a process, familiar to us, of illuminating her earliest object relations and some of the nature of her internal attitudes. Her communication was in action rather than direct words. She was saying that she did not expect to be taken seriously. Further she hinted at the negative expectations which may well be a part of her past and/or of her own internal attitudes.

Action Within the Transference

In the following case vignettes I want to demonstrate the importance of listening to patients through their actions.

Mrs. A., an analytic patient with a strong capacity for a working alliance, began to talk about her anger. Her words were non-stop, as though she expected no contribution from her therapist. Her pronouns referred only to herself: "I have to tackle these feelings." "I don't know how to manage them. I am afraid of them." After a while she sounded as though she was in the room alone. It is obvious that part of her story lay in her words—she was having trouble with her "dark side." But one could hear another dimension of her story in her actions. Unbeknownst to herself, she was telling the therapist that she had had no experience with help with these feelings. She did not expect it. They were her difficulties and lonely burden. Attention to this "communication" was essential. When the therapist gave voice to what could be "heard" in her actions, she was able to continue her story herself in words and ultimately could allow the therapist to be present as she approached her darker feelings.

A well endowed female patient with extreme conflict surrounding her ambitions was generally very articulate in her sessions. In striking contrast, there were moments of confused communication and unusual inarticulateness. In one session this action pattern began to become clear. She espoused...
Reports From Area Committees

Cathy Krown Buirski, National Area Chairperson for Colorado

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

Margaret Galdston Frank, L.C.S.W., B.C.D., National Area Chairperson for Massachusetts

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 on the Northeast Area Committee

Report from Texas

James Engelbrecht, C.S.W.-A.C.P.
National Area Chairperson for Texas

Texas, although large in size, is small in membership in the Committee on Psychoanalysis. Membership in the Texas Society for Clinical Social Work has grown to 122 members and membership in the Committee on Psychoanalysis is a portion of those. Hence, the Society is the focus of programming, and that programming is quite psychoanalytic in content. Local study groups meet regularly in Austin, Dallas, San Antonio, and Houston. Mark Smaller, Ph.D., an advanced analytic candidate at the Chicago Psychoanalytic Institute, will present workshops in Houston on March 27 and Austin on March 28 on the topic "The Many Faces of Resistance." On April 4, Zorena Bolton, C.S.W.-A.C.P., will present a workshop in Wichita Falls on "Couples Counseling." Also, on April 11, in El Paso, Seth Montgomery, Ph.D., and Arlene Marks, C.S.W.-A.C.P., will present "Outpatient Treatment of Adolescents."

In the Fall, the Texas Society has an annual statewide conference in a beautiful setting on Canyon Lake near San Antonio. The tentative presenter for this year is Joseph Palombo, M.A., B.C.D.

Interest in the work of the Psychoanalytic Committee is growing in Texas, and the presenters at the Society’s statewide conference have always been psychoanalytically trained social workers, most of whom have been practicing psychoanalysts.

Report from Southern California

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

This article, describing our Southern California Area activities through April, 1992, updates the previous newsletter report covering the period from October, 1990 through September 15, 1991.

The Southern California Area Committee continues to grow. It now has approximately 135 members, and each new program offered attracts additional membership.

Some organizational changes have been initiated since the last report. Dr. Rosalyn Benitez-Bloch, D.S.W., has become Chair of the program Committee. The Assistant Chair is now Mae Denton, Ph.D. This change accommodates to Dr. Denton’s increased responsibilities as Associate Director of the National Conference. Another change is that Maggie Magee, L.C.S.W., is no longer Co-Chair of the Membership Committee. The new Co-Chairs are Jessica Lehman, L.C.S.W., and Katherine Schwartzchenbach, L.C.S.W.

The Southern California Area group and the California State Society for Clinical Social Work have embarked on some exciting collaborative ventures. At the State Society’s annual meeting in November, 1991, in Palm Springs, the area Committee presented a panel coordinated by Helen Ziskind, L.C.S.W., and Rosalyn Benitez-Bloch, Ph.D., which explored the topic, "Psychoanalytic Theory and the Initial Interview." After an overview of psychoanalytic theory’s historical impact on clinical social work by Helen Ziskind, the three panelists, Gaye Wein-Shepard, L.C.S.W., Susan Moscov, L.C.S.W., and Ricky Gamliel Bernstein, L.C.S.W., presented papers examining the topic from the varying clinical perspectives of the private practitioner, the employee assistance program consultant, and the therapist on staff in a health maintenance organization. This panel was so well received that it is being repeated for the California Institute for Clinical Social Work meeting in February, 1992, in Los Angeles.

In April of 1992, the California State Society for Clinical Social Work and the Southern Area Committee on Psychoanalysis are co-sponsoring a conference on "Hope and Hopelessness" in Santa Monica, with a large turn-out expected. The all-day program will feature Lisa Ruvelson Richards, L.C.S.W., presenting her paper on "Hope and Hopelessness," with Ellen G. Ruderman, Ph.D., B.C.D., as discussant. The range of workshops—including such subjects as multiracial Americans, Holocaust survivors, patients with early vulnerabilities and the internal object relations of hopelessness—indicates the richness of this conference topic.

In addition, anticipation of the October, 1992, National Conference of the Committee on Psychoanalysis in Los Angeles permeates local thinking and planning. The Committee

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Report from Southern California

is already projecting ways to make use of the momentum generated by the conference, particularly in terms of designing future educational programs that will continue to fulfill our original chapter goal of providing a psychoanalytic educational forum for members, and for the community-at-large. Responsive to requests at earlier meetings, we are now conceptualizing a workshop for all COP members on the preparation of professional papers. Questionnaires circulated at all programs help to gather detailed information on the kinds of presentations, courses and seminars most desired. Dr. Ruderman has also been in contact with Roberta Myers, M.S.W., Area Chair of the Seattle, Washington Committee on Psychoanalysis, in an effort to share experiences about planning psychoanalytically oriented programs with other chapters.

Ellen G. Ruderman, Ph.D., Chair of the Southern California Area Committee, has also been in communication with Billie Lee Violette, L.C.S.W., Chair of the Northern Area Committee on Psychoanalysis, to discuss the possibility of a co-sponsored program. In a joint effort at the California State Society "Task Force" on October 25, 1991, in Los Angeles, Ellen Ruderman and Billie Lee Violette represented the respective views of their area committees on "specialties" and "restructure of the National Federation." Essentially, the model presented by Dr. Ruderman (Model B) was based on a concept of the Committee on Psychoanalysis as a specialty organization under the National Federation, with its own 501 3C number, which is necessary for development, autonomy and growth, while remaining unified with the National Federation. On November 23, 1991, Ellen Ruderman and Billie Lee Violette met with an organizational consultant to further develop a position statement to be presented to the Ad Hoc Committee of the State Society of Clinical Social Workers Task Force on January 18, 1992, in which discussion would again revolve around the issues of specialization and restructuring. After independent investigation and consultation, the two area chairs were in agreement with the recommendations of the National Committee on Psychoanalysis as put forth by Rosemarie Gaeta, M.S.W., National Chair of the Committee on Psychoanalysis.

Regarding the issue of the American Psychoanalytic Association's waiver for M.S.W. candidates, Dr. Ruderman, early in 1992, will be meeting with Phyllis Tyson, Ph.D., newly-elected to the APsaA Board to represent non-medical applicants to the APsaA Institutes. The Committee continues to maintain its position that M.S.W.'s should not be subjected to prejudice when applying to any American Psychoanalytic Association-affiliated institute. This matter will be reviewed in future meetings with Dr. Tyson.

The Southern California Area Committee looks forward to 1992 as an exciting year of continued growth, and to meeting many of you at the October, 1992 Committee on Psychoanalysis National Conference in Los Angeles, California.

Report from Northern California

Billie Lee Violette, M.S.W.
National Area Chairperson for Northern California
San Francisco and San Mateo, CA

The Northern Group for the California Committee on Psychoanalysis has continued with about the same level of membership as last year. The primary focus of the group's activities has been to organize and offer presentations for the members of the mental health community at large. Most recently, Nina Ham, M.S.W., Mardy Ireland, Ph.D., and Beverly Burch, Ph.D. presented on the contribution of object relations theory to our understanding of women's lives. Last Spring there was a celebration of Shirley Cooper, M.S.W., followed by a well-attended social event. Social workers from all over the San Francisco Bay Area were given an opportunity to connect with each other, to honor a leader and role model and to meet the current President of the California Society for Clinical Social Work. Both the Society and the California Institute for Clinical Social Work (Ph.D. program) helped make this celebration a success.

The direction that the Northern California group has taken has been to provide clinical social workers a forum to present their contributions in the field of analytic therapy. Our experience in the Bay Area is that, historically, social workers have aligned themselves with the organizations of other professions in order to meet their affiliative needs and their needs for continued growth. This observation provides a focus for our program planning, since we believe strongly that social workers must make it a priority to promote their own profession.

As a member of the national COP executive committee, I limit my responsibilities to national and State matters. Our steering committee runs local affairs with Velia Frost, M.S.W., as chair. Helga Justman, M.S.W., not only has organized the programs but she managed the COP track at the national conference of the Federation in Chicago in September. Marsha Joswick, M.S.W., has taken over matters of recording the minutes and maintaining of records. Lise Blumfeld, Ph.D., and Dorie Dubin, M.S.W., have been handling the organization of presentations, signing up new members, etc. with the remainder of the steering committee: Sharon Karp Lewis, M.S.W., Shelley Frankel, M.S.W., Merle Davis, M.S.W., Helen Gallam, M.S.W., Kim Ward, M.S.W., Marsha Fine, M.S.W., and Michael Johnson, D.S.W. (treasurer). We are very proud that our founding member, Rosemary Lukton, D.S.W., is now the editor of this newsletter.

We are very supportive of the upcoming national conference to be held in Los Angeles, and we were able to obtain an outstanding panel of readers from the general membership.

In November, 1991, the National Committee on Psychoanalysis presented a panel here in San Francisco at the Federation of Psychoanalytic Training Programs conference.

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Report from Northern California

the panel were Rosemarie Gaeta, M.S.W., Crayton Rowe, M.S.W., and Ellen Ruderman, Ph.D. I was chair of the panel. Rosemary Lukton, D.S.W., presented a separate paper at this conference as well. All in all, the COP was well represented.

Report from Washington State

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

The Washington Area Committee on Psychoanalysis continues to hold quarterly meetings. We have focused on the exploration of clinical issues as well as developing our relationship with our national colleagues. In the latter context, much important work is occurring which directly affects psychoanalytic social workers.

Four of our local members, Laura Groshong, M.S.W., Margaret Newlyn, M.S.W., Jonna Kaplan, M.S.W., and Morry Tolmach, M.S.W., are serving on the Program Committee of the Fourth National Clinical Conference, "Psychoanalytic Explorations: Outer World and Inner Space."

There is a major continuing development in this region in the opening up of psychoanalytic educational-training opportunities. Up until this year, there have been no organized, systematic, or comprehensive educational opportunities. Now, three have developed and are currently available:

1. The Intensive Year through the Northwest Alliance for Psychoanalytic Study is a one-year didactic program in psychoanalytic theory. It has just begun its first year and will potentially serve as a foundation for formal training in the future (especially for non-medical candidates). It is interdisciplinary.

2. The Two-Year Psychodynamic Psychotherapy Program through the Seattle Institute for Psychoanalysis (an American Psychoanalytic Association Institute) is a two-year program including didactic instruction and case conference. It is interdisciplinary.

3. The Certificate Program in Clinical Theory and Practice: An Integrative Approach through the University of Washington School of Social Work Continuing Education Department is a one-year didactic program in psychodynamic clinical practice and theory and is interdisciplinary. I served on the curriculum planning committee and am, now, the Program Chair.

The Washington Area group is pleased to see new opportunities developing for psychoanalytic education and training and continues to place great emphasis on the relationship psychoanalytic social workers have with each other through the Committee on Psychoanalysis.

Report from Colorado

Cathy Krown Buirski, M.S.W.
National Area Chairperson for Colorado
Denver, CO

Having recently moved to Colorado, I was asked to establish a Colorado Area Group for the COP and to serve as its Acting Area Chair. Because the group is still in its formative stages, the Committee on Psychoanalysis has only a few members here. I met with Mickey Maroon, M.S.W., President of the Denver Chapter of the Colorado Society for Clinical Social Work. She has been helpful and supportive of the effort to expand membership in the Committee. Our current members met in January to plan a membership drive. The Denver University Graduate School of Social Work will provide space for a meeting in May.

In December, I taught a weekend seminar in Oklahoma City for the satellite program of the Colorado Center for Psychoanalytic Studies. Of the nineteen participants, eleven are social work clinicians who expressed interest in joining the COP. I spoke with William Lee, Ph.D., the President of the Oklahoma Clinical Society, and learned that Oklahoma has very few members and participates in the Federation with status as an "associate" state member. I will be writing to the social workers I met to encourage them to join their State Society for Clinical Social Work and the COP.

We are just beginning but we are enthusiastic about motivating membership and professional activities in this area. If you are a clinical social worker in Colorado or Oklahoma who wishes to join the Committee on Psychoanalysis or to participate actively in our area group, please contact:

Cathy Krown Buirski, M.S.W.
5430 East Oxford Avenue
Englewood, CO 80110

Report from Massachusetts

Margaret G. Frank, M.S.W.
Prospective Area Chairperson for Massachusetts
Newton Centre, MA

We are in the initial stages of starting a COP group in Massachusetts. There is already a core group of clinical social workers in our state who had joined the Committee on Psychoanalysis independently of each other. We are now joining together and planning an informal gathering, scheduled for this Spring. Through this gathering we hope to attract and recruit other social workers from Massachusetts. They will in turn be encouraged to join our organization. The planning group is projecting

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Report from Massachusetts

that a clinical presentation may serve as the focal point for the meeting. Cecily Weintraub, National Liaison, has been invited to speak to the group about the COP.

This new venture is a challenging one, and we look forward to reporting on our progress in the next Newsletter.

Analytically trained and analytically oriented clinical social workers from Massachusetts are invited to join us. Please contact:

Margaret G. Frank, M.S.S.W.
65 Manamet Road
Newton Centre, MA 02159
(617) 965-3315

Report from Pennsylvania

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

Since last year’s report, the Pennsylvania Area Committee on Psychoanalysis has continued to grow in scope and membership. While the study group continues to meet on a regular basis to discuss cases, theoretical and clinical issues, and developments in the larger psychoanalytic community, members also actively participate in other activities of the local committee, as well as in programs in the Philadelphia psychoanalytic community and in the Northeast Area.

The local committee, under the direction of J. Robin Robb, Ph.D., Research Chair for the National Federation of Societies for Clinical Social Work, is assisting members who are interested in doing clinical research. Dr. Robb’s chief aims in offering this service are to keep clinical social work within the macro system of research and to encourage clinicians to conduct studies on their own practices.

Next fall there will be a major psychoanalytic conference in Philadelphia, involving the participation of the local committee as well as the Pennsylvania Society for Clinical Social Work and the newly forming Philadelphia Center for Psychoanalytic Education (PCPE). Susan Levine, M.S.S., who is the National Membership Chairperson for the Committee on Psychoanalysis, also serves as Program Chair for the local committee. She initiated the collaborative planning for the conference and is also a member of the PCPE Admissions Committee.

Collaborative planning is also occurring between the Pennsylvania Area and northeast Area Committees on Psychoanalysis. We have extended an invitation to members of the Northeast Area who reside in southern New Jersey to participate in our activities due to their geographical proximity to Philadelphia. In turn, the Northeast Area has opened their programs to our members and has offered to provide speakers for our events. Now members of both areas can participate in both programs.

The local committee is looking forward to the Fourth National Clinical Conference to be held in Los Angeles in the Fall. Jeffrey Applegate, D.S.W., Katherine Donner, M.S.W., Susan Levine, M.S.S., and Carol Tosone, M.S., are members of the Call for Papers Committee. Several area members have submitted papers for consideration and hope to present at the conference. In addition to the upcoming national conference, our committee members support the efforts of the National Chairperson, Rosemarie Gaeta, M.S.W., B.C.D., and the Executive Council on our behalf to obtain parity with other mental health professionals.

Report from the Northeast Area

Recently, there have been some informal discussions among COP members about the name "Northeast Area" to designate the area that includes New York, New Jersey, and Connecticut. The COP now includes two other local area groups on the Northeastern seaboard, one in Pennsylvania and one in Massachusetts. Thus, as the COP grows, the term "Northeast Area" is becoming a misnomer. The group representing New York, New Jersey, and Connecticut is no longer the only Area group in the Northeast.

COP members in this Area currently are involved in a restructuring of their group. Possibly it will be designated by a new rubric, such as the "Tristate Area" group. This remains to be determined as reorganization proceeds and preparations for election of a new chair begin.

Sunday brunch has provided the setting for the Area group’s scientific meetings this spring, held at the Pen and Brush Club in Manhattan. The Committee on Psychoanalysis member who presented in March was David Phillips, D.S.W., B.C.D., a training analyst at the Postgraduate Center for Mental Health, an Associate Professor at the Wurzweiler School of Social Work at Yeshiva University, and President of the New York State Society for Clinical Social Work. Dr. Phillips, who maintains a private practice in New York City, spoke on "Integration and Alternatives: Current Issues in Psychoanalytic Theory."

Moderator for Dr. Phillips’ presentation was Marga Speicher, M.S.W., Ph.D., B.C.D. Dr. Speicher serves as Chair of the Board of the C. G. Jung Institute, where she is a faculty member and supervisor. Dr. Speicher is active in the Committee on Psychoanalysis as a member of its National Study Group on Psychoanalysis, carrying responsibility for keeping abreast of developments in credentialing and training in the field of psychoanalysis. Dr. Speicher practices in New York City and in Englewood, New Jersey.

COP member Sylvia Teitelbaum, M.S.W., B.C.D., was the April workshop leader in the current series of scientific meetings. Ms. Teitelbaum, a faculty member and training analyst at the New Jersey Institute for Training in Psychoanalysis, practices in Teaneck, New Jersey. Her workshop focused on "Resistance: Different Frameworks, Different Viewpoints."
Continued from page 3

**Viewpoint: Questions about Reconstruction**

to the clinical material? We must in conscience ask ourselves, to what extent have the reconstructed events taken place? Are they psychic constructions rather than reality-based reconstructions? Then again, both matter. The questions are: to what extent do they matter? And what are the implications? As long as the reconstruction fits into the person's psychic world, isn't it of value in and of itself?

Our present concept of reconstruction has evolved through the decades. In the fifties, Ernst Kris felt that a relatively few memories are selected and worked over. These memories, he believed, are telescoped and may have taken place over a large number of years. It is uncertain, in this view, whether memories were actual events—whether they took place in external or internal reality, or in both, and whether they were single, acute events or cumulative experiences. We have now come to think in terms of symptoms as being explained by chronic trauma. Are there single acute events or cumulative experiences, or both?

Is a reconstruction historical truth, or is it created out of the fantasies that surround the actual events? Are the fantasies enacted in the transference patterns? Does the reconstruction of trauma recreate the trauma? Does the reconstruction of transference or trauma resolve the transference or trauma?

Current theories are based on information which was not available to Freud, such as signs of the transference, developmental theory, and ego psychology. We look at the patient's psychosexual development in a wide context that includes important object relationships, the developing superego, the ego with its organizing and synthesizing functions, and the cognitive skills and their organizing functions.

Leo Rangell believes that the exposure of cognitive historical details of sexual conflicts comes from the path of the therapeutic alliance rather than mainly from the reenactment of such conflicts in the transference neurosis. The analyst's nonjudgmental stance, which accompanies empathy, provides an atmosphere for uncovering and facing the ultimate dangers that caused the original repressions.

Jacob Arlow contrasts his view of reconstruction with views of contemporary psychoanalysts (Heinz Kohut, his successor Self Psychologists, and others), who are interested in early (preoedipal) developmental issues. He questions whether it is reconstructions from earlier (preoedipal) or from later (oedipal) periods that are of more importance. Arlow also feels that the evidence must come from the context and contiguity of the associative process in the analytic session. He posits the centrality of free association. How do we determine the evidence for a reconstruction?

Part of the structuralization is the way the personal myth is understood and reenacted. The patient comes to us with a myth, or a biography composed of memories, and our task is to decipher it. Do we interpret the memories by giving them symbolic meanings which the patient is not able to supply? Do we help the patient to develop a sense of continuity about his or her past? Does the editing which we impose upon the original myth lead to development of a new myth?

Keep in mind also that memories acquire special meaning after a trauma. How do guilt and reality interact? How do they affect the reorganization of memory after the trauma?

Another aspect of reconstruction that we need to explore is whether its timing in relation to the analysis affects its reliability. Does more reliable reconstruction occur toward the later part of the analysis—the time when patients themselves begin to reconstruct their lives? They struggle with what the events of their lives have been, and with how their fantasies relate to the actual events. Finally, they struggle with what it all means to them. Is this in truth the most reliable reconstruction an analyst and patient will be able to develop?

Reconstruction is important not only to lift repression in higher-functioning patients but also to help integrate split-off parts of the self in deeper-level pathologies, especially in patients who have histories of early real and psychic trauma.


**Call for Nominations**

The position of Editor-in-Chief of this Newsletter is being vacated and a new Membership Chair for the Committee on Psychoanalysis is being sought. Nominations for Editor-in-Chief and Membership Chair for the Committee on Psychoanalysis should be submitted to:

Rosemarie Gaeta, C.S.W., Chair
Committee on Psychoanalysis
31 East 12th St., Suite 1E
New York, NY 10003
Book Reviews

The Playground of Psychoanalytic Therapy
by Jean Sanville, Ph.D.
Richard J. Karpe, M.S.W.
New York, NY

Jean Sanville’s book, The Playground of Psychoanalytic Therapy, explores the multifaceted environment in which patient and analyst enter into a mutual and separate experience of growth through play. Dr. Sanville draws heavily from object relations theory, especially Winnicott, infant developmental research from Stern, and from Kohut. She develops the concept of analytic play, what is in the field of play, different aspects of play, and ends with a play within a play.

The author offers various thoughts about the definition of play and then integrates these viewpoints into a cohesive therapeutic approach. She quotes Winnicott and frames her view of "psychoanalysis as being a highly specialized form of play." She expands this view through Freud and Piaget who say that play is a state in which there is a contrast to and touching of reality and that play is a subjective and pleasurable experience.

With the insights gained from infant researchers, Dr. Sanville extends her ideas of the infant’s participation in the developmental process. She explains that the infant actively engages in a creative process that helps establish the core self. The core self interacts with the mother, and through a process of growing self-awareness the infant emerges with a well integrated sense of self as well as a sense of others being distinct and separate.

The book addresses what is in the field of play in an engaging manner. It discusses the importance of constructing an environment that facilitates a safe space in which to play. An individual needs to experience a place wherein he or she can be free to express feelings related to traumas or narcissistic injuries, positive or negative fantasies, painful, angry feelings, and vulnerable, shameful feelings. Dr. Sanville describes how, through her growing experience as a therapist, she becomes aware of the importance of creating this supportive "holding environment."

The author’s description of her office, in her home, offers the reader a feel for the working environment she has constructed. There is a question of boundaries that each therapist must answer for him/herself. For example, do I need separation of home and office or do I feel comfortable combining home and work space? Dr. Sanville shows her comfort in a combined environment.

Dr. Sanville discusses different aspects of play that the therapist needs to be aware of. She describes the components of transference and counter-transference, which comprises elements in the bi-personal field that allow for the "re-railment" of the dialogue between patient and parent that caused a primary trauma. The term "exotopy," which is various...
Psychoanalytic Explorations: Outer World and Inner Space

have arranged special discounted room rates at the luxurious world class Beverly Hilton Hotel, in the heart of Beverly Hills, with shops, restaurants, and famous Rodeo Drive just down the street. Our special event will let you "go Hollywood" at Paramount Pictures, for a gala evening, including dinner, entertainment, and a jitney tour of the studio's back lot. "Dinners for Ten" will take you to lively, colorful, sometimes quirky locales in Venice, Melrose Avenue, and Santa Monica's Main Street. Guest tours will be arranged to the Jet Propulsion Laboratory near Pasadena's Cal Tech, and a special visit to the Roman villa of the J. Paul Getty Museum in Malibu. Information on many other points of interest in Southern 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.

The Committee on Psychoanalysis represents a forum for psychoanalytically oriented social workers and social work psychoanalysts. This conference will provide an opportunity for analytic social workers to gather, take pride in our discipline and exchange a stimulating array of ideas. This is a demonstration of social work's longstanding integration with psychoanalysis.

Please join us for this exciting event. If you wish to be involved in the ongoing planning of the conference, or if you would like further information, please contact:

Ellen G. Ruderman, Ph.D., Director: 818/784-7090
(or FAX: 818-981-3477)
Mae Denton, Ph.D., Associate Director: 310/820-7070

Learning from the Patient

may be strengthened to search for his own version of himself within the therapeutic process. Pathology is not seen as a compulsion to repeat but as the patient's creative communication of an unconscious hope for a response to his need; it is a wish that the therapist will be a true healer and not, out of his own fear, hold back from being used.

Casement helps himself toward helping the patient by identifying with the patient in how he imagines that patient may hear what he will say, not only what was his intent in saying it. For example, what one might ask as a neutral question may be heard critically by someone who has been much criticized. He calls this trial identification and offers many clinical examples. He describes it as a kind of empathy and is part of another concept named the internal supervisor (not an internalized supervisor), a reservoir of experience and learning in a preconscious space, an island of containment and companionship within the therapist to which he goes for reflection and contemplation of his work with a patient. By replaying and associating to the patient's communication the therapist, through his own countertransference, may more fully appreciate and understand what the patient has been trying to tell.

Another communication by impact he describes as the interactive role response—a reaction the patient evokes in the therapist similar to a reaction the patient had received from someone in his life. The therapist experiences this reaction in vivo and responds to it by exploring its significance in the patient's current inner reality which may lead to far more uncovering of unconscious material than turning too soon to an interpretation of earlier transference that may serve to defend both patient and therapist from experiencing in the present the intensity of the depth of earlier pain.

The author believes in helping the patient discover himself; the therapist may guide the process by reflecting upon general themes that he hears but his transcending power as a healer lies in offering the hesitant moment—a palpable space for the patient to find his own way to a specific interpretation.

One patient may need structure from the therapist, another searches for responsiveness, still another wishes for no impingement, the therapist may even be experienced by someone as an absence, but it is the patient's need and space to define. Casement's profound respect for the identity of the patient is the most comprehensive theme of the book. The therapist's responsibility is not to offer a corrective emotional experience but to respond by representing old experiences, even bad objects, so that the therapist can bear, along with the patient, what is most dreaded and can contain it. This process of emotionally surviving the unspeakable may be the essence of what is reparative.

These ideas about the uses of the analytic space are not new; what is novel is their pragmatic avenue into clinical understanding and impasse. What the author requires from himself is authenticity as a listener and as a relistener through the internal supervisor. He provides accessibility, companionship, and containment for the reader. Casement believes that the power of the therapist lies in learning how to help a patient experience himself through the therapeutic prism, and he describes this by his own clinical work with a direct openness, a disciplined compassion, and a refreshing modesty that is intrinsically elegant. It is a valuable psychoanalytic offering.

The Playground of Psychoanalytic Therapy

introspection with direct introspection, complements the concept of empathy. Extopy is necessary because if the therapist stopped at empathizing with the patient, there would only be a deepening of "the tragic character of the other's life." The author writes extensively about one aspect of play, dreams. A broad theoretical overview is offered the reader, and an enriching clinical illustration is provided.

Dr. Sanville gives the reader a play within a play as a means of summing up the process of play inside the analytic process. Rather than use medical language that "seemed singularly inappropriate" or a diagnosis, which "too often designates a label affixed by a professional," Dr. Sanville creatively applies an outline written by Burke, a literary critic. He outlines five terms that describe the process. These terms are: act: what is done; scene: the when and where; agent: the one who acts; agency: the instrumentality used; and purpose: the why, which has to do with intentions. Dr. Sanville uses these literary terms to describe the analytic process that unfolds between the patient and therapist.

This book offers the clinician a rich, well researched book that artistically brings her approach to analysis to the clinician. Perhaps in another book, Dr. Sanville will share
THE COMMITTEE ON PSYCHOANALYSIS PRESENTS THE FOURTH NATIONAL CONFERENCE

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Save the date and be a part of this Fourth National Conference

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.

DISTINGUISHED KEYNOTE SPEAKERS

PATRICK J. CASEMENT
Training and Supervising Analyst, British Psycho-Analytical Society; Author.

MARGARET G. FRANK
Massachusetts Institute for Psychoanalysis; Distinguished Practitioner, National Academies of Practice; National lecturer; Author.

CHARLOTTE RILEY
Graduate Psychoanalyst, Former Clinical Staff, Tavistock Clinic, London; Faculties, Los Angeles Institute for Psychoanalytic Studies, Los Angeles Child Development Center, Reiss-Davis Child Study Center.

JEAN SANVILLE
Supervisor and Training Analyst, Los Angeles Institute for Psychoanalytic Studies; Editor, Clinical Social Work Journal; Distinguished Practitioner, National Academies of Practice; Author.

NATIONALLY RENOWNED PRESENTERS

JOSEPH PALOMBO
Faculty, Child and Adolescent Psychotherapy Training Program of the Chicago Institute for Psychoanalysis; Dean, Institute for Clinical Social Work, Chicago; Author.

Special Guest Discussant

PHYLIS TYNON
Training Analyst, San Diego Psychoanalytic Institute; Child Supervising Analyst, Denver Psychoanalytic Institute; Associate Clinical Professor, University of California San Diego; Author.

CRAYTON E. ROWE, JR.
Founder, National Membership Committee on Psychoanalysis; Founding Board Member, NY Institute for Psychoanalytic Self Psychology; Member, International Psycho-Analytic Assn; Author.
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16542 Ventura Blvd. #514
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Associate Conference Director:
Mae Denton, PhD, BCD
11633 San Vicente Blvd. #320
Los Angeles, CA 90049
(310) 820-7070

Membership Information:
Rosemarie Gaeta, MSW, BCD
Chairperson
Committee On Psychoanalysis
92 Eltingville Blvd.
Staten Island, NY 10312

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will be open for the duration of the conference, free, to all who wish to learn about current advanced training programs in psychoanalysis, psychoanalytic psychotherapy, and/or doctoral degrees. Non-registrants are welcome.

A DELIGHTFUL STAY in the City of Angels is assured by our California hospitality, internationally distinguished conference speakers, and free-time excursions. The luxurious world class Beverly Hilton Hotel, in the heart of Beverly Hills, with shops, restaurant and famous Rodeo Drive just down the street — plus special discounted room rate — offers a pleasant and convenient stay for all.

OUR SPECIAL EVENT will let you “go Hollywood” at Paramount Pictures, for a gala evening including dinner, entertainment, and a jitney tour of the studio’s back lot. “Dinners for 10” will take you to lively, colorful, sometimes quirky, locales in Venice, Melrose Avenue, and Santa Monica’s Main Street.

GUEST TOURS will be arranged to the Jet Propulsion Laboratory near Pasadena’s Cal Tech, and a special visit to the Roman villa of the J. Paul Getty Museum in Malibu. Information on many other points of interest in Southern 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.
her way of working with the rougher aspects of play—sadism, for example, or acting out, or the silent negative transference. For now, there is much for the clinician to play with that can encourage the creation of a playground in his or her own practice.

Continued from Page 4

Some Reflections on "Hearing" the Patient's Story: Action in the Transference and Counter-Transference

plans for herself which involved her ambitions plus an element of competition with the analyst. She recalled and related a dream but could not associate to it, despite previous demonstrated ability in this realm. She became close, confused, and distressed and wanted the therapist's input on the dream. Her confusion and turning to the therapist for clarification in an area in which the patient had great ability appeared to be a communication in action. She seemed to say that in the face of her ambition she saw herself as destroying the therapist. Her regression appeared to be in the service of reinstating the therapist's stature. By making the therapist the expert she could undo her fantasy (and perhaps wish) that she would topple the therapist if she realized her ambitions. Attention to the rich content of her dream was deferred in favor of an inquiry into her sudden confusion. The patient was urged to reflect upon her unconscious renunciation of her own abilities. This process of inquiry enabled her to find words for her childhood conviction that her ambitions would deprive her of sustenance from the caretaker and would in fact harm the caretaker. She saw that at all costs she strove to preserve the object. Such material emanating from the adaptations of childhood organization and conflict can be viewed by the patient's adult ego once it has moved from the realm of action and put into words. It becomes available for work within the therapeutic alliance.

Hearing the Patient's Story Through the Counter-Transference

Our attitudes towards the feelings we as therapists experience within the therapeutic hour have shifted markedly over time. Once a source of shame, we are now free to view our own feelings as another source of information about the patient. While we need continuously to explore ourselves to see what the patient's material may be stirring within us, this does not preclude using our affective responses to "hear" the patient's story.

A young male patient droned on and on session after session with a therapist for whom boredom is almost an unknown state. However, the therapist found her own mind drifting. She resisted the temptation to write shopping lists while he talked and soon the alien state of boredom became clear to her. While questioning herself to see if anxiety was being stirred, she also pondered what part of the patient's story was being revealed through his actions.

I do not believe, with rare exceptions, in revealing one's own feelings to the patient. How could one tell a patient that they are boring without great narcissistic injury? Furthermore, one would risk the communication that the patient is there to amuse the therapist and to hold his/her interest. In this situation the therapist asked the patient how he felt the sessions were going. The response came easily:

"I can't imagine that these sessions are very interesting to you." This allowed the therapist to open the door to the patient's conviction that he could not be of interest. While his history was known, it became poignantly elaborated. His historical story of being overlooked and unnoticed was told with anecdote after anecdote coming to mind. Ultimately he began to recognize that he lived his current life hiding his needs, feelings, talents essentially remaining unnoticed.

A final anecdote, since these reflections are limited by space, has to do with a borderline patient who became so angry and verbally abusive in her sessions that the therapist felt increasingly helpless and angry himself. He delayed feelings, in supervision, of wanting to end the treatment, never wanting to see the patient again. He felt a profound frustration. There are various ways to view projective identification. One perspective would hold to the idea that the patient needs to have a partner in her affective state. Another view would go in the direction of an externalization of intolerable feelings. Without excluding these perspectives, we chose to view the patient's provocations as a form of telling her story. She could not speak of her own rage, frustration and helplessness and her fear of ultimate abandonment. This part of her story emanated from her earliest preverbal being. It became known to the therapist via his feelings and his wishes to rid himself of her. The alliance with some patients of lower structure is more tenuous. Their position of psychic separateness does not always provide an observing ego. Thus, this therapist waited until it seemed timely to say to her that he imagined a helpless, rageful little girl who had no one to help her with her feelings, or even less, know about them. This opened a crack in the door with many years of work ahead to build a container which could ultimately hold the feeling part of her story.

These reflections are intended to illuminate two aspects of the therapeutic experience from which we can "hear" more from our patients. The case anecdotes suggest possible clinical usage.

Growth and Unity Expected from National Conference

From October 15-18, 1992 the Committee on Psychoanalysis will hold its Fourth National Clinical Conference in Los Angeles. The Conference has come to represent a rallying event resulting in a stronger sense of cohesiveness among our national membership. Identification with a strong professional organization of clinical social work practitioners in psychoanalysis and psychoanalytic psychotherapy has been one major attraction of the Conference. It helps promote professional pride and national visibility of the clinical social worker in the community of psychoanalysis.

The National Conference Committee, under the dedicated leadership of Ellen Ruderman, Ph.D., Conference Director, and Mae Denton, Ph.D., Associate Conference Director, has mobilized a large and enthusiastic group of volunteers.

If you want to "catch the flavor" of our organization, attend the Conference and feel the experience. An open business meeting for all members of the COP is an integral part of each of the national conferences.
Know Your Board

Three new members were appointed to the COP Executive Board effective July, 1991. Richard M. Alperin, D.S.W., Teaneck, NJ, was appointed Treasurer; Susan S. Levine, M.S.S., Penn Valley, PA, was appointed National Membership Chair; and Cecily Weintraub, Ph.D., Rockville Centre, NY, was appointed National Liaison.

Dr. Alperin received his doctorate from the Columbia University School of Social Work and a Postdoctoral Diploma in Psychoanalysis and Psychotherapy from the Derner Institute of Advanced Psychological Studies, Adelphi University. He is in the full-time private practice of individual and group psychoanalysis in Teaneck, New Jersey and New York City and is a part-time faculty member at the Fordham and New York University Graduate Schools of Social Work, as well as the Rockland Institute for Psychoanalysis and Psychotherapy, and the Advanced Institute for Analytic Psychotherapy. A frequent contributor to professional journals, Dr. Alperin is Chairperson for the Committee on Psychoanalysis of the New York State Society for Clinical Social Work.

Susan Levine graduated Cum Laude from Bryn Mawr College, where she also received her Master of Social Service degree. Besides her private practice, she is currently Senior Psychotherapist at InterPsych Associates in Philadelphia and a counselor at the Philadelphia College of Pharmacy and Science. She is on the Admissions Committee of the Philadelphia Center for Psychoanalytic Education and is in the process of writing a book on psychodynamic theory for Jason Aronson.

Cecily Weintraub received her M.S.W. and Ph.D. from Smith College School of Social Work and a postgraduate certificate from the New York School for Psychoanalytic Psychotherapy. She is currently on the faculty and a supervisor for the New York School for Psychoanalytic Psychotherapy as well as the Society for Psychoanalytic Study and Research. Since 1972, she has been in private practice in Rockville Centre, New York and writes a bi-weekly column for their local newspaper, The Rockville Centre Herald, where she analyzes different popular films. A member of the Editorial Board of the Clinical Social Work Journal, she also publishes there.

Dr. Weintraub, as national Liaison, serves to facilitate the development of new area groups and to strengthen the existing area membership throughout the national committee. This year an effort to encourage sharing among the social work practitioners throughout the country has led to a traveling resource center for the entire membership.

Through the National Liaison, the COP has directed efforts to promoting the development of area groups in Chicago, Minneapolis, and Boston. Dr. Weintraub will travel to Los Angeles April 3-5 for a joint meeting planned by the California Society for Clinical Social Work and the Southern California Area Committee on Psychoanalysis. The purpose is to serve as a presence representing the National Committee in order to foster a close relationship with the Society.

Plans are also under way for a trip to Boston later in the Spring and subsequently to Chicago and to Chapel Hill, North Carolina, with the goal of facilitating the formation of new area groups in those regions. Future contacts also include Washington, D.C., Minneapolis, and the state of Florida.

In addition, the National Liaison helps to support programs planned in existing groups. On occasion, social work analytic practitioners may address area groups to share the expertise within our own field. This serves to strengthen the identity of the clinical social work analytic practitioner.

Individuals and groups seeking the assistance of the National Liaison in developing new Area Groups or wishing to obtain assistance in strengthening existing COP groups may contact the National Liaison directly:

Cecily Weintraub, Ph.D.
40 Arrandale Road
Rockville Centre, NY 11570
(516) 764-9726

Committee on Psychoanalysis Continues Participation in Interdisciplinary Federation Concerned with Psychoanalytic Education

Marga Speicher, M.S.W., Ph.D.
Englewood, NJ

Since May of 1990 representatives of psychoanalytic training programs as well as individuals interested in psychoanalytic education have met to consider the feasibility of establishing an international, interdisciplinary organization that would include a range of psychoanalytic perspectives and broadly serve the interests and needs of psychoanalytic education. Individual social workers and the Committee on Psychoanalysis participated actively in the meetings of 1990 and in the committees that formulated ideas for the 1991 Conference (See Newsletter, Vol. 4, p. 2; Vol. 5, pp. 2 & 16).

Held in San Francisco on November 2-3, the 1991 Conference served two purposes: (1) to offer a program of presentations on issues in psychoanalytic education, and (2) to hear reports of committees who worked on organizational matters during the year and to formulate plans for the structure and function of the Federation.

The major part of the Conference was devoted to panel presentations focused around the theme Supervision in Psychoanalytic Training and one pragmatic panel on Financing a Psychoanalytic Training Program. One of the panels was organized by the Committee on Psychoanalysis, chaired by Billie Lee Violette, and featured Ellen Ruderman, Rosemarie Gaeta, and Crayton Rowe, each of whom addressed different aspects of the supervisory process. Other social workers who participated in two separate panels were Rosemary Lukton and Marga Speicher. Lively exchanges of ideas marked each session and participants enjoyed the free,
Committee on Psychoanalysis Continues Participation in Interdisciplinary Federation Concerned with Psychoanalytic Education open, and stimulating discussions.

Two committees reported about their work during the year. The Committee on Goals, Purposes, Membership presented a statement on the philosophy and direction of the proposed Federation and a series of recommendations for structure, function, and membership. Participants reviewed the proposals carefully and recommended a number of changes. The Committee on Issues in Accreditation presented a detailed report on the history and status of accrediting organizations in the United States and on issues of accreditation related to psychoanalytic training programs. After lengthy discussion, participants concluded that the Federation will maintain an active interest in issues on accreditation, will remain informed on developments, but will not seek at this time to become an accrediting organization.

At the organizational meeting Conference participants took action to establish the International Federation for Psychoanalytic Education (IFPE) as an international, interdisciplinary organization that includes a range of psychoanalytic perspectives and serves the interests and needs of psychoanalytic education. Membership is open to organizations and to individuals interested in psychoanalytic thought, scholarship, and education. It aims to provide a flexible organizational structure within which various interest groups (e.g., representatives of training programs in psychoanalysis, study groups in psychoanalytic thought, educators in psychoanalytic thought in graduate and undergraduate programs) can find a forum for exchange of ideas.

Several social workers were present and participated in the founding of the IFPE. What it provides social workers is the opportunity to work with professionals of various fields in the area of our concern: the deepening and furthering of psychoanalytic thought in clinical practice and in the education for clinical practice. The IFPE genuinely wishes to be interdisciplinary and will be so to the extent to which members of various mental health professions join.

At the Board Meeting of the Committee on Psychoanalysis on February 8, 1992, National Board members of the Committee on Psychoanalysis received a detailed report on the formation of IFPE and on its significance as an interdisciplinary organization. The Board voted: (1) to inform the National Federation of Societies for Clinical Social Work of IFPE; (2) to seek from the National Federation authorization to become an institutional member of IFPE; (3) to seek from the Federation authorization to encourage members of the Committee on Psychoanalysis to become individual members of IFPE. (The current organizational structure between the Committee on Psychoanalysis and the National Federation requires that such authorization be obtained.) The Board meeting of the National Federation will take place after the Newsletter goes to press, and we cannot yet report the National Federation's actions on the Committee's request.

For further information on the IFPE, contact:
Marga Speicher, Ph.D.
340 Lewelen Circle
Englewood, NJ 07631-2021
(201) 569-1559

Committee on Psychoanalysis Participates Actively in Success of NFSCSW Twentieth Anniversary Conference
James Engelbrecht, M.S.W.
Dallas, TX

The twentieth anniversary clinical conference of the National Federation of Societies for Clinical Social Work in Chicago, September 27-29, 1991, provided an excellent venue for the Committee on Psychoanalysis to make a contribution to the NFSCSW goal of highlighting Clinical Social Work thinking in relation to intervention in agencies, institutions, and private practice. Of the 86 Conference faculty members who offered a broad range of opportunities for dialogue around challenging clinical issues, 31 faculty (more than one-third) were members of the COP. Three of these COP members who served as Conference faculty were keynote presenters in general sessions: Karla R. Clark, Ph.D., B.C.D.; David G. Phillips, Ph.D.; and Golnar Simpson, D.S.W., B.C.D., Rosemarie Gaeta, M.S.W., B.C.D., National Chair of the COP, served as a panel moderator in still another general session.

Workshops at the conference were offered in four tracks: Current Issues in Clinical Social Work; Dual Diagnosis, Substance Abuse, and Pharmacology; Managed Health Care; and Psychoanalysis and Psychotherapy. The majority of the Psychoanalysis and Psychotherapy track workshops were presented by COP members: Jeffer S. Applegate, D.S.W.; Carol Berman, M.S.W., B.C.D.; Cathy Brown Buiski, M.S.W., B.C.D.; Barbara L.E. Crisy, M.S.W., B.C.D.; Velia Frost, M.S.W., B.C.D.; Judith G. Lutzer, M.S., B.C.D.; Joseph Palombo, M.A., B.C.D.; Gertrude Pollitt, M.A., B.C.D.; Florence Rowe, M.A., M.S.W.; Carol Tosone, M.S.W.; and Cecily Weintraub, Ph.D., B.C.D.

Committee on Psychoanalysis members served as faculty for the workshops in other tracks also. Marsha E. Fine, L.C.S.W., and Elise S. Blumenfeld, Ph.D., both led workshops pertaining to aspects of Managed Health Care, and Sarah Bradley, M.S.S.W., gave a workshop in the Dual Diagnosis, Substance Abuse, and Psychopharmacology Track. A stimulating array of workshops was offered under the rubric, Current Issues in Social Work, and, again, COP members were well represented on the faculty: William S. Meyer, M.S.W., B.C.D., Edward P. Kaufman, M.S.W., B.C.D., Janice C. Warner, M.S.W., B.C.D., Roberta Ann Shechter, D.S.W., B.C.D., and Gerald Schames, M.S.S., B.C.D., offered thoughtful and interesting workshops.

As the conference drew to a close, Katherine Bloomfield, M.S.W., participated in a panel on the Gulf War, and Sylvia Teitelbaum, M.S.W., B.C.D., presented on "A Developmental Approach to Resistance."

Much credit for the success of the educational portion of the conference is due the NFSCSW Conference Coordinators Barbara S. Alexander, M.S.W., B.C.D., and Irmgard Wessel, M.S.W., B.C.D., and to COP Program Committee Chair Helga Justman, M.S.W., and her committee, consisting of Richard M. Alperin, D.S.W.; Francis Brown, M.S.W.; Marsha Fine, M.S.W.; Elinor D. Gray, Ph.D.; Rosemary Lukton, D.S.W., B.C.D.; Terry C. McCall, M.S.W.; Roberta Myers, M.S.W.; Joseph Palombo, M.A.; and Florence Rowe, M.A.

The warmth of several social events, planned and un-
Committee on Psychoanalysis Participates Actively in Success of NFSCSW Twentieth Anniversary Conference

planned, made it possible to renew friendships and to celebrate an important twentieth NFSCSW anniversary. Many COP members present in Chicago are looking forward expectantly to greeting each other again at the COP Fourth Annual Conference in Los Angeles, October 15-18, 1992.

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Member Profile:
Karla R. Clark, Ph.D., B.C.D.

been, before my birth, a political activist and retained, throughout his life, a passionate interest in the welfare of mankind. He thought about things on a grand scale of political and economic revolution. By the time that I was born, my father had scaled back on his political activities and, to support my mother and me, had taken a job which took him right into the world of capitalism. His daily life, from that time on, was spent working at things which did not deeply interest him and which conflicted painfully with his value system. He survived emotionally through the reading, discussions and activities which marked his leisure hours. He made no secret, however, of the enormous painful impact of the conflict between his values and his occupation on his feelings about himself and his life.

My mother, Sylvia Stanton, was a psychiatric social worker, a Smith College graduate. Her career, while important to her, was somewhat apart from what interested her most naturally and deeply. She has had a lifelong love of literature, an interest toward which she returned like a homing pigeon once she retired.

My parents actively encouraged me to find my own interests. I played with friends and followed the pursuits of children of my class and type from New York City. I took lessons of different kinds, reflecting mainly my interests in music and theater arts. I acted in plays. I danced and, later, choreographed dances for my friends. I sang both solo and choral music, played the piano and guitar. Like my mother, I loved to read and, later, following my own star, to write: short stories, poetry, an occasional play. I adored all of my activities (except, maybe, tennis lessons).

I had no idea at that time how many of these interests, in one form or another, would become a part of my life's work. Almost from the beginning of my life, I knew that the practice of psychotherapy, not the arts, was where I was headed.

My childhood was spent against a background of adult activities and discussions which, particularly when they touched on psychoanalysis (a common dinner table subject of conversation) and social work, I always found absolutely fascinating. There is a delightful document that my mother saved, written by me and by a friend, Alma Berson (née Benny), who is also the child of a social worker, and who is now, herself, a social worker in Boston. We wrote up a case discussion of a mythical patient, named with unwitting aptness, Mrs. Sisyphus, who struggled to support herself and her children and deal with an alcoholic husband. We had a plan for both case management and psychotherapy all worked out. We must have been seven at the time.

As adolescence hit, like most girls, I thought about boyfriends and dreamed about love, marriage and family, and hoped (as indeed came to pass) that someday I would have a husband and children of my own. It simply never occurred to me that there was any conflict between those dreams and the dream of a career as a psychotherapist, although this conflict was to dominate my life for many years.

I went to Antioch College, where I majored in psychology. Any doubts as to which path to take, social work or psychology, were settled for me there. I discovered there that I didn't like research. I hated statistics with a loathing born of (I am convinced) a deep natural antipathy, while I adored child development and sociology. A research assistantship where I spent nine months running correlations in an airless cubicle clinched it—I moved decisively away from academic psychology. A product of my times, I never considered medicine. I would, I thought, be hopelessly old to start a family if I went through medical school, internship and residency. Parenthetically, while I don't regret that decision, I pause nowadays to think about the naiveté of the premises on which I made it: I went to college at sixteen, and would have finished a psychiatric residency at the ripe old age of twenty-seven! (Such, I fear, are the grounds on which many of life's decisions are based. One feels for the young...)

Antioch's system of work and study helped me test out my natural predilections in a variety of work situations and I graduated, somewhat dazed and bemused at what seemed to me the sudden onset of adulthood, all of twenty years old, and a year married to my husband Stewart. I applied to the School of Social Service Administration at the University of Chicago. It was my very great good luck that they accepted me.

Antioch's psychology program had been heavily behavioral and experimental. There was a good deal of contempt for psychoanalytic ideas abroad in that department. At SSA I returned to a world where psychoanalytic ideas informed the daily discussions of practice. Perhaps these ideas felt more natural to me because, in essence, they had formed the conceptual language of my childhood. At any rate, I felt at home. I loved graduate school. I was proud to be a social worker. I held the deepest respect for my teachers there: the likes of Helen Perlman, Bernice Simon and, in field work, Betty Butler—great women all, and very great teachers and role models. I left graduate school in love with my profession. I was also pregnant, all of twenty-two, and about to do what women did in those days—precipitously retire; at least, I thought, until the children were grown.

Suffice it to say that my "retirement" lasted for five years. During those years, my children Dun and Leila were born. He was born in Seattle and she in the San Francisco Bay area, where we still live. I was happy with my husband and our children. However, severed from a professional life of my own which, although just beginning, had held such deep meaning to me, I pined like an unwatered plant. Stifling my guilt at my failure to make it as a full-time housewife, I fled expectantly to greeting each other again at the COP Fourth Annual Conference in Los Angeles, October 15-18, 1992.

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me in Chicago. In the few years of my absence from the field, and in this very different part of the United States, the field was exploding with innovation, experimentation, and, in some quarters, a rebellious reaction to anything established. The wilder and woolier experiments of those years never appealed to me, although at times I felt guilty because I was not myself more experimental.

My relief at being back at work quickly yielded to ambivalence about the whole venture. I was a few years ahead of my time in that few women, at that point, worked, as they said, "outside of the home." Like most young women today, I had children and a household to run and, like any young mother, juggled all of the responsibilities with some success and a fair amount of feeling of desperation. Unlike today's young women, however, I had no friends in the same boat. I was the only mother not readily available for field trips and bake sales. I am not sure that my children suffered for it, but, despite my husband's backing and support, I surely did!

I also wasn't particularly happy at work. Something, some aspect of an explanatory model, was missing that would make a bridge between theory and practice which would make the latter, in my mind, more precise. My work seemed so haphazard! Was the problem in me, or in my state of knowledge, or in my choice of field of practice? First things first: I entered my own personal psychoanalysis. In time, I concluded, the answer was that it was in all three.

At work things changed. The heyday of the Community Mental Health program quickly passed. The early mandate under which my agency had been founded—to develop preventive programs and provide psychotherapy to children and their families—abruptly altered. Now we were to provide mental health services to the general population. As the agency changed and expanded, I was given administrative responsibilities. I accepted the job of Unit Chief of an outpatient unit to be located in the far northern part of the county in which I lived. I developed that unit and participated in the planning and development of the newly organized countywide mental health organization. I was active in developing a network of services in my part of the county which involved all of the social agencies, both government and private. I tried to preserve as much as I could of the services to children which we had developed earlier in the life of the organization; in the form of consultation to child-serving agencies and direct services to children and families. My unit took on some responsibilities for training interns.

I was in my late twenties and early thirties by that time. To outsiders, what my unit was doing looked good and I seemed successful, but I was lost and unhappy. I felt like a fish out of water. I did not like administration. I wanted to see patients. The only part of my work that I really liked, in addition to seeing what patients I could, was the teaching and consultation which I managed to do.

Despite the fact that I knew what I liked to do, I was not sure what I should do, for I felt very ill-equipped as a psychotherapist and, consequently, as a teacher and consultant. I knew that my small knowledge base, acquired in graduate school and from supervisors and an occasional course, did not make me a competent therapist. Unhappy where I was, and scared to death of what I was about to do, I decided, in 1975, to leave the agency and devote myself to the private practice which I had begun part-time in 1971. No longer torn between two very different aspects of the profession, psychotherapy and management, I hoped that I would begin to really learn to be a therapist.

During those agency years, I took, without knowing it at the time, the intellectual steps which were to determine my eventual clinical identity. My interests in child therapy gave me an awareness of developmental and familial issues in the formation of a personality, and my work in community mental health exposed me to a lot of patients whom I would come to call personality disorders. Also, in the summer of 1971, long before I left Community Mental Health, I had conceived of the idea of holding a local conference for the staffs of preschools in the area. As part of the conference, I decided to do a paper on the then rather new work that Margaret Mahler and her associates were doing on the separation/individuation process. As I studied Mahler, it occurred to me that her work could inform our understanding of the process by which preschoolers adapted to their first experience of nursery school. I had the thought that we could make certain predictions about the child's future adjustment based upon his adaptation to school, seen through the lens of the separation/individuation process. The paper which I eventually wrote and presented addressed these issues. During those very same years James Masterson was studying the same material and reaching his much more far-reaching conclusions concerning the relevance of Mahler's work. Ten years later, partly because of his use of Mahler's work, I was to be decisively drawn to him, go to work with and for him, and, in so doing, find my own intellectual home.

In the meantime, I was without such a home. Observing over and over again the way that parents and family seemed to "block" children's progress in treatment, I developed an interest in family therapy. I became fascinated with systems theory. I taught family therapy for five years in the graduate counseling program at San Francisco State University. The problem was that, one-to-one with a patient, systems theory didn't seem to help much. It seemed to me that the interpersonal and the intrapsychic domains couldn't be approached in exactly the same way. I kept gravitating back to psychoanalytic ideas. I knew that I believed in an unconscious. My analysis had certainly confirmed that I at any rate had one which flourished as the green bay tree! I knew that people had conflicts between mental systems. I knew that I felt more comfortable with a therapeutic modality where the patient's conscious awareness of himself and feelings of autonomy were valued as the primary agents of change. I knew, in short, that I was still interested in practicing some kind of individual, psychoanalytically informed psychotherapy. Still, something was missing—I did not really understand how to translate my beliefs into a kind of practice which I could experience as honest, viable and systematic.

In that mood, I entered the California Institute for Clinical Social Work to pursue a doctoral degree. During my years at the Institute, I discovered that the object relations theorists seemed, one way or another, to speak the language which I wished most to learn. While most of my colleagues were fascinated by self psychology, I found myself drawn to...
Member Profile:
Karla R. Clark, Ph.D., B.C.D.
Fairbairn, Guntrip, Winnicott, Hilde Bruch, Kernberg and Masterson. I could, somehow, "see" what they were talking about when I sat with a patient and, fumblingly, translate what I saw into interventions.

Following graduation, fate took a hand and presented me with one of those borderline patients who give the diagnosis a bad name. Terrified by her suicide threats and explosive temper, beleaguered by her calls and demands, I picked up Masterson's work on the psychotherapy of the borderline adult. I had read him before, but this time a light began to dawn: this patient was acting out her mental version of her relationship with her mother in her relationship with me so as not to have to feel and experience it internally! This was not transference—it was a form of defense which in fact prevented the development of an analyzable transference! I went to hear Masterson speak at a conference in the Bay Area.

In 1983, after that conference, I wrote to Masterson and asked for the name of a supervisor. He told me that there was nobody local, but that faculty in his own newly formed institute were trying an experimental program of telephone supervision for therapists outside of New York City. He offered me two names. I chose Dr. Candace Orcutt, a social worker, analyst and wonderfully original thinker, as my first supervisor. Eventually, I was supervised by Dr. Masterson and, in 1986, joined the faculty of the Masterson Institute.

At this point, all of the interests and activities which have filled my life have seemed to find a niche of one kind or another. Even my years as an administrator have not gone to waste! I have had the good fortune to be instrumental in the establishment of a Masterson Institute in the Bay Area. I teach in that institute, along with valued colleagues and friends. In addition to my work with my patients and my teaching, I also supervise trainees and do consultations for colleagues and agencies. My old interest in the performing arts has a place as well. I speak at conferences and do workshops and study groups wherever there is interest in aspects of the developmental, self and object relations approach.

I have also rediscovered an aspect of my childhood self which has been dormant for many years. I have published several articles in the first volume of The Psychotherapy of the Disorders of the Self (Brunner/Mazel), edited by Masterson and Klein, and a chapter in Comparing Psychoanalytic Psychotherapies, by Masterson, Tolpin and Sifneos (also Brunner/Mazel). I have an article in press in The Clinical Social Work Journal. With these publications, I am beginning to admit that being a writer, at least a clinical writer, is a part of my core identity, right along with practice. The writing process has moved from the status of something I pretend to myself that I do because I have to, or as a form of private play, to the status of something I recognize that I do because I need to do it. Quite a surprise in midlife!

At this time, my personal interests are in exploring aspects of schizoid disorders and of dissociative phenomena as they relate to disorders of the self. Who knows where these interests will, in turn, lead? As always, events will combine with my own inner radar and work their particular alchemy. In any event, to my relief and gratitude after such a long search, I am working in the way that I want to: my work is enduringly interesting and seems to me to be morally good. Consequently, although my clinical work is certainly taxing, it is not exhausting but life supporting.

I hope, in some small way, that this autobiographical sketch will inspire those of you who have not yet found your own real professional voice to continue your search, with good heart and all the determination which you can muster. May I, in closing, offer a toast to each of our personal searches for meaning and to our "impossible profession" as well?

So You Think You Practice Psychoanalysis...

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So You Think You Practice Psychoanalysis...

In the area of certifying competence of individual practitioners, another contender is the American Board of Psychoanalysis in Psychology which offers a Diplomate in Psychoanalysis. The American Psychological Association (and its Division 39) have taken the position that psychoanalysis is a postdoctoral specialty.

By this time, if you are still reading, you might be growing weary of all the acronyms and asking, "So what's your point?" The point is that things are changing, and those who sit on the sidelines may be left out of the game. If clinical social work allows other professions to define standards for psychoanalytic practice and training, you may not like what you get. While there are people who would like to define psychoanalysis as a "fifth profession," and to keep a close eye on any organization that seeks recognition as the accrediting body for psychoanalytic training programs. The National Federation's Committee on Psychoanalysis should insist on participation in any accrediting body that seeks COPA recognition, in order to insure parity in the accrediting process.

Executive Council of Committee on Psychoanalysis Makes Recommendations to Federation's Task Force on Restructure

Principles for Restructuring Specialties Under FACET

1. Each specialty be organized under 501 C.3 under the Internal Revenue Code to gain sales tax and postal advantages.
2. Board of FACET be composed of the Executive Board of the National Federation and Representatives of each Specialty.
3. The Federation representatives and specialty representatives have equal number of votes.
4. Each specialty be self-governing with own bank accounts and financial responsibility.
5. Each specialty have its own by-laws to be approved and modified by membership within the specialty.
6. Board of FACET have responsibility for administrative function.

These basic principles were presented to the Federation's Task Force on Restructure at their March 1992 committee meeting. They were seriously considered and have been incorporated into an overall preferred structural model which will be presented by the Task Force to the Federation Board in late April.

As this newsletter goes to print, the vote of the Federation Board is not yet known. However, the Executive Council of the Committee on Psychoanalysis is hopeful that the recommendations made on behalf of its membership throughout the country will be accepted.

Spotlight

The interval since the last Newsletter has been a busy one. COP members presented well over a third of the papers and workshops offered at the Twentieth Anniversary Clinical Conference of the National Federation of Societies for Clinical Social Work in Chicago, September 27-29, 1991. Their names appear in James Englebrecht's article on page 14. Daniel Buccino's NFSCSW paper on "Psychoanalytic Theory and Consumer Culture" prompted articles in both the Chicago Sun-Times and the Chicago Tribune. Buccino recently was appointed coordinator of cartels and study groups for the Lakan American Clinique.


Some are encouraged to submit news of their statewide, national, and international presentations, as well as information about their publications. We regret that space does not permit inclusion of individual members' local activities.

- Ed.
**Conference Registration Form**

**PLEASE PRINT**
- **Name**: __________________________  **Degree**: ______
- **Address**: ______________________________________
- **City**: ___________________ **State**: _____ **Zip**: ______
- **Phone**: Daytime_________ Evening_________

**PLEASE INDICATE REGISTRATION CATEGORY**
- **Member of the Committee on Psychoanalysis**
- **Member of a State Society for Clinical Social Work**
- **Non-Member**
- **Student** (full time MSW student, with verification; does not include Saturday luncheon)
- **Group Rate (per person)** (available to agency or institute groups of 5 or more. ALL registration forms must be received at the same time)

**NOTE EARLY REGISTRATION DATES:**
Conference registration fee includes Saturday Luncheon and breakfast on Sunday, except for student rate. Students who wish to attend the Saturday Luncheon must pay an additional $38.00. Daily continental breakfast is included for those staying at the Beverly Hilton Hotel. All others can purchase Friday and/or Saturday breakfast for $12.50 each day.

**Date of postmark determines fee. Advanced registration will not be processed after September 30th; register at the door after this date. Cancellation Policy: Refunds (less $35.00 administrative fee) will be granted only upon written request postmarked on or before September 30, 1992.**

**Paper/ Panel/ Workshop Selection:**
- **List 1st, 2nd, and 3rd choices by writing workshop number as it appears preceding workshop description**
  - **Friday Morning**
    - 1st__ 2nd__ 3rd__
      - (1-11)
  - **Friday Afternoon**
    - 1st__ 2nd__ 3rd__
      - (12-22)
  - **Saturday Morning**
    - 1st__ 2nd__ 3rd__
      - (23-33)
  - **Saturday Afternoon**
    - 1st__ 2nd__ 3rd__
      - (33-44)
  - **Friday Tape 1:00pm** Will attend___

**Hollywood Studio Party!**
- Please reserve ____ tickets to the Friday Evening special event at PARAMOUNT PICTURES @ $60.00 per person. Includes dinner, no host bar, music, and jitney tours of the back lot. 
  - **Bus transportation** is available @ $10.00 per person. Please reserve ____ seats.
  - Payment for this special event must be made separately by check, payable to "Hollywood Studio Party". Mail to: MAE DENTON, Ph.D. at address listed below.

**SUMMARY OF ENCLOSED PAYMENTS OR CHARGES**
- **Registration Fee** $__________
- **Saturday Luncheon (Students $38.00)** $__________
- **Breakfast (Fri. &/or Sat. @ 12.50)** $__________
- **CEU Fee @ $6.00** $__________
- **TOTAL ENCLOSED** $__________

**CEU CREDITS AVAILABLE FROM NATIONAL FEDERATION OF SOCIETIES FOR CLINICAL SOCIAL WORK**

★ For SPECIAL HOTEL RATES call Bobbie Plotkin at Classic Cruise and Travel, 1-800-888-6500 or the Beverly Hilton Hotel, 1-310-274-7777. Mention the Committee on Psychoanalysis Conference, October 15-18, 1992.

**MAIL THIS CONFERENCE REGISTRATION FORM AND PAYMENTS TO:**
- **MAE DENTON, PH.D.**
  - 11633 SAN VICENTE BLVD. SUITE 320
  - LOS ANGELES, CALIFORNIA 90049
  - 310-820-7070
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 for 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 for Clinical Social Work, we will send you information regarding membership in the State Society in your area. Your Society must be a member of the National Federation.

Membership Application

COMMITTEE ON PSYCHOANALYSIS

Name __________________________
Address _________________________

Telephone (Office) __________________________
Telephone (Home) _________________________

Highest Degree Date, _________________________
University State
License or Cert. No. State Society Membership _________________________

Please Enclose $35.00 dues for 1992.

In addition to the enclosed dues I wish to contribute: $200 $100 $50 $25

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

I would be interested in working on:
A. National Standards
B. National Conferences
C. Legislation
D. Public Relations
E. Other _________________________

Please return to: Committee on Psychoanalysis
c/o R. Gaeta, M.S.W., B.C.D.
31 East 12th St., Ste. 1E, New York, NY 10003