As 2005 begins, we, as social work psychoanalysts and psychoanalytic psychotherapists, confront an enormous task: To discover what we can bring to today’s world to further the establishment of order and understanding, along with some emerging sense of control, in the face of the overwhelming events which ended 2004.

Following the presidential election in November, we were already struggling to understand what impact the results might have on us and our patients, as well as on our profession. Then came the December 26th tsunami, an international disaster which has had, in terms of death and devastation, an even greater impact on the world than 9/11 had.

We need to revisit and draw strength from our social work roots that we leaned upon so heavily to help us get through the aftermath of 9/11. Wherever possible, we need to help the helpers in this disaster with our painfully-gained knowledge of debriefing and secondary trauma.

How startling that an article on secondary trauma by Janet A. Geller, Libbe H. Madsen, and Lynn Ohrenstein, a team from the Jewish Board of Family and Children’s Services (JBFCS), appeared in the latest issue of the Clinical Social Work Journal within days of the tsunami’s occurrence!

In the coming weeks and months, there will be much to do. As an organization, we will do our best to add our collective voices to those on the side of compassion and reason; to add our talents and expertise to that coalition of professionals who are engaged in this important struggle; and to rise to whatever other challenges we will face as we move forward into this new year.

Legislation and Regulations
The NMCOP monitors federal and state legislative activity to safeguard the practice of psychoanalysis for clinical social workers. Our involvement with

See President’s Message on page 16...
I am pleased that one of the newsletter's goals—to inform you of the activities of our membership both in individually and for the NMCOP—is particularly well met in this issue. As Diana Siskind points out in her message many of our book reviews are of books written by our members, as is our current review of Jane Hall’s book reviewed by Iris Sugarman. We are also pleased to include an article by Sharon Farber giving us a window into her own process of becoming a writer. Ellanor Cullens and Cathy Siebold have been busy developing the online CEU program for our members that Cathy describes in her article. The behind the scenes work that has made this possible represents both considerable vision and much hard work. We thank you both!! The review of two psychoanalyst’s memoirs by Lynn Lawrence is very moving and as all good book reviews do—makes us want to rush out and read the books as soon as possible. We are very excited to report to you about significant honors and awards recently received by social workers—Bill Meyer and Alice van der Pas—and to alert you of an honor to Jean Sanville that we will report in our next issue.

The Newsletter welcomes readers’ letters, articles and opinions on topics of the day, clinical issues, book reviews, notices or reports of conferences, and news of interest to our membership. The Newsletter encourages social workers that have an interest in writing to use the Newsletter as a vehicle for converting their interest into the writing process.

Thanks to all contributors to this issue: Ellanor Toomer Cullens, Sharon Farber, Judy Kaplan, Lynn Lawrence, Cathy Siebold, Diana Siskind, and Iris Sugarman.

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Write, Write, Write!

or Feel the Fear and Do It Anyway

Sharon Klayman Farber, PhD, BCD

At our NMCOP conference last March (2004), I felt like a child let loose in a candy store. There was so much that was delicious to choose from, so many stimulating choices that it was hard to choose. Returning home, my mind was buzzing with ideas, some of which were about writing; I had attended two excellent programs on writing, and both were percolating within me.

I came to professional writing quite late in my career. I have had several papers and a book published (Farber 1991, 1997, 2002, 2003, two in press) and several other papers and a second book in progress. Had anyone told me ten years ago that I would do this, I would have laughed in disbelief. Write a book? Me? I could write a book the same way I could be an astronaut or a prima ballerina! I say this because unconscious conflicts about writing, especially writing for publication, had stood in my way for many years. I thought I would share some of my thoughts and experiences with my colleagues who may be considering writing, who have been struggling with writing, who think about writing but simply avoid it, or who write but never send anything out for publication, as I did for so many years. There are some very good reasons to write. First, even if what is written is not very good, the very act of writing allows one a certain freedom to play with ideas that can be not only satisfying but exhilarating. If you write without expecting it to be good or publishable, then you have nothing to lose but a lot to gain. As Janis Joplin sang in Me and Molly Magee, freedom’s just another word for nothing left to lose. When we can let ourselves play with ideas, without judgment or expectation, then we can begin to take these same ideas seriously. When we begin to take our ideas seriously, quite naturally we would want to communicate them to others, and this is where getting editorial help, presenting papers, and submitting them for publication come in. When we do not allow ourselves to write, theory building does not advance and the literature is impoverished.

Although I have been in the field since 1970 when I got my MSW at Hunter, I have been a budding writer ever since adolescence when a neighbor gave me a dime store diary with lock and key (yes, Virginia, there were dime stores then) and told me to write something in it every day—my thoughts, feelings, observations. I was twelve or thirteen at the time, and having come from a family in which what I thought or felt was not valued, the idea that my thoughts and feelings were important enough to record was a novel and exciting idea. I rode the New York subways home from high school and jotted down observations about people on the train, or my thoughts and feelings. I slipped the little volume under my mattress to keep it safe from eyes not meant to see it, until the next morning when I would slip it back into my book bag and take it with me. I had joined the ranks of teenage girls who confide in a journal or diary, and although I did not know it then, I came to realize in retrospect that I was writing for an Other, an idealized reader (Mallon 1984) who would read and accept without judging.

In a high school writing class, a very talented teacher introduced me to the stream of consciousness or free writing technique used by many writers of fiction and poetry, of which James Joyce’s Ulysses is probably the best-known example. He told us to allow our minds to wander wherever they wanted, not censoring anything that we might ordinarily censor. (Those of you who attended Kent Jaratt’s and Madelon Sprengnether’s workshop “Where Does Writing Begin and How Does it Develop?” have already had a taste of this.) I began to write in that mode, which I came to know later was akin to the process of free association. I was astounded and intrigued by the primitive, strange things I was writing, so very different from what my usually logical mind produced. I wanted to understand it and kept a journal until I entered psychoanalysis while in college. I found in my analyst an ideal listener. I gave up journal writing but as an English major concentrating on writing, I went on to write poems, stories, and even short plays. I wanted to be a writer and so after graduation, I looked for a job in the publishing field, but was told to come back after I had built up my typing speed, and there would be a job waiting for me. While practicing touch typing and becoming bored to death, I looked elsewhere for an interim job and took a position doing recreational therapy in a small private psychiatric hospital in New York, which was in those days an “electroshock factory.” That is how my career in the mental health field was launched, and I never did learn touch-typing.

I found the patients fascinating. Immediately I recognized one man as a well-known novelist; in fact,
New Information for Directory: Areas of Practice Interest

For over a year the Board of Directors has pursued a goal to increase promotion of members for professional services referral requests, both from within the organization and, potentially, from colleagues and the public. Through a project spearheaded by the Membership and Public Relations committees alongside NMCOP Administrator Deborah Dale, the Board investigated the feasibility of taking an initial step in this direction by including additional practice information in the upcoming Membership Directory. Toward this end the membership renewal and new applicant forms for 2005 offer the opportunity to include areas of practice interest. We take this opportunity to apprise you of the rationale behind the categories currently offered and assure you that the process has been a very thoughtful one.

The essential charge was for the index to be "user-friendly," e.g., fairly simple and clear, as well as able to meet its intended purpose. During this time we examined and critiqued directories from similar clinical organizations in terms of their utility for our needs. After delineating the unique character of NMCOP, we winnowed our choices from a field of over 60 possibilities to arrive at selections best targeting the present referral requests, reflected through listserv communication. The intention at present is not to provide a definitive description of each member’s practice; it is to highlight and make readily accessible information regarding services available from our members within highly sought-after areas. Please keep in mind that these areas of practice interest are self-reported by members, without being verified or overseen by NMCOP. Therefore, we do not and cannot call them "specialties," "competencies," etc., for reasons of liability.

There are two overarching principals essential to our consideration of how to streamline the practice areas most effectively, each one going to the heart of our organization. The first is we are an organization of clinical social workers, and colleagues who unite with us in our commitment to core social work values reflected in our practices. As such, our expectation is that members not only recognize the treatment context of “person in environment,” but also synthesize the critical role of different sociocultural influences when approaching assessment and intervention. Thus, we do not include areas of practice focused on issues of color, race, religion, national/ethnic origin, sexual orientation, socioeconomic class, or gender. Our decision is predicated on the assumption of the clinician’s willingness, interest, and ability to work effectively with diverse populations rather than marginalizing them as treatment “issues.” This concept underscores that vital part of psychoanalytic social workers’ identity: We pride ourselves, and rightfully so, on “meeting the client/patient where they are” and learning from that individual how most effectively to work with her/him by being inclusive and appreciative of socio/cultural/political diversity.

This segues into the second guiding principal behind the selection of practice areas, which is The National Membership Committee on Psychoanalysis in Clinical Social Work is an organization of professionals engaged in psychoanalysis or psychoanalytically-informed practice. Our limitation of areas of practice interest reflects confidence in/conviction of the universality of the psychoanalytic perspective in treating a broad spectrum of clients/patients in myriad treatment settings. Psychoanalytically-informed training mandates that we explore, and then strive to understand, the idiosyncratic meaning of behavior and symptoms presented in treatment—and that we have the skills within our armamentarium to do so! Many of the potential areas of practice interest fall within those parameters: “depression,” “anxiety and panic,” “adjustment problems,” “personality disorders,” “self-defeating behaviors,” ad infinitum (and ad nauseam!). We want to avoid the connotation of overspecialization, which detracts greatly from the sought-after message: There is tremendous strength and serviceability found in the “generalized,” developmental approach afforded with psychoanalytically-informed treatment.

One topic came up frequently and prompted much debate, that of “trauma,” which we chose not to highlight as an area of practice interest for the reason that trauma neurosis is an inextricable part of the profession of clinical social work’s genesis, a history we want to claim and to emphasize. Additionally, in the intervening years clinical social workers have been at the forefront in recognizing and addressing “trauma” and sequelae inherent in individual social and developmental inadequacies.
as well as consequent to major catastrophic events usually
considered "traumatic." We chose to include, however,
"critical incident stress debriefing," including the option
of offering these services on the "community" as well as
"individual" level, because the knowledge base and skill
set for this practice area continues to grow. Using guide­
lines consistent with our psychoanalytic identify, also
not included are practice areas such as "EMDR" or
"DBT," although they may have great clinical value and
be techniques employed by some members.

To meet the mandate of brevity, we carefully consid­
ered cogency versus redundancy in the choices. For
example, we considered that a clinician working with
a certain population is expected to have basic familiar­
ity with concerns frequently found within that popula­tion,
such as "children" and attention-deficit/hyperactivity
disorder or the learning disabilities and "older adults" and
Alzheimer's/dementia. While AD/HD and dementia
certainly present outside of the aforementioned age
groups, the demand for skill with those and similar
issues (i.e., specific syndromes) per se has been minimal
to non-existent. Many other areas considered eventu­
ally were eliminated when deemed to fall within routine,
mainstream reasons for which psychotherapy is sought,
particularly psychoanalytic psychotherapy or psycho­
analysis. So why did we choose those areas of practice
interest we did, as some of the same concerns expressed
above legitimately can be applied to those included as
well as those excluded? The areas of population and
modality are fairly straightforward and self-evident, while
treatment issues may not seem to be. First, these areas are
ones which come up repeatedly in requests for referrals.
Secondly, although we certainly put our psychoanalytic
"spin" on them they do not fall clearly into standard
psychoanalytic theoretical frames or orientations; some
of this "synthesis" is seen as cutting-edge, ground­
breaking work. Another consideration is that many of these areas
have potential legal and/or medical complications with
which competent clinicians would need to be familiar.
And, finally, since they often do not fall as readily into the
basic educational backgrounds of otherwise well-trained
psychoanalytically-informed psychotherapists many
members may not choose to work with these areas within
their practices.

The current effort is merely a beginning, and a trial
run at that. We very much welcome your feedback, asking
that you keep the above parameters in mind to maximize
a constructive process for considering suggestions.
Comments should be addressed to the Public Relations
Committee, etcullens2@worldnet.att.net. ~ from the Public Relations Committee

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amazon.com Link

Quietly tucked away on the homepage of the NMCOP
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easily overlooked or ignored: On the right-hand side
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Meyer, webmeister and wife of former NMCOP President
Bill Meyer, worked with the amazon.com organization
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proceeds from the amazon associates program are a way
the organization can benefit financially, without reducing
the existing discounts amazon.com offer all its customers.
We want to call this link to your attention and encourage
you (as well as friends and family!) to utilize it for any
media shopping needs, both professional purchases and
those primarily for entertainment.

The procedure is a simple one: Go to the NMCOP
website at www.nmcop.org, click on the link described
above, then use the amazon.com service as you ordinarily
would. The monetary benefit for NMCOP is calculated
automatically, so the service must be accessed through this
link. Although our individual purchases may seem small,
our collective efforts will add up over time, all at no cost
either to NMCOP or the shopper. So give this a try—and
spread the word! ~ from the Public Relations Committee

NMCOP—
rooted in the past,
focused on the present,
looking toward
the future
Jane Hall’s new book is a rich source of consultation for the beginner and an excellent refresher course for the seasoned clinician. In her first book and in this one, Hall refers to Ella Sharpe’s concept of benign curiosity. She quotes Sharpe as saying, “A deep-seated interest in people’s lives and thoughts must in a psychoanalyst have been transformed into an insatiable curiosity which ... is free in consciousness to range over every field of human experience ... with only one urgency, namely, a desire to know more and still more about the psychical mechanism involved. ... When we come to a habit of thought ... to which we reply: ‘I cannot understand how a person can think like that or behave like this,’ then we cease to be technicians. Curiosity has ceased to be benevolent” (Hall, 1998, p. 13). Particularly wise is Hall’s application of benign curiosity to the various roadblocks she addresses. She defines a roadblock as “a resistance which has not been fruitfully incorporated into the analytic process, and so instead of facilitating the process tends to hamper it” (p. 99). The author offers abundant vignettes with attention to how she works with various types of roadblocks. She demonstrates how benign curiosity helps to deepen the work and helps the therapist to respond non-defensively and the patient to increase her capacity to reflect. In the chapter on “Transference: Its Ubiquity and Utility,” Hall addresses how she would speak to a patient whose concrete thinking prevents him initially understanding Hall’s attempt to engage him in transference work:

Therapist: I’ve been limping around on crutches for weeks and you never commented or asked me what happened.

Patient: It’s really none of my business. We’re here to talk about me, not you, anyway.

Therapist: Your reactions or non-reactions to me are ways of expressing yourself. Ignoring these ways is ignoring you (p.36).

This intervention invites the patient to be curious about himself. This explanation reinforces for the reader that her role is to engender this curiosity and not feel defensive when the patient defends against transference work.

In the chapter “Countertransference,” Hall presents a vignette describing a therapist’s rigidity in responding to a patient who asks to borrow five dollars. While this is a difficult request for any clinician to respond to on the spot, Hall’s discussion is helpful in suggesting that rather than responding from the position that therapists are not supposed to gratify, the therapist could have made more therapeutic gain if she had wondered with the patient what the request was about. In a seminar years later, the clinician realized that being a beginner was not the full explanation of her refusal and rigidity. Her colleagues helped her to understand that she was already annoyed at the patient because she had agreed to see him at a reduced fee (pp. 63-64). Hall cites many examples of countertransference which allows the reader to appreciate that countertransference is an integral and unavoidable part of the work. Later, Hall says that the therapist who never loses her equilibrium is a myth. “When two people meet on a regular basis to understand the unconscious, there will be intense moments of love and hate” (p. 116).

In her chapter “Inner Roadblocks,” the author demonstrates how she treats the roadblock of primitive rage reaction. She says to a patient who has just cursed at her for scheduling an appointment before a holiday, “You’re treating me like you treat others in your life—dismainfully. It pushes us away and makes us angry. It is important to express your anger but when you do it this way it boomerangs and ends up hurting you” (p. 17). In her chapter on...
A Wolf in the Attic: The Legacy of a Hidden Child in the Holocaust
a memoir by Sophia Richman


A City of One
a memoir by Francine Cournos, MD


(Reviewed by Lynn Lawrence, MSW)

One must wonder about the children. There are already 900 children who have lost a parent in the Iraq war. One little boy whose father was killed told of how he doesn’t want to be a daddy, because daddies die. More than 1,000 children have registered with the Twin Towers Orphan Fund. Africa has become a continent lost to AIDS and the UN estimates that the toll of AIDS orphans will be 25 million by 2010. The Lost Boys of the Sudan (Bixler) chronicles the story of thousands of boys in the sub-Saharan, separated from their parents in the chaos of war and forced to march hundreds of miles. The number of children in foster care in the United States is upwards of 581,000. Everyday, in every century in every country, there are children who are stranded by history, their lives hijacked by forces and horrors of which they have no control let alone comprehend.

The two books reviewed here are autobiographical accounts of two such children. One child is born into the Holocaust and in the chaos and terror that shatters her parents’ lives becomes a hidden child. As she grows up in this bizarre world she is caught in the incomprehensible web of ultimately life-preserving secrets, lies, and mixed messages. What she is told does not correspond with what she sees. The other child is a bit luckier. She knows “normal” for the first three years of her life before her world fractures, also resulting in total incomprehension. One has parents, but due to the tidal wave of the Holocaust is deprived of knowing their authentic selves, and ultimately, until much later, her own. The other has parents but becomes an orphan. From totally disparate points in time, place, and history both end up having to deal with the universal effects of trauma which propel both of them to become therapists. Their stories join the ever growing canon of trauma literature. We are privileged to have them. These memoirs are for all time, and are a testament to the resiliency, adaptation and courage of the authors. And now, to their compelling and moving stories.

In The Wolf in the Attic, we are introduced to Sophia Richman by her husband Dr. Spyros D. Orfanos. It was an accident of fate that brought them together, but they must have had unconscious radar for one another. His childhood was influenced by his mother’s story of how the inhabitants of Ereikousa, a small Greek island, had hidden four Greek Jews during the war. Twenty one years later working as a waiter in a Greek restaurant he meets Sophia, herself a hidden child, now hiding behind her psychology books. This is not only the story of Sophia Richman’s deciphering and reconstruction of her traumatic past, but also a beautiful love story.

Sophia Richman and her parents were stranded by history. The Nazis invaded their town of Lwow, Poland in June of 1941. The Ukrainian nationalist inhabitants of Lwow, happy to see their previous occupiers—the Russians—depart, and believing the lies of the Germans that they would establish an independent state for them, launched programs against the Jews. During those round-ups, Sophia’s mother concealed her daughter, but due to the tidal wave of the Holocaust is deprived of knowing her world fractures, also resulting in total incomprehension. One has parents, but due to the tidal wave of the Holocaust is deprived of knowing their authentic selves, and ultimately, until much later, her own. The other has parents but becomes an orphan. From totally disparate points in time, place, and history both end up having to deal with the universal effects of trauma which propel both of them to become therapists. Their stories join the ever growing canon of trauma literature. We are privileged to have them. These memoirs are for all time, and are a testament to the resiliency, adaptation and courage of the authors. And now, to their compelling and moving stories.

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From Diana Siskind, Book Review Editor

In the past several years more and more of the books reviewed in our newsletter have been written by our members. This issue has a review of Jane Hall’s book, and our previous issue had a review of a book co-authored by Patsy Turrini. Our next issue will continue this trend.

Another interesting trend is the gradual appearance of memoirs written by psychoanalysts. In the spring issue of the year 2002 we had a review of Crying at the Movies by Madelon Sprengnether and in the current issue Lynn Lawrence reviews two memoirs—A Wolf in the Attic: The Legacy of a Hidden Child in the Holocaust, by Sophia Richman, and City of One by Francine Cournos who was a keynote speaker at our year 2004 conference.

Another note of interest is about the author of A Serious Case of Neglect: The Parental Experience of Childrearing. This book, reviewed in our previous issue, was written by Alice van der Pas, a Dutch social worker with an MSW from Smith. Alice was recently knighted by the queen of Holland for her outstanding contribution to the study and understanding of parenthood. She must surely be the first member of our profession to receive this level of recognition for her work. Congratulations.
“Attachment to Abuse,” Hall cautions us to be careful to listen without joining with the patient’s hatred. Hatred belongs to the patient. “That way, if good memories of the parent . . . emerge, the patient is free to modify perception of her early objects without feeling that she can please the therapist only by keeping her hatred alive” (pp. 131-132). Hall further elaborates how important it is to be reliable in work with the abused patient. The beginner is encouraged to appreciate how important this is and not to worry that much about what to say. Rather listening attentively with benign curiosity is the most valuable technique she can offer the patient (p. 138).

In the chapter “The Many Faces of Rage,” Hall discusses her understanding of sadomasochism as a roadblock. She writes about the importance of long-term psychoanalytic work necessary to modify defenses allowing the analyst to become a new object. She underscores that the key to such work is introducing the concept of benevolent curiosity and demonstrating to the patient that the therapist is trustworthy. In her discussion of fee policy and her patient’s rage over it, Hall illustrates how the therapist’s wondering with the patient helped to contain her—the therapist’s—own fear and anger. She told her patient that when they understood her objections to the therapist’s policy, they could decide if working together was possible. She adds some other interventions she might have made which set a tone of acceptance of the patient’s rage. “Can we look into your angry adamant reactions?” “Perhaps we will not be able to work together, but we might learn something useful to you if we explore your feelings.” (p. 166)

Elsewhere in this chapter, Hall responds to a patient who is afraid to show her anger. Her words are particularly sensitive and useful to both the patient and the therapist: “You can be angry and good and kind. One feeling doesn’t mean the others go away. We all have mixed feelings” (p. 180).

Some of Hall’s recommendations about fee policy, I question. She suggests telling a patient that she would be out of business if all her patients chose not to pay for missed sessions. She adds, “This policy is based on my need to pay my bills—it is not meant to hurt you.” While many clinicians would agree with this approach, I question its therapeutic efficacy—particularly in the beginning with some patients who are not yet capable of understanding or appreciating the therapist’s reality.

In a chapter entitled “Professional Dilemmas,” Hall addresses with sensitivity and wisdom dilemmas we all face in this work. In response to personal questions she will say, “Your questions are very important to me, and in a different setting it would be polite for me to answer them. Here we want to learn about your thoughts and feelings. Your questions about me are valuable ways to explore them. It would be easy for me to answer, but in doing so I would be depriving you of a chance to wonder about me and picture me any way you want.” This response says to the patient that there are boundaries, that this is not a social situation where politeness is required, and that the therapist’s task is to help the patient reflect (p. 197).

In the final chapter, Hall addresses the often-asked question, “How long will this take?” Her response reflects her attitude that she has displayed throughout the book; she is nondefensive and invites the patients to reflect with her. She says to the patient, “Everyone is different—but as we go along we’ll look at the question. Usually, when we feel that you have worked through what has stood in your way, we’ll be able to decide on how long” (p. 240).

In summary, this is a lucid, rich book which will be enormously helpful to students and will stimulate the seasoned clinician to continue re-examining her clinical work.

References
of night, having miraculously escaped from the concentration camp. “Don’t go near that door,” the mom tells little Sophia. “There’s a mean hungry wolf there and if you open the door he will eat you up.” This is Sophia Richman’s first memory. Learning to keep silent, witnessing things that make for overwhelming confusion and learning to keep secrets become the life of this hidden child. Sophia, a toddler, obviously trusted her mother, became anxious and kept her distance from the door. Eventually, the “wolf” emerges and she’s terrified. Gradually he emerges more and more and begins to be familiar, but he’s still to be kept a secret. Why does her mother look scared when someone knocks on the door, rushes to hide the wolf back in the attic, and then opens the door with a beautiful smile on her face? Sophia Richman tells us what it was like for a three-year-old to witness this frightening and confusing state of affairs. Keeping silent, posing as another, and hiding become re-enacted through the years of the author’s life. It isn’t until she joins a therapy group for children of survivors that her own affect breaks through, as she listens to a group member’s wrenching memory of her father’s torture. She could now begin to remember what her body and mind held in cold storage for her all these years.

Part of her recovery is the chapter she reserves for her father. Now all is about the need to know, the need to disclose, and to bear witness. In plain sight and having its own dedicated chapter is Leon Richman’s story. It is the book within the book. “Excerpts from Hell” recounts the author’s father’s experience in the Janowska camp. A banker by profession, Leon Richman was a meticulous recorder of life in hell. On scraps of paper he managed to steal, he recorded his 16 months of imprisonment. It is brutal. This is the part of the courageous and forgiving journey Sophia Richman travels: to be able to confront the horrors her father endured, and allow the wolf to come out of hiding in the attic and speak his story. By doing so, she comes to terms with the transformed bitter, unloving man who emerged after the war.

This is a book about emerging from hiding. It represents a life’s work of piecing together fragments of internal patchwork quilt of memories, recurring traumatic dreams and the most poignant reworking of the real and the unreal: the Wolf in the Attic. It is about undoing the parental injunction to “forget about the past”. No one can say this more eloquently than Sophia Richman: “After years of remembering to forget what I remembered, I discovered a profound desire to know . . . the responsibility to preserve the memories coexists with the impulse to forget: we are perpetually suspended between concealment and disclosure.”

This was a child who spent the first four years of her life, not in childhood but in the Holocaust. She learned to trust her mother’s mistrust of others. Richman speaks about trying to decipher her mother’s face for clues to sort out this very confusing reality, to no avail, then. Ultimately it led to her choice of profession. She became a psychoanalyst dedicated to helping others sort out their own confusions. In a moving tribute to her parents she notes that their own decisions to disclose their history, with her father having his memoir published and her mother giving testimony to the Yale Holocaust archives, paved the way for her beginning to decode some of the sentinel fragments of her memories.

As therapists, memories are the stockinet of our work. We have a sentinel node memory here. It is privileged and confidential information that Sophia Richman has generously shared with all of us.

If “it takes a village” (to raise a child), surely City of One is a staggering rebuttal of that premise. Reading more eerily like A Series of Unfortunate Events: The Bad Beginning, one day, Francine Cournos, like the Baudelaire children found herself an orphan. Like she says, “here are the facts.” By the time she was eleven, both parents were dead. Her adored father went first, when she was three, from a hemorrhaging peptic ulcer. Her beloved grandfather went first, when she was three, from a brain tumor. Her mother went six years later, after multiple surgeries for breast cancer. Her beloved grandmother who is rapidly approaching senility. The author and her seven-year-old sister move in with their illiterate, non-English speaking grandmother who is rapidly approaching senility. She becomes the interface between that house of unrelenting sorrow and the outside world, going to school, getting all A’s, taking care of Alexis (sister) and in between, learning how to use the grandmother’s sewing machine. Two years of this and the patient’s aunt asks if she’d like to live in the attic. It is about undoing the parental injunction to “forget about the past”. No one can say this more eloquently than Sophia Richman: “After years of remembering to forget what I remembered, I discovered a profound desire to know . . . the responsibility to preserve the memories coexists with the impulse to forget: we are perpetually suspended between concealment and disclosure.”

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See Memoirs on page 15...
We very much appreciated the meeting and thank them working around psychotic anxiety. Ruderman and Rosalyn Benitez-Bloch [of the Atlanta from the surrounding states of Alabama, California chapter] met with us to help us fulfill this goal. Offers theory and tools for the practitioner, so one does implement their ideas. Not have to resort exclusively to offering support or now is functioning on a new, higher level. The paper offers theory and tools for the practitioner, so one does not have to resort exclusively to offering support or working around psychotic anxiety.

We continually are in the process of developing ways to maintain and develop our group. In June, Drs. Ellen Ruderman and Rosalyn Benitez-Bloch [of the Southern California chapter] met with us to help us fulfill this goal. Very much appreciated the meeting and thank them working around psychotic anxiety. We held our first meeting of 2004 to 2005 on October 2nd. Concurrently, we reviewed the possibilities for additional presentations for the upcoming year and hope to announce those plans in our next newsletter report. Our group has chosen to focus on clinically relevant material and several members have submitted their work for consideration. Our goal is to offer psychodynamically oriented social workers an arena to discuss issues that emerge in practice, and offer stimulating new ideas to enhance our work.

At the October meeting, Billie Lee Violette, MSW, PsyD, presented her paper on “Continuing a Successful Psychoanalytically Oriented Therapy During a Patient’s Psychotic Break.” Dr. Violette described how she continued to practice psychotherapy from the onset of a psychotic episode of a patient she is currently treating. She showed how the patient grew and now is functioning on a new, higher level. The paper offers theory and tools for the practitioner, so one does not have to resort exclusively to offering support or working around psychotic anxiety.

We continually are in the process of developing ways to maintain and develop our group. In June, Drs. Ellen Ruderman and Rosalyn Benitez-Bloch [of the Southern California chapter] met with us to help us fulfill this goal. Very much appreciated the meeting and thank them for giving us their time. Hopefully, we will be able to implement their ideas.

**Georgia**

Ellanor Toomer Cullens, MSW, Chair etcullens2@worldnet.att.net or 404.238.7533

Before we began forming an area chapter in late 1998, we had a scant handful of NMCOP members in Georgia (including some within driving distance of our base in Atlanta from the surrounding states of Alabama, South Carolina, and Tennessee). When our group first began to coalesce, the programs featured almost exclusively presenters coming to us through NMCOP’s Ambassadors’ Program, such luminaries as: Barbara Berger, Chad Breckenridge, Peg Frank, Bill Meyer, Carole Tosone, and Judy Ripsch, a new NMCOP member I met at the 2002 Conference in Chicago who happened to have had an upcoming Atlanta trip scheduled! Our other presenter was “home grown,” core chapter member Dale W. Dingle of Greenville, S.C., who was featured in a colloquium presenting her dissertation research in the final stages of the doctoral process.

In the ensuing time our group—which still includes members from contiguous states—has grown to include over 30 members, who remain stable, loyal, and committed to NMCOP and our Aims and Purposes. We’re proud to report that for the year 2004–2005 not only have our programs grown in quantity, but we now are able to feature our own chapter members as the primary presenters and discussants! Meetings are structured as colloquia, with buffet dinner and time to socialize before the program, held in the parlour/dining room of the guesthouse at the 1920-era Anna Irwin Young Alumnae House of Agnes Scott College in Decatur, a small college town within metropolitan Atlanta. Part of the honoraria given to presenters who are not yet members is a year-long membership in NMCOP, along with a copy of the NMCOP Study Group book *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*; thus, we benefit both from their lectures and by encouraging their ongoing participation and intellectual contributions to our group! Both of our new members/speakers who join as non-clinical “Friends” bring to us avid personal and professional affinity for psychoanalytic thought and the applications thereof. All programs are available to members, with non-members welcome to attend as “prospective members,” and offer continuing education credit by arrangement with The Georgia Society for Clinical Social Work.

On November 19th Stephanie K. Swann, MSW, PhD, to our great enthusiasm, reprised from the 2004 Conference her presentation of the paper “Ego Psychology, Intersubjectivity, and Impasses: Evolution of a Therapist.” This was a wonderful professional education opportunity for members who did not attend the Conference as well for a few who did—and came back for this updated version! January 14th, Julia Knowlton De Pree, PhD, associate professor of French and chair of the Department of Modern Languages and Literatures at Agnes Scott College, read segments and discussed with us her recent memoir *Body Story* (Ohio University Press, Athens, 2004), speaking with and engaging us from the risky realm of her own physical and emotional struggle with distortions of body image, anorexia, and depression.

*See Area Representatives on page 17.*
News about Our Members...

In November 2004 at a ceremony in Washington DC, nine of our members were inducted into the National Academy of Practice and named: Distinguished Practitioners. They are: Sharon K. Farber, Carolyn Rosenthal Gelman, Constance O. Goldberg, Laura W. Groshong, R Keith Meyers, Ann B. Segall, Susan B. Sherman, Donna F. Tarver, and Jay C. Williams. Congratulations to all.

William S. Meyer, MSW, BCD, NMCOP past-president, has been named a recipient of the American Psychoanalytic Association’s Edith Sabshin Teaching Award in recognition of outstanding achievements in teaching psychoanalytic concepts to students other than psychoanalytic candidates. Meyer, an associate clinical professor in the Departments of Psychiatry and Ob/Gyn at Duke University, is a past recipient of the “Heart of Social Work Award” of the North American Field Educators and Directors. He is director of training for the Department of Social Work at Duke University Medical Center and he is on the faculty of the Psychoanalytic Study Center of North Carolina. (Photo taken from Inside, January 24, 2005, volume 14, 2)

NMCOP Develops a Continuing Education Website

The internet has become another way to provide training and continuing education to clinicians. One way that the internet can provide continuing education is through self-study programs. Self-study has become an acceptable way to obtain CEUs in over 35 states. NASW has established and approved CEU web training for social workers. As of February 2005, NMCOP has its own designated website.

Over the past few months, Ellanor Toomer Cullens, Area Chair Georgia and Public Relations Chair, has been engaged in discussions with Gibson Associates, a website developer, to ascertain whether NMCOP could develop its own site. With the help of Gale Meyer, NMCOP’s Web Manager and Cathy Siebold, Education Chair, we have been able to create a website for clinicians who are able to use self-study as means of obtaining continuing education credits. Gibson Associates, the website developer, has criteria for according credits to self-study courses and provides information about which states accept these continuing education credits. When possible, the CEU program will allow clinicians to purchase books from Amazon.com. Currently, NMCOP receives a small percentage whenever clinicians purchase books by going to the Amazon.com link at the NMCOP webpage.

The NMCOP website provides access to readings, training films, or tapes about psychoanalytic or psychodynamic theories and practices to clinicians interested in self-study. Upon finishing a reading, tape, or film, the clinician takes an exam and when the exam is passed, he or she is issued a certificate for the credit hours accorded to a particular course. The credit hours and cost are based on the time it takes to complete the material. Currently, we are focusing on books, particularly those written by social workers. In the near future, we are hoping to add published papers as well.

We are pleased to have a number of authors participating in this project. We are interested in hearing your ideas for material emphasizing psychoanalytic or psychodynamic theories and practices. If you have any suggestions, please contact c.siebold@att.net.

For those seeking to obtain CEU credits, the NMCOP website provides a link to the Continuing Education Website.
I had read one or two of his books. How exciting it was to get to know him and to learn so much from talking with him. I discovered that there was a certain pattern to his illness. He would enjoy, as many writers and other creative people do, a mild hypomanic state while writing, but after completing and submitting the manuscript, he would sink into a deep depression and have to be hospitalized, something which had occurred several times. That was the beginning of my long-standing interest in the relationship between creativity and mental illness and my career in the mental health field. I thought that my wish to be a writer was not to be fulfilled.

Some time later I got my MSW, then some years later trained with Gertrude and Ruben Blanck, Patsy Turrini, Joyce Edward, and Donald Kaplan. I loved writing papers, and at this time, began to develop a conception of the therapeutic action of psychoanalytic treatment. I jotted down some ideas but did not have the confidence to develop them further. I read many professional papers, and some of them were written by people I knew. I envied them their status as published authors and did not like the hateful way my envy made me feel and think. But still, I never submitted anything I had written for publication. After several years in a psychoanalytic study group led by Martin Bergmann, I decided to get my doctorate in clinical social work. Included in the application was an essay I had to write about why I wanted to get the doctorate, and I wrote that the primary motivation was to resolve a conflict or inhibition about writing professionally. (Feel the Fear and Do It Anyway, the title of a pop psychology book that I never read, came to mind.) I had struggled with my anxieties about writing over and over in my analysis, but I suspected that if I were required to write lots of papers and a dissertation, that experience might get me to do some more self-analysis to face and resolve the conflict.

It was much the same as what Freud (1926) recommended to patients who were phobic; put yourself in the situation that elicits anxiety and observe the thoughts that emerge.

Not only that, but I found her paper faulty along several critical lines, so I sat down and wrote a long letter to the editor about it. To my great surprise, it was published in the next issue of the journal as a short paper (Farber 1991). That was my first professional publication, painless for me because I did not send it out with the intention of being published.

In a research course for my doctorate, I discovered something that fascinated me, a very strong correlation between bulimic and self-mutilating behavior, but found nothing that might explain this correlation. In requirement for the degree, I had to design and conduct an empirical study and decided upon a study that might explain how and why these two self-harm symptoms were related. This very complex study took several years and became the adventure of a lifetime. My findings and their implications were, I knew, valuable, and I wanted them known, but the study was far too complex to write up as a journal article. I knew that dissertations are usually read only by the three people on ones dissertation committee, and once mine was defended, would sit on a shelf in the N.Y.U. library gathering dust. This dissertation (Farber 1995) deserved more and I began to play with the idea of turning it into a book. I had always wanted to write a book, but never really took that wish seriously. It was in the nature of a wishful fantasy that would never be realized. But I began to take it seriously. I had gotten my PhD late in life, and realizing the passage of time, I wanted it to have real meaning and functional value for others in the field. That meant writing for others to read, which translated into writing a book. Two publishing companies were interested and I signed a contract with Jason Aronson in September 1995, agreeing to submit the finished manuscript by September 1996. Once signing the contract I found myself so intimidated by what I had done that I wrote nothing for that year other than the book’s title and an outline. Then I wrote a clinical paper on the same subject (Farber 1997) and submitted it to the Clinical Social Work Journal. This publication was not nearly as painless as the first, but fortunately Carolyn Saari, editor of the journal, came to my rescue with very clear direction and useful criticism for revision. After two
revisions, it was finally ready for publication.

I had already joined a group for artists and writers, not yet identifying myself as a writer but as a psychotherapist with a personal and professional interest in the creative process. I soon began to realize that maybe I was a writer, but an "in the closet" writer. Coming out as a writer was a strange process. This group met monthly, and at each meeting, one member would present a current project, reading from a chapter he had written, or demonstrating a new painting technique. Some of them had well-established careers, with shows in galleries and books on the shelf at Barnes and Noble. The meetings were fascinating and fun. When I got my book contract, the support I received was wonderful. Finally it was my turn to speak about my project, this book I was supposed to be writing but was not writing. I had even begun very tentatively to identify myself as a writer, half expecting someone in the group to contradict me.

"You're no writer! Who do you think you're fooling?"
The day before my presentation, I panicked. There was not even the beginning of a first chapter to tell them about. Would I open my mouth only to reveal myself publicly, not as a writer, but as a fraud or a liar? That thought was just what I needed to begin my first chapter the day before the presentation. Years of free association have made me pretty honest and straightforward, so the following day, I told them the story just as it happened, a true confession. To my surprise, they howled with laughter, the laughter of recognition. I discovered that so many of them had thought of themselves as frauds early on, and had the same difficulty in thinking of themselves as artists or writers. I had joined the fellowship.

While writing my book, I imagined that no one would ever read it or buy it, alternating with fantasies that it would sell like hotcakes, or at least like Gone With the Wind. The writing took around three years, three years that turned my life upside down as I found that I loved writing, that it made me feel happier than just about anything else. I stayed up late writing when I was on a roll. (I recently discovered that I have a case of what Edgar Allan Poe called "the midnight disease" or hypergraphia, when the urge to write could strike late at night or the wee hours [Flaherty 2004]). I loved the process of writing even more than the idea of being published, which made me anxious. I really did not want the writing to end, and so I procrastinated submitting the final manuscript. I wanted to remain pregnant with the book but did not want to deliver this baby into the world. Perhaps not everyone would love it as I did. Perhaps I would be harshly criticized. Despite my best efforts to deal with the very complex issues of writing about one's patients, I worried that writing about them might affect them adversely. I worried that perhaps some colleagues would envy and hate me for having written a book, just as I had envied and hated others who were published. I identified with the novelist patient who took a nosedive into a major depression when he delivered his "baby," and I was afraid.

But finally I submitted the extremely long manuscript. This was a very big baby. (When you've had a lot to say for so long, but never get to write it, it builds up.) There was a sadness, a feeling of loss, but along with it great pride. I had had so much to say for so long, and finally could articulate it on the page. I had even included and further elaborated on my concept of the therapeutic action of psychoanalytic treatment (Farber 2000, pp. 493-496), the concept I had been thinking about since 1977, when I trained with Gertrude and Ruben Blanck, Patsy Turrini, Joyce Edward, and Donald Kaplan. The publisher edited out four whole chapters, telling me that I really had two books there. Puzzled, I asked what the second one was but he said that I would have to figure that one out myself. After awhile I did and decided that I would write a second book on ecstatic experience, which is in the works. And in the midst of all this, I realized that I really had been a writer all along, but now had become a published writer.

I came across a paper by Jill Scharff (2000) that just astonished me. It was as if she had been alongside me throughout this personal evolution and had written the paper just for me. It may speak to some of you in the same way. In considering the preconscious and unconscious constraints about clinical writing that clinicians impose upon ourselves, she said:

They may rework a piece of writing endlessly in the hope that it will be perfect. Having finished it, they may hold it too dear to let it go to the publisher. They may foreclose the possibility of writing a good enough paper or book by unrealistically expecting their written work to make them rich, famous, respected, admired, loved, on the one hand, or criticized, envied, and hated on the other. Worst of all, perhaps, is the fear that after going through all it takes to produce a text, they (and their work) may be ignored. (Scharff 2000, p. 433)

Scharff concluded that writing has many and varied meanings, conscious and unconscious, for the analyst who would also be a writer. She also stated that "thinking about the impact of writing, preparing for it, evaluating social constraints, and analyzing internal inhibitions can

See Write on page 14...
free clinicians to take their place as contributors to the literature, to the benefit of present and future analyses and therapies." Then I read another paper that just about took my breath away, Caroline Ellman's (2000) paper, "The empty mother: women's fear of their destructive envy." Ellman maintains that envy is a universal part of female development with more or less destructive effects on a woman's personality. She has found that guilt about these envious feelings often leads to profound inhibitions and masochistic behavior, but that interpreting a woman's fear of her destructive envy can free her to be more creative. Ellman too was speaking to me. As I had become more consciously aware of my destructive envy, I felt less guilty and more entitled to my creativity and ambition. And with this, I felt less envious of others; a lighter, wonderful freedom, and it became easier for me to tolerate others' envy of me. (For an absolutely hilarious laugh-out-loud account of a writer's envy of other writers, read the chapter that Anne Lamott (1994) calls "Jealousy" in her book, Bird by Bird: Some Instructions on Writing and Life.) Despite having gotten a late start, I write a lot professionally, more than I ever imagined I would. I have even written a paper about the process of writing and about introducing writing into psychoanalytic treatment (in press). After all the years of writing in relative isolation, one of the wonderful pleasures of publication is that it has brought me in contact with so many interesting people I would otherwise not have known and has opened up some lovely opportunities. I enjoy being a mentor of sorts to others who have begun to write, a new role which I welcome. As I get older, it is a comfort to know that my publications will remain after I am gone. And I hope that sharing my struggle to write will tap into your response (Sharon_Farber@psychoanalysis.net).

Sharon Klayman Farber, PhD, BCD, is in private practice in Hastings-on-Hudson, NY, specializing in child and adolescent treatment and in treatment of people with eating problems, self-injury, and other mind-body disorders. She is the author of When the Body Is the Target: Self-Harm, Pain, and Traumatic Attachments (Aronson 2000, 2002), and several other publications. She is on faculty at the Cape Cod Institute and the Training Institute of the Westchester Mental Health Association. Visit her website, www.Drsharonfarber.com.

References


extraordinary journey, one of steely determinism, and diabolical humor. A sample: "When I was 5, Grandpa disappeared just as suddenly as Dad. Lots of grown-ups came by and sat in the living room, everyone ignoring me. He died of a bleeding ulcer in his stomach they said. I imagined blood gushing into grandpa’s stomach but I wasn’t sure why that would make someone die. I heard one of the visitors mention that before you die you change color. That was a clue. I went into the bathroom and stood on the toilet seat so I could secretly stare into the mirror and check my color . . . Children don’t disappear without warning, do they?"

Scalded and scolded by a cousin who chastised her for playing while her mother was “critical,” Francine didn’t know what that meant. So she went to the dictionary to look it up. It then became a Rubik’s cube of going back to the dictionary to look up other words in the definition all leading to “a fruitless search for meaning.”

In one of the most heart-breaking moments in the book, it befalls the author (age 11) to break the news to her sister (age 7), that their mother has died. It happened weeks ago and no one told Alexis. They were excluded from the funeral (“too young”). It is up to Francine to devise a strategy that will spare Alexis the suffering she feels, so she does, by painting a rosy picture of heaven.

These vignettes are microchips. They contain all the information to see how this child searched for meaning in a world that provided none, left her abandoned, bereft, and betrayed, ultimately became a physician and then found her true niche as a psychiatrist. After her mother died, Francine went to school every morning, eager to show her teacher, her “projects.” One of these projects was a cardboard model of a hospital, complete with an elevator, operated by a string. Reading this, I winced at the profound pain that inspired this creation. I also smiled, remembering at a similar age I tried to make a typewriter out of cardboard, but I couldn’t get it to type. This was a very special kid.

It is through the lens of her clinical work with patients that she finds the answers she’s been searching for. Francine Cournois is now a doctor in a real brick and mortar hospital with hydraulic elevators. A woman gets admitted for end stage breast cancer. Time traveling from present life and death situations to past scenes of early loss, the author finds both words and explanations. The deficits of childhood became the life’s work: to heal, and to provide explanations, to tell the truth as gently as possible.

The work of E. James Anthony on The Invulnerable Child, highlighting the ego and “the mechanisms of resilience” speaks of the mastery, coping and competence skills that these children possess. These “invulnerables” are not necessarily so—but they have had cumulative trauma which affords them inoculation immunization.

Although each of these books is unique in its own way, both highlight the same theme: children are not empty vessels incapable of feeling and detecting hidden communications. They do NOT “hear no evil, see no evil and speak no evil.” They hear it and see it all and feel they are to blame. Both authors pay a price in having to be the carriers of the family trauma, but both get into good treatment relationships and attract loving husbands. Finding a sense of safety that eluded both of them in the formative years of childhood, they both found it and themselves as adults. Both go onto rewarding careers, have a child, and enjoy their lives. As Francine Cournois writes, “My adult life was as fortunate as my childhood was ill fated.” For both, the ability to produce a narrative is part of healing. These books are a testament to the power of strength because of adversity, against overwhelming odds. They should be read by everyone. They are not only timeless, they are timely. Since writing this, the tsunami has happened. What does the mother interviewed on TV who recounts her harrowing “Sophie’s Choice” story of holding onto her younger child, and letting the older one go, tell him now that he was found, alive? Lessons learned: lies, even well-intentioned, do not protect, myths scar, and only the truth, handled with care, sets you free. Early loss in childhood leaves a forever hole.

Lynn Lawrence, CSW, is in private practice in Queens and Manhattan. She is the author of numerous articles, and movie and book reviews. She is an affiliate of the Center for the Study of Anorexia and Bulimia.

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www.tof.org
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state legislation and accompanying regulations intends to ensure that clinical social workers who are qualified to practice psychoanalysis are protected from any restrictive new laws regulating psychoanalysis. Strategies differ from state to state. As examples, in New York, psychoanalysis is specifically mentioned in the scope of practice for licensed clinical social workers (LCSW). On the other hand, in New Jersey, it has not been specifically mentioned in the LCSW statute. We are currently reviewing regulations in both states to ascertain that social workers are not adversely affected by new regulations.

We will continue to work to support clinical social work psychoanalysts and psychoanalytic psychotherapists wherever possible, whenever legislation is introduced that impacts upon our profession.

Healthcare

Given our nation’s growing discussion about the short-comings and failures of our healthcare system, we anticipate that public policy initiatives will be arising which could profoundly affect the way in which we practice our profession. As a member of the NMCOP, you will be kept informed regarding any proposed legislation that could affect us as practitioners and any actions NMCOP may support.

Cooperative Efforts

NMCOP is an active member of the Psychoanalytic Consortium that is composed of the NMCOP, The American Academy of Psychoanalysis, The American Psychoanalytic Association and Division 39 of the American Psychological Association. Our strong presence allows us to continue to have the parity and leverage we need.

Members of the NMCOP, along with psychoanalysts of the other disciplines, serve on the Board of the Accreditation Council for Psychoanalytic Education (ACPE), an organization created by the Consortium. Among the standards guiding the accreditation process is the requirement that institutes allow qualified psychoanalysts of each of the disciplines to serve as supervisors, faculty and training analysts. The NMCOP has worked diligently over the years for this type of parity among the mental health disciplines.

NMCOP Efforts

NMCOP’s newsletter, published three times a year, under the sterling editorship of Donna Tarver, includes clinical papers, book and film reviews, news about regional events, and updates regarding our challenges and accomplishments as an organization. We encourage all of our members to contribute to our newsletter.

We also have a listserv now, thanks to Joel Kantor, our Moderator. On our listserv, in addition to articles, referrals, and announcements about conferences and other professional events, you will also find current updates concerning important issues that affect us politically or socially, as individuals or as an organization. You are also welcome to post your own questions or information, and to discuss various issues with your fellow NMCOP members.

We are currently working to develop smaller, regional programs, in order to facilitate and encourage more local involvement on the part of our members.

As the NMCOP has evolved, its educational activities have become increasingly important. Many of the clinical social workers who support the NMCOP work in traditional social work settings and/or teach in graduate schools of social work, and are concerned about the lack of clinical content in social work education, and inter-
ested in the application of psychoanalytic concepts to social work practice.

In response, in 1990 the NMCOP established a National Study Group that promotes psychoanalytic social work writings and education. Among the group’s past accomplishments are two books, *Fostering Healing and Growth: A Psychoanalytic Social Work Approach*, and *The Social Work Psychoanalysis's Casebook: Clinical Voices in Honor of Jean Sartre.*

The newly appointed co-chairs of the National Study Group on Social Work and Psychoanalysis, Drs. Eda Goldstein and David Phillips, are individuals with extensive experience in psychoanalytic training, and both work in traditional social work settings, and in graduate social work education. The other members of the Study Group represent a national cross section of senior practitioners and educators with a similarly broad range of experience. The group is planning projects which will advance its previous accomplishments: the conceptualization of how social work values and practice may affect psychoanalysis, as clinical social workers become the major group of analytic students and practitioners, and, the illustration of ways in which the concepts and techniques of psychoanalysis can enrich the education and practice of clinical social workers in all settings.

Our 2004 conference in New York City was a great success, thanks to the hard work of Penny Rosen and Miriam Pierce, and we hope that you will plan to join us at our next conference, *The Examined Life,* to be held at the Swissotel in Chicago, March 8–March 11, 2007. Planning a conference is a lot of work, and we can always use plenty of volunteers!

As you can see, we have been, and continue to be, a very active organization, and, as a member of the NMCOP, you are cordially invited to join in any of these activities. To learn how, simply contact an officer or an area representative, all of whom are listed on the back cover of this newsletter, and let them know how you would like to become involved.

Given our expanding organizational aims, and with so much on the horizon this year, it is especially important that we increase NMCOP’s membership. As you can see, there are many compelling reasons to rejoin NMCOP, and to urge your friends and colleagues to join as well, so that they can lend their strength to ours as we pursue our ambitious agenda, while enjoying the many benefits offered to our members.

So, please join us as we come together, and let our efforts radiate outward, adding to and supporting a deep concern for humanity, with our knowledge and compassion.

For the February 18th program we will feature Jill Dimond Rosenberg, MSW, Chief Social Worker in the Department of Psychiatry at The Emory Clinic, presenting “An Introduction to Cognitive Behavioral-Analysis System of Psychotherapy: Technique and Theoretical Antecedents,” segueing into a discussion of comparisons with various contemporary psychoanalytic theories. CBASP has its roots in interpersonal theory, particularly learning and transference hypotheses. Later in March, our program will feature Atlanta-based award winning journalist, columnist, and author John F. Head, also an alumnus of the prestigious Rosalyn Carter Fellowship for Mental Health Journalism program, speaking on his recently published, critically-acclaimed book *Standing in the Shadows: Understanding and Overcoming Depression in Black Men* (Random House/Broadway, New York, 2004). Discussant for this event will be Dorcas Davis Bowles, MSS, EdD, Provost and Vice President for Academic Affairs at Clark Atlanta University. And for the program in April we are pleased to host a return of Dale W. Dingleidine, MSW, PhD, speaking on “Spirituality in the Psychoanalytic Psychotherapy ‘Hour’.” Earlier this winter she presented this program to *The South Carolina Society for Clinical Social Work,* so we’re pleased to welcome Dale again as a speaker and to delve into this fascinating subject.

Another project we’ve just begun is the creation of the one of the chapter’s Program Committee members Cathy Duke, MS. Dubbed “Pop(corn) Psychology,” this quick-and-easy program organizes a weekend afternoon activity where we view a film of particular psychodynamic interest currently showing in local theatres, then discuss it afterward. With input from members welcomed, a movie/theatre/showtime is selected, as well as a facilitator for the discussion and a coffee house or café in which to meet. We include family, friends, and members who already may have seen that particular film, but want to come along for the discussion. We credit much of the

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**Area Representatives, continued from page 10**

...See *Area Representatives* on page 18...

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**It’s Never Too Early to Save the Date!**

The 10th National Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work will be held in Chicago

**March 9–11, 2007**

*(Pre-Conference on March 8)*
inspiration for this simplified project to reports from Betsy McConnell's wonderful "Luminous Psyche: Selected Films of Max Ophuls" series in Seattle a few years ago, and the showing/discussion of the film *La Leon de Piano* at our last national conference.

We look forward to continued growth in the Georgia Chapter, and are hard at work as I write this report planning for the next year. However, we ALWAYS will make room for a program featuring a colleague from NMCOP's Ambassadors' Program, so please consider this and let us know if you will be in the Atlanta area and would like to meet with us!

Most other chapters were just getting their program years started as the Newsletter deadline arrived, but we hope to hear more in the coming months.

Best wishes to you all,
Ellanor Toomer Cullens, MSW
Georgia Area Chair and
Member-at-Large Representative

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**Aims & Purposes of the NMCOP**

- To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.

- To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.

- To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.

- To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.

- To advocate for the highest ethical standards of practice and for quality mental health care for all.

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**Psychoanalytic Sites on the Web...**

- **[www.nmcop.org](http://www.nmcop.org)**
  National Membership Committee on Psychoanalysis in Clinical Social Work

- **[www.psybc.com](http://www.psybc.com)**
  PsyBC — Symposia with panel discussions of psychoanalytic papers

- **[www.apsa.org](http://www.apsa.org)**
  American Psychoanalytic Association

- **[www.psychoanalysis.net](http://www.psychoanalysis.net)**
  The Psychoanalytic Connection—Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA & the Analytic Press

- **[www.psychematters.com](http://www.psychematters.com)**
  A collection of information for psychotherapists

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**Spring/Summer Issue...**
Deadline for submissions is April 15, 2005
National Membership Committee on Psychoanalysis in Clinical Social Work, Inc.

2005 MEMBERSHIP FORM

Last Name: ___________________________  First Name: ___________________________  Degree: ___________________________

Home Phone (optional): ___________________________  Office Phone: ___________________________  E-mail Address: ___________________________

Cell Phone: ___________________________  Fax Phone: ___________________________  Office Ext: ___________________________

May we include your e-mail address on our website? □ Yes  □ No  (If left unchecked, you will NOT be included)

Would you like your email included on our list serve? □ Yes  □ No  (If left unchecked, you will NOT be included)

Address(es) you prefer included in COP membership directory: □ Home  □ Office  □ Both

Home Address (optional):
Office Address:
Mailing Address:
Graduate School Attended:
Post-graduate Training:

What is your client population (check all that apply)? □ Children  □ Adolescents  □ Young adults  □ Adults  □ Older adults  □ General

In which of the following practice areas do you have special interest (check all that apply)? □ Chemical and other addictive behavior  □ Disordered eating and body image  □ End of life care  □ Critical incident stress debriefing  □ Forensic evaluation and treatment  □ Mediation

With which modality(ies) do you work (check all that apply)? □ Individual  □ Group  □ Couple  □ Family  □ Community

MEMBERSHIP CATEGORY (check one)
Please make check payable to: NMCOP

□ $65 General Member

□ $55 New Professional (new members may join for up to 2 years if they are MSW students having graduated 3 years ago or less)

□ $55 Retiree

□ $50 Student (please send copy of full-time MSW student ID)

□ $55 Friend

OPTIONAL CONTRIBUTION TO NIPER AND NMCOP CONFERENCE
Please make check payable to: NIPER

□ Yes, I would like to make a tax deductible contribution in the amount of ________________________ to NIPER (National Institute for Psychoanalytic Education and Research) and the NMCOP Conference.

Membership runs from January 1 through December 31 of each year. Please visit our website at: www.nmcop.org.

→ Members joining by March 31st will be included in the 2005 Membership Directory.

Mail this form and dues/donation to:
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