

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

Associated with The Clinical Social Work Federation

Winter 2002

## From the New President...

As I write my first message to the members as President of NMCOP, I am reminded of a short parable, a favorite of mine. A student meandering across the university campus was heavily burdened in thought. All these years of study and still the student did not know for certain what direction to take in life. Nothing seemed to hold guarantees, everything seemed so risky, and held uncertainty. Finally, with a sudden surge of energy, the student remembered a wise and respected teacher, a mentor. Deciding to seek solid advice the student set out to meet with this knowledgeable professor and get the sought after answers. The professor answered the door to the student's anxious knocking. Upon hearing the student's dilemma, the professor smiled and sighed — all my life I have asked myself the same question and wondered where to find the answer. Please, come and join me at my table and share a meal with me. Like the student in this story, I am awed by the risks and uncertainties of life.

Like the professor, I am flattered when someone thinks I might actually know the answers, but I am no longer worried that I do not. What I have learned is that a firm set of values and principles can carry a person through the most complex and difficult situations. It is this which becomes a guide, even in the dreaded face of ambivalence and ambiguity.

I follow in the footsteps of my predecessors, the former presidents who have led the NMCOP from its inception, through many challenges to its present state. When I came to the NMCOP Board, David Phillips was President. His scholarly professionalism coupled with his wit and broad vision was an inspiration to me, as, I imagine, he was to all of our members. Bill Meyer is the Immediate Past President. Bill's gentle kindness, together with his patience, intuitive sensitivity, and energy not only made him a great leader, but also a wonderful mentor for me as president-elect. These men and the people who preceded them, together with a great group of Executive and Advisory Board members, and the Study Group, have generated a growing and vibrant organization. The present Boards, together with the support of both David and Bill, continue to be a stimulating group of exciting people who are challenging and creative. The thriving spirit of the group is augmented by members whose interests have enriched our organization. When, for example,



### **PRESIDENT'S MESSAGE**

*Barbara Berger, PhD*

#### **In this issue...**

From the President-Elect .....	2
From the Editor .....	3
Study Group .....	4
Area Representatives' Corner .....	5
One Student's Perspective .....	9
Book & Film Reviews .....	10
Interview with Joe Palombo .....	19
A Tribute to Gertrude Blanck .....	20
Women in the Millennium .....	23
A Profile of Joyce Edward .....	25
Suggested Readings on Trauma .....	26

*See President's Message, page 18...*

I am proud and honored to become part of a tradition of leadership which is deeply rooted in our social work and psychoanalytic history. From this tradition, we are provided with a frame for a creative approach to our current and future needs. I want to thank the NMCOP for the opportunity to serve as President Elect. I hope in the years ahead I will prove productive and creative, deserving of your confidence and good will. I thank Barbara Berger for all her help in orienting me with assistance and advice. I also look forward to working with our Board, which has a collaborative spirit and high standard of competence. And I look forward to working with the Area Chairs who know how to work hard and have fun doing it. I wish to thank our Board and Area Chairs for their dedication of time, interest, effort, sound thinking and creative energies. We are off to a good start as you will see from Area Chair reports.

I should like to begin with a list of goals for us to work toward in the next two years, while knowing that we can never anticipate what reality will bring.

- **Community and Communication.** To function as a community we need to develop better ways to communicate with one another in a timely fashion.
- **Establishment of more short-term online workshops and/or issue-related meetings** so that we can get to know each other better intellectually.
- **Development of different ways to help each other in our practices.**
- **Integration of the meaning and benefits of belonging to a broader psychoanalytic social work community** through the Psychoanalytic Consortium, the Federation of Clinical Social Work, the American Board of Examiners, academia, colleagues, and friends.
- **Assistance for a new generation of NMCOP members** to take their place in governance, in Conference planning, in the Study Group.
- **Consideration of writing a history** of the NMCOP.
- **Continued development of strategic alliances** and expansion of our political influence to provide effective advocacy.
- **Development of a national media strategy.**
- **Consideration of smaller, regional, or more frequent conferences,** forums where we can feel comfortable discussing our clinical and theoretical concerns with our peers. The healthy growth of the NMCOP depends upon maintaining an open dialogue with broad participation. We are always looking for creative ways to encour-

age ongoing professional contact, exchange, and stimulation.

- **Opportunities and challenges for the expansion of psychoanalysis** in the education of graduate level social work and in undergraduate schools.
- **Formation of alliances and increase of our “friends”** — professionals whose developmental path has brought them to psychoanalysis and psychoanalytic psychotherapy via other routes than social work. We should inform our colleagues, teachers, and students/candidates who have backgrounds from psychology, psychiatry, nursing or the humanities prior to analytic training that they are welcome as “friends.”

## *The World Trade Center Tragedy*

Abnormal normalcy has settled in.

A quotation that I have found valuable is from the timeless Eleanor Roosevelt, “You Learn by Living” (1980): “Courage is more exhilarating than fear and in the long run, easier. We do not have to become heroes overnight. Just a step at a time, meeting each thing that comes up, seeing it not as dreadful as it appeared, discovering we have the strength to stare it down.”

Since September 11th, analysts and patients have lived in a shared reality of external trauma. The result of this overlapping reality could be confusing and disorganizing for both analyst and patient. Omitting or ignoring the reality of the overlapping may perpetuate diverse forms of enactment that serve to conceal massive defenses against intense unprocessed affective states.

In the aftermath of the World Trade Center attacks, social workers and psychotherapists are aware that the value of our long term approach is being recognized, rather than continuing the sole reliance on pills and quick abbreviated debriefing. Social work psychoanalysts know how to identify symptoms of trauma as well as “normal” reactions to an “abnormal” situation and how to intervene in a way that supports the adaptive functions. As social work analysts, we understand that every experience, every event, every loss is felt through our own unique particular life experience. It is our own history, our own early life losses and traumas (unconscious and conscious), and our experiences with our family that shape our ability to adapt to change and to recover from tragedy. We understand the interplay between internal

*See President-Elect on page 18...*

# from the Editor...

Best New Year's Wishes to all of our readers! We are looking forward to seeing you all at our Conference in Chicago in March. Barbara Berger and her conference committee have worked tirelessly to put together a conference that we can all be proud of and look forward to. Thanks to all who are working so hard on this.

We are particularly pleased because the number of contributors has more than doubled with this issue. The Advisory Board and the Areas made a significant contribution and let us know what is going on with our members around the country. I was happy to receive a *Letter to the Editor* from Jonathan Lebolt and hope that this is only the first of many that I will receive. Diana Siskind again has brought us three outstanding Book Reviews all written and reviewed by our members.

Congratulations to the Southern California Area on their new book edited by Ellen Ruderman and Jean Sanville which has grown out of their lecture series *Women in the Millennium*. We have included an article on its development and content. Please note the Jean Sanville Writing Award being offered by the Southern California Area for *Excellence In Clinical Social Work*.

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

Thanks to all contributors to this issue: Don Arnold, Rosalyn Benitz-Bloch, Barbara Berger, Ellanor Toomer Cullens, Joyce Edward, Margaret Frank, Anne Gearity, Judy Kaplan, Jonathan Lebolt, Bill Meyer, Ellie Muska, Ellen Ruderman, Jean Sanville, Dennis Shelby, Cathy Siebold, Diana Siskind, Patsy Turrini, and Audrey Thayer Walker. ■



Donna Tarver,  
Editor

## Letter to the Editor:

Kudos to Billie Lee Violette for her response to Ellen Ruderman's article on "The link between early clinical social work theory and contemporary psychoanalytic concepts..." in the Winter Newsletter.

It was gratifying to read an article by someone who is integrating psychoanalytic and social work theory in an intellectually exciting way. This article was clearly written by someone who is both an analyst and a social worker, not merely an analyst who happens to have an MSW. The article made me feel glad to be a new member of NMCOP, and it inspired me to return to adjunct teaching.

One of the reasons I had left teaching was my disenchantment with the increasing emphasis on "generic" practice at social work schools. Ms. Violette helped me see that I can do my part to combat that shift by imparting psychoanalytic theory to my students.

Jonathan Lebolt, PhD  
Graduate analyst,  
Psychoanalytic Psychotherapy Study Center  
Private Practice, NYC

The NMCOP newsletter is published three times yearly in February, May and October. Deadlines for submissions are January 15, April 15, and September 15.

**Please address the newsletter at:**  
NMCOP Newsletter • Donna Tarver, Editor  
5924 Royal Lane, Suite 216, Dallas, TX 75230

**Fax:** 214.692.6572 **Phone:** 214.691.2171 **E-mail:** dftarver@msbell.net

**NMCOP Newsletter Advertising Rates**

Full Page	7 1/2" w X 9 1/2" h	\$700
1/2 page vertical	5 5/8" w X 9 1/2" h	\$400
1/2 page horizontal	7 1/2" w X 4 3/4" h	\$400
1/3 page vertical	2 5/8" w X 9 1/2" h	\$300
1/3 page horizontal	5" w X 4 3/4" h	\$300
1/4 page vertical	5 5/8" w X 4 3/4" h	\$200
1/4 page horizontal	7 1/2" w X 2 5/8" h	\$200
1/6 page vertical	2 5/8" w X 4 3/4" h	\$150
1/8 page horizontal	5 5/8" w X 2 5/8" h	\$100

*Please note changes in ad sizes. Contact the editor for complete ad specifications.*

## Fostering Mature Relationships: Some Ideas Derived from Attachment Theory

In the aftermath of the horrific events that occurred on September 11th, the need for connection with others has been discussed in professional and popular literature. The desire for connection, however, is elusive for many of us and so we also hear of newfound relationships or reestablished connections that fail to thrive as time gives distance to the losses that we shared in September. One aim of therapy is to use the therapeutic alliance to encourage a process of mature relatedness with our patients. Attachment theory and research provide some insight into the development of the capacity for relatedness. Three aspects of attachment theory that I believe are useful in fostering mature relationships are the concepts of the establishment of a secure base, the significance of reunion with an attachment figure, and the process of mentalization.

First developed by Bowlby, a British psychoanalyst who began his training during the 1930s, attachment theory asserts that the need for connection is innate. Bowlby believed that Freudian theory with its emphasis on drives and intrapsychic processes ignored the environmental factors contributing to personality development. He believed that the only innate drive was attachment seeking and that a secure attachment was necessary for healthy social, emotional and cognitive development.

Despite its origins within the context of The British Psychoanalytic Society of the 30s and 40s, attachment theory did not receive much attention from the analytic community until the 1970s. Its fate might be attributed to a lack of attention by American psychoanalysts to all interpersonal theories (Mitchell, 1999). Its emergence, however, has lagged other theories such as object relations and self psychology. Holmes (1993) states that Bowlby was interested in researching infant and mother interactions and he was less attentive to applying his findings to the clinical situation. Moreover, unlike other relational theorists of his time, Bowlby emphasized behaviors rather than intrapsychic processes. As attachment theory continues to evolve, greater attention has been given to the mental processes associated with observed attachment behavior and to the application of these ideas to the therapeutic action.

According to attachment theory, infants form a model of attachment based on their experience with primary caregivers. Although the model of attachment formed

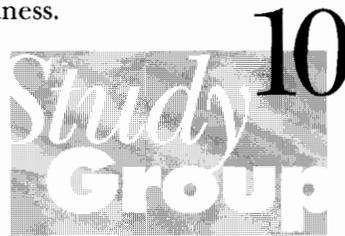
during infancy is the most enduring, other experiences can amend or add new attachment models. Most social workers are familiar with the models of attachment behavior categorized as secure, avoidant, anxious or disorganized. Until recently (Main, 1995) it was assumed that attachment models other than secure ones were 'insecure.' This construction suggests that there is a limited or weaker attachment occurring. Current theory asserts that attachment is a given and that the model rather than being insecure or weaker is instead a powerful, defensive strategy designed to preserve the connection to the attachment figure.

Even the seemingly isolated or disconnected patient may be powerfully attached to an internalized, idealized object. For example, the child who experiences continual rejection from the attachment figure will in all likelihood develop an avoidant style of relating to sustain the connection with the rejecting object (Bacciagaluppi, 1994). One patient of mine would often engage me in enactments that felt to me to be

filled with hate and victimization. Initially, I thought of her actions as pushing me away or resisting treatment. As I began to think of her behavior as a means of sustaining her attachment to her abusive mother, I was able to respond differently. Instead of trying to soothe her anger or interpret it, I allowed it to occur and waited for her to begin to question her behavior toward me. What she noted was that although I was not rejecting her, she kept treating me as if I was. She also recognized that her interactions toward me were similar to those with her mother but that I did not behave like her mother. These insights, which took place over the course of several years, allowed her to begin to talk about her behavior and perception of experience as she also altered her interactions with me and became more secure in her attachment to me.

Patients who act ambivalent, avoidant or disorganized in their interactions convey something about their model of attachment. But it is only over time that we can begin to understand what is being preserved by these interactions. Sometimes the adult child's continued interactions with the original object of attachment can be a powerful inhibitor to internalizing a new object experience, particularly if both parties continue their investment in the relationship. Jack, for example, came to treatment during his divorce. He was anxious and overwhelmed at the failure of his marriage. He didn't understand what had

*See Fostering Mature Relationship on page 16...*



by Cathy Siebold, DSW

# Area Representative's

Corner

By Ellie Muska

I am the area chair for the State of New Jersey. I also hold an elected position on the Executive Committee as one of the two Members-At-Large. This is a new position of which I am serving my second year of a two-year term.

The positions of Member-At-Large were created because the Board and the Area Chairs felt there were not enough opportunities for communication between the membership, the Advisory Committee (which is constituted of all the area chairs and chaired by the President-elect), and the Executive Committee. Hence, my function as a member-at-large is to help facilitate this communication and contact. In this way, I act as liaison between the Advisory and Executive Committees. I've had some exciting discussions with many people in these groups, related to enhancing communication and contact, in more direct ways, with our overall members. In that spirit, I write this column.

Our Executive Committee puts a great deal of energy into the many needs of our organization. They make decisions concerning political advocacy, finances, research and education, and how to assert our interests with other related organizations, such as, the Board of Social Work Examiners, the Federation, the Psychoanalytic Consortium, as well as, federal and state political advocacy groups. Because of these efforts, psychoanalytic social work is a respected field of study.

The Advisory Committee puts their energy into supporting both the Executive Committee and the membership. They provide valuable information about the direct needs, problems, concerns and accomplishments related to our specific member chapters around the country. They provide reactions to and feedback about specific issues the Executive Committee may be addressing. There have been times when the Executive Committee has requested that they talk with the members in their areas about a specific issue that was on the table and used that feedback in coming to a final decision.

One of the most recent issues we have been grappling with, by way of example, is related to membership. We have seen a drop in our membership and have had many discussions about the reasons for this. The two primary reasons we have deduced are: 1) membership fees for the state societies in clinical social work and NMCOP dues can be unwieldy, given that some states require payment of union membership dues; 2) many psychoanalytically interested social workers aren't aware of the need for and

benefits of our organization. We are addressing this on many different levels, including making a change in our by-laws for a "New Professional" category. This means that someone who is less than three years post-graduate can join the NMCOP for up to two years without having to pay his/her Society dues.

Even this Newsletter has been expanding to include a broader perspective on our organization and the people in it. Hence, we need to include all of you in this broader perspective. If you haven't already done so, please contact the Area Chair for your state and let her know how this organization could better meet your needs, what you feel is working, and especially what you can further offer given your time, expertise and experience. Please forward letters to our Editor on any topics. And, I had an additional idea. Please, write an article to contribute to this newsletter. Although it can be about anything relevant, I was thinking specifically about your thoughts on psychoanalysis and social work, as well as, social work and psychoanalysis. It could be about who we are, how we are perceived, why we need (or not) to develop our own identity, what our relationship should be to other social work organizations and the psychoanalytic community. Your input is vital. And I'll tell you why. Because we need to continue this rich dialogue beyond the leadership within our organization. We need the voice of our membership to continue the already good work by the people within the leadership. I believe that we all can do better at facilitating communication reciprocally between the members at large and the leadership. ■

## Report From the Advisory Committee

One recent accomplishment in COP long sought-after by Area Chairs is the establishment of the Provisional level of membership for new professionals. Of late, we have begun exploring the most judicious, effective ways to manage and use COP funds available to local chapters, shepherded by Ellie Muska, NJ Area Chair and at-large representative to the Executive Board. Another prominent item of business in our conference calls is exploring

*See Area Representative's Corner on page 6...*

means for ever-improving communications with and between members. The topics generated within our meetings are, in turn, communicated directly to the Executive board through our elected member-at-large representatives, Ellie and Ellen Ruderman, Southern California Area Chair, and conference call moderator Judy Kaplan, President-Elect.

The then-recent events of 9/11 served as a catalyst for the conference call meeting of September 19, 2001, without becoming the focus. Both as a very compatible working group and as colleagues from around our nation reflecting the geographic, professional, and personal diversity of NMCOP we joined with Judy Kaplan and Marilyn Schiff of New York, Ellie Muska of New Jersey, Margaret Frank of Massachusetts, and Audrey Thayer Walker of Washington, DC, in pondering the impact and implications of this trauma for our clients/patients, our areas, and ourselves as clinicians. Please note that there is an opportunity added onto the 2002 Chicago conference schedule to address issues related to 9/11. Many of us recalled that the World Trade Center Marriott was the gracious and welcoming site of NMCOP's 7th National Conference.

## **CHAPTER REPORTS...**

### **Georgia**

The de facto steering group in this chapter were all touched by illnesses or major surgeries in 2001 — resulting in an absence of formal meetings or programs. This reveals our vulnerability as a viable chapter and points to our first order of new business: a meeting with current and prospective members to determine what we want to be and how to get there, planned for later winter/early spring in Atlanta. We continue to grow in numbers, presently at 17 plus. Some other development has occurred, however, such as beginning to strengthen ties with the Georgia Society for Clinical Social Work and with psychoanalytic organizations and institutes in Atlanta and Savannah. The information shared in Area Chairs' meetings has been very helpful in normalizing Georgia's experience as one that is having growing pains common to most new chapters.

### **Illinois**

All efforts are directed toward pulling off what promises to be an outstanding conference in Chicago. Hats off to Illinois!

*Dennis Shelby, Illinois Area Chair*

### **Minnesota**

Under the leadership of Hilde Gasiorowicz, the Chapter continues its bimonthly format of gathering for a light supper and a "heavy" program! The theme for 2001 was *Implications of Failure of Attachment*. Hilde adds that "it has been a successful year. We keep growing and have close to 40 members now [note: The Minnesota Chapter productively invites members from fields other than social work]. We have representatives in all activities in which the various psychoanalytically oriented organizations are participating. Being small and informal, we can provide an environment for presenting evolving material, perhaps to be honed and later presented to a larger audience. We welcome opportunities to think together with our presenter and offer feedback." Minnesota also sends members a very informative newsletter and holds a local conference in years alternating with the NMCOP National Conference.

*Hilde Gasiorowicz, Minnesota Area Chair*

### **New Jersey**

The NJ Chapter of the NMCOP has been conducting an on-going peer study group for the past two years. Last year we had an in-depth study of Jessica Benjamin's *The Bonds of Love*. We invited Jessica Benjamin to meet with our group. This meeting took place in January of this year. We all had a wonderful time as we played together with the author herself.

*Ellie Muska, New Jersey Area Chair*

### **New York**

As 2001 ended, NMCOP President-Elect Judy Kaplan, New York State Society Incoming President Helen Hinckley Krackow and I met in a corner of the New York Christmas Party to talk of coordination in the coming year. When we emerged, we had a deal. NMCOP will develop articles for the New York State Society newsletter, *The Clinician*. We will also put together some small workshops, located in members' homes, which will be advertised in Helen's President's Letters to the State membership. In carrying out these goals, I will be working with Libby Kessman, Met (Manhattan) Chapter COP Chair, and Susan Appelman, Met Chapter Education Chair.

*Meetings of interest in New York during the coming year include:*

**January 26, 2002:** "Compassion Fatigue: How Clinicians Can Cope," Annual Meeting of New York State Society Members and Colleagues

**May 11, 2001:** "Cooperative Dialogue: The Clinical Process," Annual Conference of the New York State Society of Clinical Social Work

**September 21, 2002 (tentative):** "Our World One Year Later: Implications for Clinical Social Work Practice," Conference cosponsored by the PhD Program in Clinical Social Work of the New York University Shirley M. Ehrenkranz School of Social Work and the New York State Society of Clinical Social Work.

Further information on any of these programs may be obtained by contacting me at 212.255.9358.

*Marilyn G. Schiff, New York Area Chair*

## **North Carolina**

### ***North Carolina Recognizes Terrie Baker and Heather Craige***

The North Carolina Chapter is in the middle of a busy, exciting year. By the time this is in print we will have honored two of our area members, Terrie Baker and Heather Craige for their years of dedication and devotion. Terrie has not only served as the Treasurer of the National NMCOP but has also been the Co-Chair of our local group. In the latter position, Terrie has produced and been responsible for creating and coordinating the mailing of beautiful, striking brochures for all of our Area programs. The brochures have served as a model for the National organization. Terrie is a clinical social worker who is a candidate in the UNC-Duke Psychoanalytic Institute. Heather, a social worker who has completed her analytic training in the same institute both co-founded the Psychoanalytic Psychotherapy Study Center of North Carolina and is now the Chair of the North Carolina Psychoanalytic Foundation. Heather enjoys unrivaled respect for her ability to bring together, organize and galvanize the psychoanalytic community as well as her fine abilities for writing and teaching. Both Terrie and Heather have devoted so much of themselves to the social work and psychoanalytic community that our small tokens of recognition can only begin to express our gratitude.

We will have honored Terrie and Heather at our second program of the year in which Dr. Dennis Shelby of Chicago, Illinois, will have given his important paper, "On Cruising and Being Cruised." For our fall program Dr. Allan Bloom delivered a rich paper entitled "Neutrality, Self-Observation and Autonomy in Psychotherapy." This spring, Dr. Vivian Shapiro, co-author of "Ghosts in the Nursery," will be speaking to our Area group on her pioneering work with mothers and their infants.

It has truly been wonderful to witness and be a part of establishing ourselves in both the social work and psychoanalytic communities. In the schools of social work we have established friendships such that we are now "regulars" in presenting to many of the clinical classes. As a result of our efforts, several students have taken it upon themselves to now have a weekly lunch-time presentation

on a clinical topic. These presentations are attended by substantial numbers of eager students. Our psychoanalytic psychotherapy program is increasingly being taken by social work interns and we have the support of one of the schools to offer the course for credit as an independent study. Attendance at our local programs is blossoming and we are so pleased to see ever-greater numbers of both social workers and the other disciplines from the established psychoanalytic community in attendance. We are also indebted to the Lucy Daniels Foundation who now, several years in a row, has most generously assisted our efforts by providing us with a grant to support our program and a wonderful space in which to meet.

*William S. Meyer, MSW, BCD,  
Co-Chair, NC Area, Immediate Past-President*

## **Southern California**

We are pleased to report that the Reflections series on *Women in the Millennium: Clinical and Treatment Perspectives* offered by the Southern California Area Committee on Psychoanalysis throughout year 2000-2001 was an extremely successful series and one appreciated by many in the Los Angeles Mental Health Community. Further, we are also quite excited that many of the presentations of the Series will be included in a book to be published by International Universities Press. The book, **Women in the Millennium: Challenges and Diversities**, is edited by Jean Sanville and Ellen Ruderman. The contributors are all clinical social workers — save one — and we are pleased and proud to exhibit their excellent work. We are also especially grateful that the NMCOP Chairs, spurred on by Judy Kaplan, will be supporting the book. We have been in touch with the Senior Editor of International Universities Press who hopes to have the book ready in time for the NMCOP Conference in Chicago in March 2002.

The Southern California Area Committee continues its **Reflections - 2002** with three excellent presentations — as always, at the home of Dr. Jean Sanville. On January 12, 2002, **Dr. Phillip Ringstrom** (on the faculties of both the Institute for Contemporary Psychoanalysis and the California Institute for Clinical Social Work) highlighted the emotional shifts and changes caused by the September 11 tragedy in a program entitled *Ground Zero: The Impact on Patient and Therapist Alike*. Phil addressed clinical vignettes from their practices provided by Joan Rankin, Ellen Ruderman, and Roz Benitez-Bloch, highlighting child and adult responses to the traumatic events affecting our nation. January 12 was also designated as a full Membership Meeting of the Southern California Area Committee. At that time, we heard from Board

*See Area Representative's Corner on page 8...*

Members Joan Rankin, Pat Sable, Bill Noack, Roz Benitez-Bloch, Evelyn Tabachnick, Lisa Halotek, Judy Schore, Masayo Isono, and Ellen Ruderman about interesting events and groups provided by the Committee.

On March 23, 2002, **Dr. Zari Hedayat** (a Community Agency Liason for the Cedars-Sinai Medical Center Infant Mental Health Specialist Training Program) will be a guest discussant for a presentation entitled *The Impact of Culture on the Therapeutic Experience: A Clinical Subject Experience in Treating a Persian Couple*. Dr. Hedayat will discuss two clinical case presentations by two social work clinicians.

Rounding off our 2002 Series, on May 4, 2002, we are pleased to have **Dr. Wendy Smith** (Adjunct Associate Professor, University of Southern California School of Social Work) presenting on *Karen Horney and Psychotherapy in the 21st Century*. We are equally pleased to have **Dr. Marianne H. Eckhardt** (Former President, American Academy of Psychoanalysis) as the day's discussant.

Four COP Area Members — Rosalyn Benitez-Bloch, Ellen G. Ruderman, Pat Sable, and Judith Schore gave a three-hour panel presentation for the California Society for Clinical Social Work 32nd Annual Conference, held November 9-11, 2001, in Palm Desert. The focus of the panel was to demonstrate how contemporary psychoana-

lytic concepts familiar to all clinical social workers are used in everyday practice. The panel was entitled *User Friendly Psychoanalysis: The Use of Psychoanalytic Concepts in Agency Practice*. Ellen G. Ruderman was the coordinator, as well as a presenter, for the panel. The panel presentations were well received, and all of the presenters enjoyed a lively interchange with the clinical audience.

The entire Board and Membership of the Southern California Area Committee on Psychoanalysis extends its deepest sympathies to individuals and families in New York affected by the September 11th tragedy. The Board voted to send a contribution on behalf of all Southern California Area COP members to a rescue organization, and extends its appreciation to Judy Kaplan for providing us with names of appropriate organizations.

To all of our colleagues nationwide, a happier, safer, and more comfortable New Year!

*Ellen G. Ruderman, PhD, Southern California Area Chair*

### Washington, DC

The NMCOP co-sponsored mini-conference Dynamic Social Work: Community Practice & Analytic Theory held March, 2001, was a "smashing success with long-term results," reports Audrey Thayer Walker, with "a wonderful mixture of students and clinicians. These workshops have inspired the planning for other conferences." Additionally, the Chapter will honor Dale Meers for his 50 years of service to the profession on February 1, 2002.

*Audrey Thayer Walker, Baltimore/DC Area Chair*

2002  
**The Southern California Area  
 Committee on Psychoanalysis in Clinical Social Work**  
 presents:

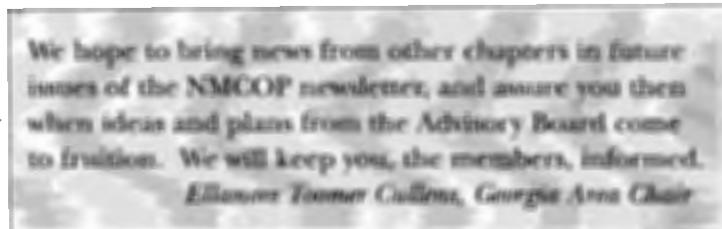
**The Jean Sanville Writing Award**  
*for Excellence in Clinical Social Work*

Papers submitted should be no longer than 35 pages in length. The prize is a \$250.00 cash award. The winner's work will be featured at our Fall Meeting.

Please note that those eligible to submit papers are all Licensed Clinical Social Workers. Deadline for submission is June 1, 2002.

Submitted papers should be mailed to our Area Chairperson: Ellen Ruderman, PhD  
 16055 Ventura Blvd., Suite 1110, Encino, CA 91436

Respectfully,  
 The Southern California Area Committee  
 on Psychoanalysis in Clinical Social Work



Ambassadors Program

**Ambassadors Program**

If your area wishes to have a speaker, or if you wish to be a speaker (if you will be in an area where we have members and you are interested in presenting during your stay), please contact:

Barbara Berger, PhD, NMCOP President  
*Attention Ambassadors Program*

**Phone:** 312.346.7757 **Fax:** 312.346.7760  
**E-mail:** bberger@interaccess.com  
**Address:** 30 N. Michigan Avenue #909,  
 Chicago, IL 60602

# One Student's Perspective

by Don G. Arnold, EdD, MSW Intern

It was the first week of my second year internship in clinical social work, and the young woman seated before me was my first client. She was presenting with depression and panic attacks and seemed unsure of what to expect. If she was ambivalent about being there, I was even more so. Before she had walked in the door, I had one overriding question: given my training, could I actually do this work?

As the client spoke, her anguish became evident. Poverty, lack of self-esteem, job difficulties, a suicide attempt, and a long series of failed relationships were engulfing her. But as she spoke, I became aware that there was also another person present in everything that she said: her father. His demands on her as a child and as an adult, his disapproval of everything she ever did, and her need for his love in order to be "good enough" were omnipresent. She expected to fail in everything. She expected people to leave her. She wanted me to tell her what to do. She wanted me, I thought, to play the role of her father.

When the session ended, I knew that I had managed to be present for this young woman who was so much in pain. She left in better spirits, relieved from the simple process of sharing, uplifted perhaps by my emotional presence and support for her in spite of her self-proclaimed worthlessness. Feeling somewhat more confident, I was ready for my next intake.

The young couple entered the room. They were having communication problems and wanted to find a neutral setting in which to talk. Both were grown children of divorce. Each carried wounds of rejection. One had become angry and had pretenses of self-sufficiency; the other was acutely sensitive and defensive. As we talked, it became apparent that he reminded her of her father, and she reminded him of his mother. Neither had had any such awareness; neither had ever even given it a moment's thought. That realization, once verbalized, had a powerful effect in that initial meeting. Each began to realize that more was taking place than simple communication problems in the present between two individuals.

At lunch that day, I sat quietly and scanned the shelf of textbooks from my master's degree program in social work. The word *biopsychosocial* hovered over every book. While no clinician would diminish the importance of this comprehensive perspective, I feel certain that social workers do not receive adequate training to look at deeper psychological issues. Each of my clients had entered my office alone. As each had begun to tell his or her story, the room was filled with "ghosts" from the past. The past kept creeping into the sessions, raising ques-



tions, reviving dilemmas, and rekindling fears. Clients entered alone but left the sessions with a beginning awareness that they were accompanied by others from their past.

The afternoon was similar. A middle aged woman presented with intense anxiety. Her lifestyle seemed frantic to me. I listened. As a child she had held the family together by being in control, sensitive to everyone's needs. As an adult, she was simply playing the same old roles, but this time it was taking its toll on her health and well-being. Just before she left me, she said, "I saw another counselor four times and I never felt like I was present in his office. I have seen you for one hour, and you already seem to understand me. I feel like you are really hearing what I say." How rewarding for me.

The fourth and last client of the day was a young man filled with jealous rage over losing his beloved wife to her extramarital affair. His anger overshadowed his profound sadness. "She was the only person who ever made me feel whole." Why did this man feel so empty? Why was his jealousy so disabling? A few exchanges later the room was becoming filled with stories of all those people who had hurt him in the past. "My father never touched me as a child except to hit me. And my mother was a warm and wonderful woman, but she was always so weak. I just couldn't respect her."

What do we see in these brief clinical vignettes? We see issues of transference, past in the present, internalized objects, needed defenses, a depleted sense of self. The biopsychosocial approach of my social work program had not sufficiently prepared me to understand what was happening with these four clients. Something else had provided me with the intuitive presence to open the door to these clients and to their many supporting players. Something else had given me the insight to ask the right questions. Something else had taught me to listen on many levels and to remember, in the words of Antoine de St-Exupery, that "the essential is invisible to the eyes."

That something was a psychoanalytic perspective that was largely missing in my social work training. For nearly two years, I have attended seminar after seminar sponsored by the North Carolina Psychoanalytic Society. For one year, I had had the privilege of attending a weekly colloquium at Duke University for social work interns that was psychoanalytically oriented. I also enrolled in the introductory course of the Psychoanalytic Psychotherapy Study Center of North Carolina.

Simply put, I could neither have understood nor been fully present for those first four clients had it not been for the psychoanalytic perspective that I sought outside my social work degree requirements. And that was just my first day on the job. ■

**Narcissism, the Family,  
and Madness:  
A Self-Psychological Study  
of Eugene O'Neill and  
His Plays**

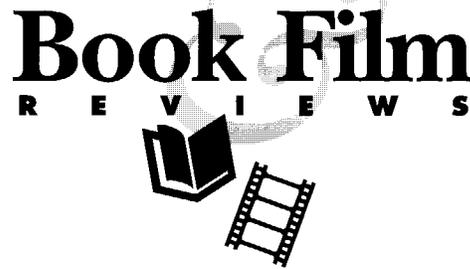
by Marie T. Miliora

Peter Lang Publishing, Inc., 2000  
New York

*(Reviewed by Margaret G. Frank, MSSW)*

In her book on narcissism, the family and madness, Marie Miliora offers a number of important arenas of study. Each section is of import on its own but she provides an additional dimension by showing how they interrelate.

The first 26 pages establish a self-psychological backdrop for the reader. It is through these lenses that she views the complicated and sorry life of Eugene O'Neill. The reader is shown to some degree the way self-psychology views the formation of the self as it emerges from a confusing and emotionally starving family setting. Narcissistic pathology is an inevitable outcome. It is important for the reader to bear in mind that narcissism refers to both health and troubled development. In the realm of health it reflects growing self esteem. Miliora charts the deficits in the familial environment which promote negative — toxic views of self. Grandiosity is recognized as a developmentally expectable state and a signal that the child is dealing with an increased sense of reality and the loss of a former sense of self (and other) as all powerful. When grandiosity remains a large factor in the character formation it signals issues related to self worth. It is as if the grandiose person were saying: "I feel helpless and of no value. I don't want to see this in myself. So I will fabricate history of my actions and importance and present that to the world and myself."



While no one would offer this first section of the book as a comprehensive review of self-psychology it does furnish theoretical landmarks for a complicated approach to understanding. It is unfortunate that Miliora needs to take pot shots at drive theory. As I write this review I am aware that I use somewhat different lenses— those influenced by psychoanalytic developmental theory. Since we (self-psychology and psychoanalytic developmental theory) have coexisted and co-mingled for so many years I have become aware of the contributions of self-psychology to my views and understanding. I believe that developmental theory can offer a more refined element to our understanding of the formation of narcissistic disorders. In her discussion of the oedipal period, Miliora objects to perspectives she sees as held by drive theorists. In my view she is objecting to archaic views. While the "oedipal" child has many emerging self tasks, the largest is the movement from dyadic object relations to triadic. It is almost impossible to relate to an extended object world when there is need to cling to the dyad hoping for nurturance not yet received.

The second chapter introduces the reader to Eugene O'Neill's life. Anyone who has seen his plays would find his biography filled with familiar themes and familial interactions. However, when it is offered as a comprehensive whole, the generations of familial dysfunction are quite stunning. Miliora artfully weaves

these early chapters laying a strong foundation for her study of family madness as it prompts the evolution of narcissistic disorders. His plays are vivid and poignant "case studies." They could only have been written by someone deeply familiar with the affects and actions of such a family history.

The weave of theory and theater fills the remaining chapters of the book. The student of O'Neill will find a rich review and comprehension of his work with intimate discussion of his major plays. The clinician will find in his plays an array of characters and interactions rarely to be seen in direct treatment. Miliora, using self-psychological frames provides the reader with an "in vivo" view of family dysfunction, madness, and narcissism. She makes note of how narcissistic disorders do not keep company with empathy. I am moved to comment that they are developmentally far apart. The empathic person has a good enough sense of self to be available to "know" about the experiences of others. For the narcissist, to varying degrees, there is no object of meaning save as a source of supplication for the starved self.

One does not find this to be a pretty picture just as O'Neill's powerful plays are not in their content, pleasurable. One wonders then how O'Neill managed to preserve and develop his talent. He gave so much to the world and seemed to derive so little personal pleasure. This is the story of pathological narcissism. The disorder blocks experiences which could lead to relief. ■

## Homosexuality and Psychoanalysis

University of Chicago, 2001,  
466 pages

Chicago and London

(Reviewed by Patsy Turrini)

I am grateful that Diana Siskind offered me the opportunity to review this book. At first, I declined; because *homosexuality* is not an area I have intensely studied, except in my general psychoanalytic studies, my personal analytic experience, and treatment work. However, I knew I was puzzled, (still am) and needed to learn more, and more about homosexuality and sexuality.

I am glad that I said yes, not because this book answers the fundamental questions I would yearn to understand, but because I learned new conceptualizations. The book offers a staggering number of outlooks drawing upon basic psychoanalytic conceptions. If you work in the academic world, and are able to converse with open communicating university colleagues, this book, will no doubt, contain good information, but perhaps will not be as exciting as it was for me who is removed from the university setting. For me, the book offered a walk through the university.

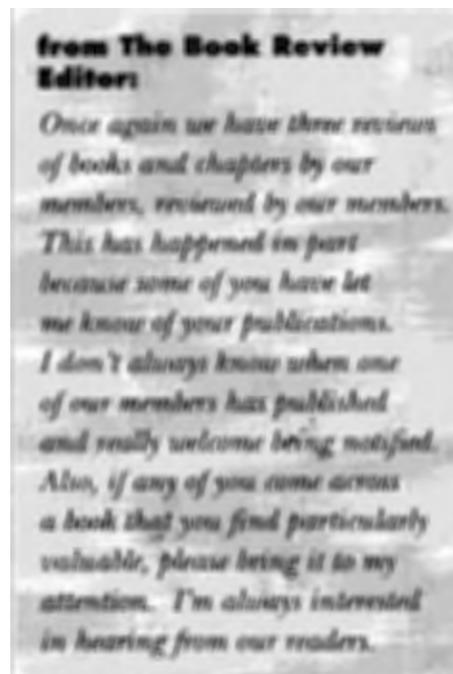
I thought of the movie Harry Potter, for when Harry gets to the "Hogwarts School of Witchcraft and Wizardry" the audience is treated to a labyrinth of rooms, hallways, moving staircases, and *awesome noble uncertainty*. By way of explaining this I will detail the table of contents and hope you will see the maze I have seen. I also hope you can better decide if you want to read this.

There are five sections: **PART ONE - Theorizing Sexuality** includes seven authors: *Foucault Psychoanalysis and Pleasure*, (Arnold Davidson); and

the first time translation of Michel Foucault's two works: "*The Death of Lacan*"; "*Closing up the Corpses, The West and The Truth of Sex*", (Foucault); *Diseases of Sexuality and the Emergence of the Psychiatric Style of Reasoning*. (Arnold Davidson); *Freud and Homosexuality* (Paul Robinson); *Lacan and the Homosexual*: "A Love Letter" (Ellie Ragland); *Homosexuality and the Problem of Otherness* (Tim Dean).

**PART TWO - Gay Sexuality** includes five authors: *Freud on Group Psychology*; *Shattering the Dream of a Common Culture* (Christopher Lane); *Loving Civilization's Discontents, Reich and Jouissance* (Jason Jones); *Heterosexuality, Terminable or Interminable?*

See *Homosexuality* on page 9...



Diana Siskind

**BOOK REVIEW EDITOR**



## Attachment and Adult Psychotherapy

by Pat Sable

Jason Aronson, Inc., 2000, 420 pages  
Northvale, New Jersey, London

(Reviewed by Roz Benitez-Bloch)

What seems first to be the simplest words in a language are the most confounding and abstract, the most mysterious and the most difficult to comprehend. Words like love, awe, respect, separation, etc. Neither an accessible dictionary definition nor a specific description can offer a full realization of their meanings. Attachment is one of those metaphysical concepts which philosophers categorize as beyond the physical world, unable to be seen, heard or touched directly.

What does it mean to be attached? Pat Sable in her book provides a working answer although, she writes: "It has generally been left to the poets to give words to those feelings that defy definition or logical explanation — the contentment of connection...." (p. 51) Through a rather simply written poem called *Before I Had You*, Fernando Pessoa, a Portuguese writer who lived from 1888 to 1935, describes the process of adult attachment so clearly that one can palpably apprehend its internalization from the poem.

Before I had you  
I loved Nature as a calm monk  
loves Christ.  
Now I love Nature  
As a calm monk loves the  
Virgin Mary,  
Religiously (in my manner),  
like before  
But in a more heartfelt and  
intimate way.  
I see the rivers better when  
I walk with you

See *Attachment* on page 11...

*Kleinian Fantasies of Reparation and Mourning*, (Ramon Soto-Crespo); *The Eroticism of Desolation* (Catherine Millot).

**PART THREE: Lesbian Sexuality** has five contributors: *The Community of Dolphins v. The Safe Sea of Women; Lesbian Sexuality and Psychosis* (Judith Roof); *Unrequited Love; Lesbian Transference and Revenge in Psychoanalysis*, (H.n. Lukes); *Homosexuality and Psychosis in the Clinic: Symptom or Structure* (Daniel Buccino); *Lust for Innocence* (Lynda Hart).

**PART FOUR - Clinical Perspectives** with two authors: *Can Psychoanalysis Understand Homophobia? Resistance in the Clinic* (Joanna Ryan); *Speaking of the Surface; The Texts of Kaposi's Sarcoma* (Suzanne Yang).

**PART FIVE - Queer Relations**, with five authors: *Genital Chastity* (Leo Bersani); *Sexual Disgust* (Jonathan Dollmore); *Sexuality at Risk: Psychoanalysis, Metapragmatically*, (Elizabeth Povinelli); *The Fetish of Fluidity* (Bra Epps); *Love, a Queer Feeling* (Lauren Berlant).

The introduction by Tim Dean and Christopher Lane is worth the price of the book for they explain the rationale for the gathered papers, and give a valuable history of psychoanalysis, and the entry of new theories and additions. They are conversant with strands of theory e.g. Lacan, Foucault, Laplace, Bersani, Hocquenghem, Mieli, et.al, and can interpret and critique the contributions. As editors they selected authors user friendly to Freud's contributions of the unconscious, and constitutional bisexuality, a welcome addition to the sexual literature of our time.

Dean is Associate Professor of English and Interpretive Theory at the University of Illinois, and author of **Beyond Sexuality** and **Gary Snyder**

**and the American Unconscious.**

Lane is Associate Professor of English and Director of Psychoanalytic Studies at Emory University and author of the *Ruling Passion, Burdens of Intimacy* and the editor of *Psychoanalysis of Race*. I selected a quote from their introduction to demonstrate their extensive reach into theory and dialogue and for its reflection of the international scope.

*"Hamon's Lacanian account anticipates developments in queer theory, and Lacanians in France recently have expressed interest in Bersani's work. The beginnings of their engagement with North American queer theory may be found in "L'inconscient homosexuel," a special issue of Revue de Psychoanalyse (25). While the Parisian reception of this radical work on sexuality may seem barely recognizable to its North American authors, we see continuing possibilities for dialogue between those who are committed to the concept of the unconscious and those who are committed to exploring nonnormative sexualities in theory and practice. The present volume is part of that dialogue."* (p. 29)

I hope the above may intrigue you with the breadth of the editors inquiries and their willingness to explore ideas and their optimism, in this psychoanalytic world of thinkers, and profound diversity, all of whom seem (myself included) bent on savoring and favoring a personal understanding and read of psychoanalysis. These editors recognize new ideas and explain with clarity, so I was able to enter the world of new ideas. Their erudition allows for theory extension of psychoanalysis, thus reaching into new investigations of sexuality and homosexuality. In another current book on female homosexuality and psychoanalysis, Freud is claimed to have viewed homosexuality as abnormal; an opposite view from this book. There is optimism that Dean and Lane will

collect and sift through current and future contributions, and bring attention to material in keeping with the Freudian unconscious. I am also hoping they will locate theoreticians who can integrate and extend ego psychology, and preoedipal observations, with sexual and homosexual studies, and rescue this rich area of information from the political bias against it. Susan Coates and her research community may be able to help in this endeavor. If Freud is rescued, so can others be rescued. Certainly the majority of psychoanalytic participants, including the ego psychology people that I know, accept the unconscious, and endowed bisexuality; thus there is more that binds us than puts asunder.

The editors point out that psychoanalysis is basically explored and taught in the departments of language and literature in the universities, which I find fascinating and frightening at the same time; frightening because psychology and social work do not provide a holding place for psychoanalytic studies. Additionally, feminist studies have not been appreciative of psychoanalytic thinking, nor, have gay/lesbian departments in the main. Yet these editors are connected to "Freudian thought."

I was at first revolted by the use of the term *queer* to discuss theory, or to call theory construction, queer theory, for the term conveys dangerous hostility toward homosexuality. The dictionary defines the term in its second meaning as *unconventional*. That definition seems more in keeping with the intended investigations. I learned that it is a credible investigative field, and dovetails with the Freudian unconscious. At best I understand it seeks to divorce the instinct and unconscious from rules, constraints, laws, moralizing and gender defined culture. And seeks to study the mind to its furthest

potentialities and beyond. There may be better explanations for using the term queer in some of the other papers. I have further reading to do in this area, and hope I will come upon a better understanding for the use of this term.

There is discussion of some of Lacan's ideas about sexuality and representation. According to the editors, Lacan says there is no such thing as sexuality; only, relating to one another through the representational fantasy of the other. I thought of a new heading; What is Love, or What's Love Got to Do With It (a line from a Tina Turner song that always made me laugh). That *fantasy* controls all thought is a very popular view, and it adds to the continuous burgeoning position of the deconstructionists that there is no reality; on the other hand, in this view, *fantasy is reality* (albeit, psychic reality) so at least we have some reality.

Our COP member, Daniel Buccino, contributed a rich paper, entitled, *Homosexuality and Psychosis in the Clinic*. Buccino reviews the politics and history of psychoanalysis, and in a compelling discussion demonstrates the continuing difficulty in defining what is male, female, gender, and biology.

*"By expanding the realm of science to include chromosomal and hormonal identities, recent laboratory tests have pushed the quest to certify the anatomical distinction between the sexes to new levels of precision, and new crises of confusion (Burr; Kolata). For example, it no longer seems adequate for Olympic physicians simply to inspect athletes' genitalia before permitting them to compete. Sophisticated new chromosomal and hormonal tests have found athletes who look female and like woman have two X chromosomes, yet have "masculinized" muscle mass due to hormonal imbalances. Females with any male genes or masculinization, however, have been declared ineligible for competi-*

*tion as women. So even the definition of anatomy is open to different medical, genital, hormonal, and chromosomal interpretations, showing how difficult it is to establish the ultimate truth of gender identity or a biological, anatomical, or genetic basis alone." (p. 269)*

Among other contributions in his paper, he discusses a case of Ms D., a middle aged lesbian whom he treated, proud to profess her status as a "butch dyke." At one point she is forming a relationship with a woman she thinks is female, and who turns out to be a male-to-female transsexual. The experience precipitates a psychotic episode for her, and she must be hospitalized. Buccino describes the problem of the psychosis by drawing on Lacan and Millot, theoreticians who explain psychosis as the inability of the mind to engage in neurotic uncertainties. The discussion of psychosis through this lens is very interesting, and reminds me of Renata Gaddini's work on the *fixed idea*.

To close this view, I quote from the back of the book, a marketer's view, which seemed succinct and valid.

"This ground-breaking collection of original essays reconsiders the troubled relationship between same-sex desire and psychoanalysis, assessing homosexuality's status in psychoanalytic theory and practice, as well as the value of psychoanalytic ideas for queer theory. Sharing a commitment to conscious and unconscious forms of homosexual desire, they offer new perspectives on pleasure, perversion, fetishism, disgust, psychosis, homophobia, AIDs, otherness and love.... Cultural theorists, psychoanalysis and anyone concerned with the fate of sexuality in our time" will find this book of interest. ■

*Patsy Turrini, a psychoanalyst and psychoanalytic psychotherapist in Merrick, NY, is a supervisor and on the faculty of the New York School for Psychoanalytic Psychotherapy and Psychoanalysis.*

## **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.

Through the fields to the  
river's banks.  
When I sit next to you and  
watch the clouds  
I see them much more clearly.  
You haven't taken Nature  
from me,  
You have changed Nature.  
You've brought Nature closer.  
Because you exist I see it better,  
though the same as before —  
Because you love me I love it  
in the same way, but more.  
Because you chose me to have  
you and love you  
My eyes gaze at it more than  
at anything.  
I don't regret what I was before,  
for I am still what I was.  
*6 July, 1914 (1998, Pessoa, p. 69)*

Dr. Sable presents a clear map of both the theory of attachment and its clinical use in psychotherapy. In psychoanalysis Freud conceptualized the infant mother tie instinctually — first as an oral one, followed by the other biological-developmental stages based on erogenous areas. Object relations shifted the focus onto the child's early relationship with the mother. Bowlby, a British psychoanalyst and a member of the object relations group in England was the first to articulate attachment theory. He drew, in his characteristically pragmatic way from animal behavior studies, observations of children and clinical research. His biological or ethological view was that proximity, affection, and interaction were the communications needed by children for security from the beginning of life and even beyond. As they grow children internalize their attachment relationships and carry them forward in life. Dr. Sable provides an extensive and clear exposition of Bowlby's ideas.

Numerous writers continue to develop ideas on attachment. Ainsworth, Balint, Benjamin, Main, McDougall, Milner, Schore, Siegal, Spezzano, Stern and Winicott, have amplified the definition of attachment and many include psychophysiological processes between parent and child. In a book published since Dr. Sable's **The Symbolic Impetus: How Creative Fantasy Motivates Development**, Charles Stewart, a Jungian psychiatrist adds to the complexity of attachment development when he describes a double bond between mother and infant that begins in a symbolic relationship when the mother suddenly sees the child, not just as her baby, but as the most beautiful baby in the world. This is the mother's projection of the divine infant symbol which becomes the loving mother-infant bond. He postulates that the condition of malnourished infants with non-organic failure to thrive might occur because there is symbol disturbance within the primary feeder, usually the mother. This inhibits the hunger drive in the infant and has definite implications for attachment. Schore expresses the result of the mother's disturbance in affect as inhibiting hormone development in the infant necessary for growth (p. 85). The striking characteristic of all this later literature is its continuation of Bowlby's definite trend and acceptance of mind-body connectedness. It is what Freud eventually hoped to establish but was too early in the process for such research to be developed.

In the second chapter of the book Dr. Sable defines and discusses concepts of attachment in adults and how they differ from those of infants and children — their mechanisms and behavior differ, are more flexible and more subtle although security remains a constant. It is the security

that allows for the development of working models which are defined as "...a dynamic internal process through which individuals select, organize, and store images and ideas about themselves." (p. 22) These internalizations, both positive and negative, spring from attachment-related experiences rather than from fantasy, drives or defense. I am reminded of Bion's idea that memory is an attachment to past experience and desire is a wish for it in the future. (2000, Parson's, p. 48)

Chapter 3 deals with concepts of adult attachment disorder resulting in vulnerability to symptom formation in stress, the attachment styles that we have heard about from Ainsworth, an American developmental psychologist who worked with Bowlby at Tavistock in the 1950s. The chapter also introduces Bowlby's basic approach to psychotherapy which is to discern and understand, in the therapy, earlier patterns of response that appear in one's later functioning in order to integrate a cohesive narrative of oneself. Often a response is to a conscious trauma (called an event) whose results can be traced over time. Chapter 4, titled "Separation and Anxiety," deepens this idea by addressing different forms of anxious attachment with clinical examples. Chapters 5 and 6 focus on the concepts as specifically expressed symptomatically. Chapter 5 on agoraphobia and Chapter 6 on post traumatic stress disorder which is one of the clearest expositions that I have read on this subject, its etiology and treatment. Chapter 7 considers Bowlby's work on loss, grief and mourning, discussing when it is normal and when it becomes pathological. Chapter 8 deals with defensive processes and emotional detachment while Chapter 9 is about the borderline personality. Chapter 10 is about emotional abuse. Each

chapter ties the concepts to very clear clinical vignettes as well as the therapeutic response. Chapter 11 is a charming and touching chapter on our attachment to pets, namely dogs and cats, a theme not much explored. Dr. Sable has remarkable sensitivity in this area and is creative in describing how pets can be even more involved in our life and how important such attachments are. The last chapter summarizes the basic concepts and application in treatment with a respectful summary of Bowlby's legacy and implications for social policy which has already had an influence on pediatric hospitalizations and childcare.

As I was reading Pat Sable's book I was haunted by the film, *A Two Year Old Goes to the Hospital*, that James Robertson (he was Bowlby's research assistant) and his wife made in 1952 of a young child filmed in separations from his mother and his responses when they were reunited. Shown in my first year of graduate work in 1954 the film had an enormous impact on me as I still remember to this day the child's facial expressions of loss of his attachment. I grew up professionally, as did most of my contemporaries, thinking of attachment theory as an important theoretical milestone in understanding the needs and development of very young children. I did not conceptualize it as focus for therapeutic work with adults. This book has shifted my thinking.

Pat Sable has, for the first time brought together in one reader, Bowlby's ideas, considerable recent research and clinical examples of adult attachment. She adds the clinical perspective of psychopathology and how attachment theory can be applied to therapy with adults. The author presents and illustrates attachment as a normative theory with which she is thoroughly familiar

and presents a coherent application of theory to treatment. Most other readings on attachment are collections of articles by various authors while this is an integrated book written by one author. There is a most comprehensive bibliography. I would have liked the author to address attachment in group psychotherapy as well as individual. Group members become attached for the life of the group and often take with them a new working model of a family. Perhaps that will be Pat Sable's next book.

The author is a meticulous researcher which necessitates a fair amount of repetition. The reader needs to allow for this. Would that other professional literature were written as clearly as **Attachment and Adult Psychotherapy**. The style is in plain English and has an almost conversational overtone. Bowlby, in his lifetime, was disappointed that attachment theory did not have more impact on the psychotherapeutic field. He would not be disappointed in this book.

## References

- Benjamin, J. (1988). **The Bonds of Love**. New York: Pantheon Books.
- Parsons, M. (2000). **The Dove that Returns**. *The Dove that Vanishes: Paradox and Creativity in Psychoanalysis*. London: Routledge.
- Schore, A. (1994). **Affect Regulation and the Origin of the Self**. Hillsdale, NJ: Lawrence Erlbaum
- Siegel, D. J. (1999). **The Developing Mind: Toward a Neurobiology of Interpersonal Experience**. New York: Guilford Press.
- Stewart, C.T. (2001). **The Symbolic Impetus: How Creative Fantasy Motivates Development**. London, New York: Free Association Books.

*Dr. Benitez-Bloch's private practice includes individual, group and couple therapy. She consults and writes, is on the executive committee of the S. California Area COP and a co-author, with her husband, of **Unfree Associations: A Psychoanalyst Recollects the Holocaust**.*

## Psychoanalytic Sites on the Web...

### **www.nmcop.org**

*National Membership Committee on Psychoanalysis in Clinical Social Work*

### **www.psybc.com**

*PsyBC — Symposia with panel discussions of psychoanalytic papers*

### **www.apsa.org**

*American Psychoanalytic Association*

### **www.psychoanalysis.com**

*The Psychoanalytic Connection — Internet services for psychoanalytic organizations including panel discussions in conjunction with JAPA & the Analytic Press*

### **www.psychotherapynews.com**

*A collection of information for psychotherapists*

happened. During the first couple of years he was able to express his feelings and to acknowledge that both he and his ex-partner had not been able to cope with conflict in their relationship. He also recognized that his childhood experiences influenced his responses to conflict. As he developed new relationships, he put his newfound understanding of himself into action in an effort to form a more lasting relationship. Despite this, his relationships always failed. There were any number of ideas that he had for why his relationships failed such as the choice of partner, the speed with which he attempted to become intimate with them, and his continued dismissal of their requests of him.

When the last relationship began showing signs of the same problems the others had, he became resigned to his fate. He insisted that he did not have what it takes to be in a relationship. Women would do better without him. These assertions contradicted his current partner's efforts to talk with him about the difficulties they were having and to assure him of her continued presence. There was another woman in this patient's life, his mother. He was an only child and his father had left before he was born. The patient and his mother lived together until his was about twenty-two. Although he described her as reserved, opinionated and unable to express feelings, he continued to be very involved in her life. What he and I could not seem to achieve together was to help him separate from his mother so that he could allow himself a new form of attachment with his girlfriend or me. Each time we would get close to such issues he would have all kinds of reasons for missing sessions. Finally, he decided to terminate because he felt that he could not alter his personality sufficiently to meet the expectations of potential partners. I believe he was unable to separate and mourn the loss of the mother who could never be and that his avoidance of sessions was a defensive strategy to preserve his relationship with his mother. Although this was not something he consciously acknowledged, in our final session he gave some credence to this hypothesis by saying that he thought he would need me again when his mother died.

Among the earliest of Bowlby's ideas that was applied to the therapeutic process was the belief that before the therapist can engage in other activities such as interpretation, a secure base must be established. My post-modern perspective causes me to question the linear nature of such a statement. It seems more probable that the course of analytic work is uneven but it also makes sense that as patients begin to feel secure with their therapists,

they are able to take in more of what their therapists offer them. It also seems that because the earliest attachment model is so powerful, establishing a secure base can be quite a difficult accomplishment.

One of the more recent findings of attachment theory is that pathologic responses are aroused at times of reunion with the attachment figure (Bacciagaluppi, 1994). It may be within this context of understanding and tolerating the patient's method of reuniting that we can begin to establish the secure base necessary to analytic work. Initially, Bowlby was interested in understanding children who were experiencing a significant separation from their caregivers. More recently, attention has been given to children's responses to partings from and reunions with their primary object. The latter research has revealed that separation protest is normal and will occur regardless of the model of attachment. At times of reunion however, difficulties in attachment and pathologic behavior can be observed. Applying this finding to the clinical situation, it could be suggested that at times of reunion with the therapist such as the start of a session, the patient may be demonstrating his or her relational dilemmas rather than resisting the therapist. Moreover, such reunions may be opportunities for repair (Siebold, 1999). I have found this concept to be particularly useful with patients who sustain their attachments through avoidance.

Clarissa's struggle exemplifies this phenomenon. This patient was routinely silent for the first few minutes of every session and at various points during the session. Although she developed a number of rationales for what caused this behavior, it persisted. Moreover, during the first few years of once a week therapy she routinely questioned the benefit of treatment for her. One insight that helped us to break this impasse occurred as I began to understand how invisible she had felt throughout her childhood. Being quiet with me was a way of being invisible and preserved her connection to her idealized parent. Acknowledging her wish to be invisible and her need to preserve her connection to her parent is the beginning of her movement toward mourning and letting go of this parent and her model of attachment.

The final aspect of attachment theory that I would like to explore here is the concept of mentalization. Fonagy and Tagert (1998) describe mentalization as a process of understanding another person's intentions as separate and distinct from one's own motivation and they assert that it is an accomplishment of secure attachment. Understanding another person's intentions means being able to empathize with the other's circumstance as well as to assess the other's intentions. The capacity for mentali-

zation is linked to interactions with the attachment figure. Mothers, for example, who are consistently attuned and responsive to their children, create an atmosphere of security that is linked to children's ability to know another's intentions. By about age three or four, the securely attached child demonstrates the ability to separate his or her thoughts from another person's intentions. The capacity for empathy, which is related to understanding what is in another's mind, is not always an outcome of secure attachment. Patients, for example, whose mothers suffered from a significant affective disorder during infancy and early childhood are likely to demonstrate empathy but are not always able to establish a secure attachment or discern the other's intentions.

For the patient who has been severely traumatized, the ability to understand another person's intentions is often compromised. Peter, a patient of mine, had a history of having affairs with married women. He felt tremendous shame about these relationships but could only end them by making a major geographic move. His perception of these affairs when he first told me about them was that married women were the only ones who seemed to be attracted to him. According to his description, the women initiated the affair and he felt helpless to turn them down. He saw these relationships as being the result of intense passion. What seemed absent from his thoughts was any thought of the predatory nature of some of the women or his own aggressive desires toward the male partners of these women.

Peter reported being an anxious child who was always fearful of being rejected. In therapy, one way that he verbalized his fear of rejection was by asking me 'if he was doing therapy right?' My response was to acknowledge his fear that I would become disinterested or reject him. My comments were at times compassionate and at other times humorous. Responding to Peter's fears encouraged him to reveal more about his early history, particularly events from his childhood that were associated with his adult difficulties with married women. As a little boy, his mother would frequently summon him to join her in bed after his father left for work. This behavior continued throughout latency. When asked about his thoughts about her behavior, he responded that he felt confused by her behavior but thought that she was lonely. He stated that his father had abandoned both of them physically and emotionally. As he began to tell me about his thoughts and experiences and I questioned his mother's motives, he was able to think about his mother's intentions to include that she seemed more interested in her needs than his. Peter also began to recognize that part of his discomfort was associated with taking his

father's place in the bedroom — that he and his mother might have been enacting their anger at his father. Recognizing what might have been in his mother's mind and his own complex responses allowed him to think differently about his motivations and those of his lovers.

In his elaboration of the therapeutic action, Loewald (1960) asserted that change in the patient is "contingent on the relationship with a new object, the analyst (p. 221)." Throughout the course of analytic therapy, the patient internalizes the experience of the therapist to form a healthier object-relation and permit further development of the ego. Psychoanalytic theory offers a number of ways to understand this process of internalization and attachment theory provides us with some ideas about ways that our interventions can influence the creation of secure attachment. ■

### References

- Bacciagaluppi, M. (1994). "The relevance of attachment research to psychoanalysis and analytic social psychology." *Journal of the American Academy of Psychoanalysis*, 22(3):465-79.
- Fonagy, P. and Tagert, M. (1998). "Mentalization and the changing aims of child psychoanalysis." *Psychoanalytic Dialogues*, 8(1):87-114.
- Holmes, J. (1993). **John Bowlby and Attachment Theory**. London and New York: Routledge.
- Loewald, H. (1960). **Papers on Psychoanalysis**. New Haven and London: Yale University Press.
- Main, M. (1995). Recent studies in attachment: Overview with selected implications for clinical work." In: **Attachment Theory**, eds. S. Goldberg, R. Muir, and J. Kerr. Hillsdale, NJ: The Analytic Press, pp. 407-474.
- Mitchell, S. (1999). "Attachment theory and the psychoanalytic tradition: Reflections on human relationality." *Psychoanalytic Dialogues*, 9(1): 85-108.
- Siebold, C. (1999). "Vacation breaks: Opportunities for partings and reunions." In: **The Social Work Psychoanalyst's Casebook: Clinical Voices in Honor of Jean Sanville**, eds. J. Edward and E. Rose. Hillsdale, NJ: The Analytic Press.

Joel Kanter championed and chaired the Dynamic Social Work Conference in Washington DC, the NMCOP began to bring its message into another exciting area of the clinical social work field. It is my hope that this project will continue and grow in its influence.

As I begin my term of office, I know that this is a complex organization with many themes. There are differing regional issues and different political interests within the field. And, there are a variety of educational needs, programmatic issues, projects for development, communication, and interdisciplinary and intradisciplinary connections, among other areas requiring attention. I anticipate that attending to all of this will be a great experience, full of intricate and enigmatic adventures. But, it is the core value of the importance of psychoanalytic knowledge and its use in clinical work that

is, for me, most motivational. The provision of a "home" for social workers who are analysts and for those who use the psychoanalytic psychotherapy model is a significant goal. And, to help keep psychoanalytic learning alive and well, expanding its reach against the resistance of political, entrepreneurial, and even educational forces is an urgent mission.

These are the values and goals that will be my guide through times of uncertainty. With the help of my ever-present mentors, the Board, the Area Chairs, and the membership I hope that these next two years will be productive and expansive. Like the student and the professor in the story, I do not know exactly where we are headed, but I invite you all to come with me in this exploration. Please, join me at the table — let's do this together.

Hope to see you at our Eighth National Conference in Chicago — March 7-10th! ■

.....

*President-Elect, continued from page 2*

trauma and external trauma. Our anxieties take on different meanings for each of us rooted in our own personal history, despite the reality of some concerns. We have found ways of intervening in the process of healing the wounds of survivors. We know how to listen, to be where our survivors or victims' families are, to become witness to the unspeakable and unsymbolized horrors. We have been taught to venture into the space where danger from without meets the danger from within. We can contain and sooth survivors' pain, trauma and grief, so that finally there can be hope. We are learning how to live in a world that is forever changed.

During this very difficult time, I am please to report that our Area Chairs and the members of our social work psychoanalytic community continue to be active in their commitment to meet the challenges we face by continuing their daily work with patients and also volunteering time in a variety of ways. Many of us across the country have been leading or attending meetings and workshops, sharing relevant written materials that deal with the issues raised by September 11th and how these issues and events have impacted our work with our patients and ourselves, as well as our family, friends and the larger community. I have been impressed by how the people of New York and of the country have come together to support and help one another. I appreciate and am grateful for the capacity of the human spirit to carry on in the face of adversity.

Ellen Ruderman, Area Chair from California, offered to send funds, made from their successful meetings, to help us. Ellie Muska, Area Chair from New Jersey and member-at-large, emailed her concern about helping her patient, who suffered from post-traumatic stress from the WTC tragedy, with her fear of traveling from NJ to NY for work. I have seen how helpful it has been to gather together in person, by conference call or email, and share our professional and personal concerns. We all need help for ourselves, to deal with our own inner turmoil and that of our patients. Everyone has lost something, whether it be a real or symbolic loss or an inner sense of security. It has been for all of us a time of despair, but also a time of hope, renewal and growth. I feel honored to be part of a social work and psychoanalytic community committed to finding solutions and daring to ask hard questions, rather than seeking vengeance and punishment.

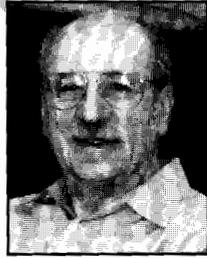
We open our minds and ask, why?

I hope to see many old and new friends and colleagues at the 8th Conference of the NMCOP in Clinical Social Work, *Representations and Re-Presentations*, as well as at the Preconference Seminar. I know this is an opportunity for intellectually and emotionally stimulating exchanges of contemporary theory and technique, as well as an opportunity for pride, fun, and friendship. ■

# Interview with Joe Palombo

By Amy Eldridge

## *Joseph Palombo: Clinician and Scholar*



My introduction to Joe was fortuitous; I was referred to him for psychotherapy. While that ended many years ago, I have continued to benefit from a relationship with Joe as mentor, teacher, colleague, friend. Our work transformed my life and my capacities. I was intimately exposed to the extraordinary qualities that Joe brings to all those he touches. His compassion and determination in the face of challenge create a sense that all can be mastered, all can be understood. Joe is unique in that he is a visionary who can execute his ideas. His foresight and leadership have transformed clinical social work education and have helped countless professionals and families have the resources for assessing and aiding children with learning disabilities. Joe is a master teacher who imparts vast amounts of knowledge with clarity and precision. I am honored to present some of his words and ideas about his long term relationship with psychoanalytic theory.

### **What was your first exposure to psychoanalytic theory?**

I have had a longstanding interest, dating back to adolescence when I developed an interest in psychology. As a high school student who wandered bookstores, I read Freud's **The Psychopathology of Everyday Life**. I did not know what I was reading, but I felt impressed by Freud's particular way of thinking and the clarity of the case he made for the unconscious. I had fuller exposure to psychoanalytic theory as a student at University of Chicago School of Social Service Administration. I had Bernice Simon, Charlotte Towle and Maurice Sklansky as professors. I was taught ego supportive casework methods and development and psychopathology informed by psychoanalytic concepts. I applied psychoanalytic theory to my clinical work from my very first contact with patients.

At my first job at a family agency in Chicago, my consultants were psychoanalysts. I was encouraged to get into treatment and went into therapy with an analyst. As I decided to enter training at the Institute for Psychoanalysis of Chicago Child and Adolescent Training Program, I was required to have an analysis. My analysis with Sam Weiss transformed my life. I developed the kind of confidence, perspective and clarity that I lacked before.

### **What were major turning points for you, theoretically?**

In my earliest teachings at the Institute, I relied on Anna Freud's developmental profile. When Mahler's **The Psychological Birth of the Human Infant** (Basic Books, 1975) came out, it became the primary focus of my teaching. Of course, as an administrator and teacher at the Institute, I was soon exposed to Kohut's work. My term began one year before the publication of **The Analysis of the Self** (International Universities Press, 1971). I began to teach and increasingly use self psychology in my work with patients. That experience transformed my practice because I found the empathic perspective very congenial to the way I worked and very helpful to my patients. I found this perspective very helpful in understanding parents of children with learning disabilities. Integrating self psychology and neuropsychological concepts became a major focus of my work. I was one of the earliest people to bring a neurobiological perspective to understanding patients.

### **What do you consider to be your major contributions to the field?**

First, understanding the impact of learning disabilities on children's development and on parents who try to raise such children. Second, and related, is appreciating the difference in how one treats children with learning disabilities as contrasted to children who do not have neuropsychological problems. These are the issues that I address in my recently published book, **Learning Disorders and Disorders of the Self in Children and Adolescents** (Norton, 2001).

### **What is next for you as a contributor to psychoanalytic theory?**

If I am given more years to explore issues, I would like to expand my work on children with learning disabilities. We are only beginning to appreciate the contribution of endowment in the formation of personality. Many personality traits stem more from innate givens that people bring into the context than from how the context shapes their minds. At the same time, we should not forget that all development occurs within and in interaction with a context and is a product of both. We are just learning to understand the role that brain function plays. The major issue that we must now confront is how to revise and expand our understanding of unconscious motivation to include the perspective of neurobiology.

*I truly hope that we are given the benefit of many more of your years. ■*

# A Tribute to Gertrude Blanck, 1914-2001

By Joyce Edward

*Contributors: Edwin Fancher, Margaret Frank, Susan Franzen, Connie and Dave Freeman, Alice Medine King, Diana Siskind, and Patsy Turrini*

With the death of Gertrude Blanck on September 29, 2001, social work and psychoanalysis lost one of our most talented and creative clinicians, theorists and writers. Colleagues and friends lost a brilliant, stimulating, and inspiring presence in their lives.

Former students and colleagues will remember Dr. Blanck as an unusually proficient teacher, writer and lecturer who could render complex theoretical concepts comprehensible and clinically useful. Social workers who studied with her at Smith College School of Social Work, where along with her late husband Rubin, she was a Distinguished Lydia Rapaport Visiting Professor or the many social workers who attended her lectures and/or studied her writings have drawn on her ideas and applied them in a variety of social work settings and in their treatment of a widely diverse clientele.

At the same time, Dr. Blanck brought a developmental perspective and an understanding of ego psychology and object relations theory to the training of psychotherapists and psychoanalysts of various disciplines, increasing their ability to treat a broad range of pathologies. Margaret Mahler once said that her findings had gained the importance they had, in part, as a result of the way in which Gertrude and Rubin Blanck had shown their application in the consulting room.

Dr. Blanck was a pioneer in applying the contributions of other major ego psychologists such as Heinz Hartmann, Edith Jacobson and Rene Spitz to clinical practice. She and Rubin had a unique ability to extract from a wide range of analytic theories, and to integrate and extend them. In so doing they helped to "widen the scope" of both clinical social work and psychoanalysis."

Together, Gertrude and Rubin Blanck wrote five books, some of which were translated and became available internationally. **Marriage and Personal Development**, the first, was written in 1968. It affirmed Erickson's view that development is a life long process, and that experiences during adulthood such as marriage or as Benedek has proposed, parenthood can serve as catalysts

for further growth. In 1974 they wrote **Ego Psychology Theory and Practice**, which they followed with three additional books on the ego psychological approach to treatment. Among the unique contributions they made in these books was a formulation of a developmental diagnosis, and their use of that diagnostic schema in guiding the treatment of the less structured personality. They also delineated in detail the role of early object relationships in fostering ego development, emphasizing the significance of self-object differentiation in the achievement of healthy development. This led them to make a careful distinction between a transference relationship in which an individual displaces onto the therapist feelings, attitudes, and behavior originally felt towards past objects and the kind of relationship the understructured patient engages in with the therapist in which there is insufficient separation of self and object representations. The latter they felt was uninterpretable.

Dr. Blanck did not confine her writing only to a psychoanalytic audience. In 1987, writing alone, she addressed a book to parents entitled **How to be a Good Enough Parent: The Subtle Seductions**. In this volume she drew on psychoanalytic developmental theory to consider how parents might foster their child's optimal growth.

It is important to note that Gertrude Blanck gained recognition as a psychoanalyst at a time when non medical therapists were excluded and often demeaned by the American analytic establishment. The publication of her article in 1966, entitled "Some Technical Implications of Ego Psychology" in the *International Journal of Psycho-analysis*, and the inclusion of a paper she wrote with Rubin Blanck in the *Journal of the American Psychoanalytic Association*, in 1972 entitled "Toward a Psychoanalytic Developmental Psychology" broke new ground for social workers. In later years, sometimes alone and sometimes with Rubin, Trudy, as she was known to those familiar with her, was invited to share the podium with such mainstream psychoanalysts as Margaret Mahler, and Joseph and Anne-Marie Sandler. Today, when social workers are slowly beginning to be included in the mainstream of American psychoanalysis, it is difficult to appreciate how unusual that once was. The contributions that Trudy and Rubin made may be seen as helping to pave

*"Among the unique contributions Gertrude and Rubin Blanck made in their early books was a formulation of a developmental diagnosis, and their use of that diagnostic schema in guiding the treatment of the less structured personality."*

the way for those social workers who are currently being included in the larger psychoanalytic establishment.

To those who had the benefit of her training Dr. Blanck was enlightening, inspiring and supportive. She had a rare blend of intelligence and confidence, and would tackle difficult problems at a pace that did not rush her, or cause her to take short cuts or simplify something complex. She had patience and an extraordinary amount of determination, attributes that made her a good role model for her students.

Dr. Blanck continued to encourage, advise, and assist her pupils long after they graduated. Association with her helped to open professional doors for many of her former students, a good number of whom have themselves gone on to publish, to lecture and to teach. Their accomplishments attest to their own competence, but they also reflect well on Dr. Blanck's efforts as a teacher and mentor.

Dr. Blanck was generous to her students in a variety of ways. In the early years she provided lunch to her "Monday Morning Group," feeding both their minds and their appetites. She was an excellent cook and hostess, entertaining students and colleagues in her beautifully decorated New York apartment and in her country home in Lakeridge Connecticut. Students still recall the thrill of meeting such well known psychoanalysts as Margaret Mahler and Paulina and Otto Kernberg, whose writings they had studied with her, at her gatherings.

In her private life Dr. Blanck was a fun loving person. She enjoyed a good joke. She liked gardening, tennis, walking, swimming, music and dancing. She traveled extensively and her home was decorated with mementos from all over the world.

Gertrude Blanck was born in 1914 and grew up in the Bronx. She was an only child. Her father was an opera singer. When she taught, she said she felt identification with him, seeing her efforts at teaching as involving performance skills. For many of her childhood years she enjoyed summers at a Girl Scout Camp. She was the camp bugler, and some of her colleagues recall her "bugling" for them one evening in her apartment.

Dr. Blanck attended Hunter College as an undergraduate and was included in the Hunter College Hall of Fame. She continued to participate in her college reunions until about a year ago. She received her Masters in Social Work at the Columbia School of Social Work and a Doctorate at New York University.

She and Rubin were married in 1940 and they had one daughter, Susan. Those who personally knew Dr. Blanck know what a source of joy and pride her daughter and son-in-law and her two grandsons were to her. She

spoke of them often and her visits to them were eagerly anticipated and deeply relished afterwards. Among their unpublished books was one she and Rubin had written about and for her family, and which on occasion they shared with friends.

Dr. Blanck began her social work career at Jewish Family Service in New York City. In a personal communication, she noted how in 1949, she and five other social workers who were either practicing privately or planning to, formed an organization which was referred to as Social Workers in Private Practice. She entered a formal training program at the National Psychological Association (NPAP) in the fifties. After graduating from that program she felt the need for further training, and enrolled in a Study Group with Martin Bergman, in which she continued for the next 15 years.

In 1958, Dr. Blanck went on to join a group of graduates of NPAP to found the Institute for Psychoanalytic Training Research (IPTAR). Her early interest in training for psychotherapy was reflected in a monograph she wrote for that Institute in 1962, *Education for Psychotherapy*. This monograph was based on a thesis she had done for her PhD.

Dr. Blanck later joined the faculty of the American Institute for Psychotherapy and Psychoanalysis, associated with the Community Guidance Service. One of her colleagues there was Edwin Fancher who had co-founded and was then co-director for the Washington Square Consultation Center (later Washington Square Institute). Upon his invitation, Dr. Blanck became Director of Training of that program. Concerned that there was little training in psychotherapy at that time and far more patients for this type of treatment than for psychoanalysis, she developed a two-year core-training program in psychotherapy for that institute. By late 1969, she and Rubin established their own training program, The Institute for the Study of Psychotherapy (ISP), which they ran until 1978 when, overwhelmed by the pressure of writing books, papers and by numerous lecture commitments, they decided to phase that program out. A group of their former students asked permission to start a new institute based on their teachings, and established the New York School for Psychotherapy and Psychoanalysis. Both Gertrude and Rubin Blanck served as consultants on curriculum at the start of that program and for a time served on its advisory board.

After many years of practice, Dr. Blanck and her husband retired and moved to Durham, North Carolina. Despite their attempt to retire, they immediately became involved with the social work and the psychoanalytic community. They were invited to teach in the University

of North Carolina-Duke University Psychoanalytic Education Program, and supervised students at various levels of training and experience. One of their associates there described Dr. Blanck as a “wonderful friend,” whose “adventurous spirit” and willingness to “try new things, to do things and to think outside of the ordinary,” were highly appreciated by those who came to know her.

Following Rubin’s death Trudy returned to New York. This was a very difficult time for her, as one might imagine. She and Rubin had been devoted partners, with their professional collaboration forging an especially close tie between them. In addition to dealing with her loss of a beloved husband she was faced with frequent bouts of ill health, yet, she continued to practice, to write, to theorize, to explore and to publish. Her most recent book, **Primer of Psychotherapy**, was published in 2000 when she was 86 years old, and struggling with the vicissitudes of mourning, ill health and aging. In this volume, according to Leo Rangell, she wove “a fusion of contemporary ego psychology and object relations theory into an inclusive developmental perspective.” She showed in this book how psychoanalytic concepts can be applied even in today’s managed care environment, proposed ways of using current theory in the service of primary prevention, and considered the use of medication, in conjunction with psychotherapy. During this period of her career she had become very interested in neuropsychology, and sought to learn as much as she could about this new frontier of knowledge. As often as possible she attended regularly scheduled Saturday morning lectures at the New York Psychoanalytic Institute regarding recent research on the relationship of psychoanalysis to brain function.

Dr. Blanck’s professional involvement was not however limited to her clinical interests and contributions. Some will recall letters she wrote to the *New York Times*, drawing attention to certain issues of social concern, such as the harmful effects of managed care on our mental health system. Her social work background remained with her.

In addition to her professional activities, Dr. Blanck continued to

expand her activities in other spheres of life during her later years. While she and Rubin had begun using a computer for their writings long before computers became commonplace, she extended her skills in her later years. She became a familiar contributor to the on-line discussions sponsored by the *International Journal of Psychoanalysis* and an active Email correspondent. She made new friends, took classes, and enjoyed music programs at Lincoln Center, which was just across the street from her apartment. Unfortunately her health continued to deteriorate. When she was diagnosed with pancreatic cancer this past year, she moved to Oregon to be close to her daughter, and established herself in an assisted living community. To the very end she sought to retain her independence and to be as much in charge of her life, as she could be.

Gertrude Blanck was an outstanding professional and person. Hers was a life fully and meaningfully lived. She leaves a rich legacy. Her contributions to the field of social work and psychoanalysis will be drawn upon for years to come. In her commitment to her profession; her excellence as a teacher, writer and clinician; her capacity to savor life to its fullest and in the courage she showed when faced with some of life’s painful vicissitudes, she serves as an inspiring model. We bid her a fond farewell. ■

.....  
**Program at the Fall Meeting of the American Psychoanalytic Association Addresses Psychoanalytic Teaching in Social Work Education**

The meeting of the American Psychoanalytic Association in December, 2001, had a program entitled, “*Presidential Symposium: Psychoanalysts and Graduate Training in Social Work: Renewed Alliances and New Directions.*” Leaders from major teaching programs in graduate social work and psychoanalysis described both the opportunities and the challenges for psychoanalysts in the education of graduate level social work students. Questions from the audience pointed to the possibility of introducing in undergraduate schools psychoanalytic thinking in the social work context.

Jean Sanville again raised the issue of the importance of socio-cultural factors, the fourth leg in the International Psychoanalytic Association.

Jerrold R. Brandell, our Study Group Chair, gave a paper entitled, “*The Marginalization of Psychoanalysis in Academic Social Work*” and Eda Goldstein presented, “*The Historical Context of Psychoanalytic Theory.*” Mark Smaller, a member of the American Psychoanalytic Association and the NMCOP gave a poignant paper on his experience as a social work psychoanalyst. All three will be at the NMCOP Conference in March. Carol E. Bonner also talked about class, culture, and race. ■

Judy Ann Kaplan

## New Book Grows Out of Southern California's Women In the Millennium Series

By Ellen Ruderman and Jean Sanville

This is to announce the forthcoming book on *Women in the Millennium*, shortly to be published by International Universities Press, and co-edited by Jean Sanville and Ellen Ruderman. Sponsored by the Southern California Area Committee of the NMCOP, Chaired by Ellen Ruderman, the presentations were held monthly over the year 2000 at Jean's home on Tigertail Road. The authors were all clinical social workers (save for two invited guest discussants) who draw on an analytic perspective, but who are inclined to attend to the import of the socio-cultural surround and its qualities at the turn of the century. We did not originally plan publishing this series, but the sessions were so well attended and evoked such enthusiastic responses that we responded positively to IUP's offer of a contract for this book.

The cases upon which these female writers draw are all women who live in this country, where the roles of women have been changing drastically in recent years. It is clear that new opportunities and challenges offer fresh possibilities, but also make for confusions about how to choose from the multitude of possible pursuits, and about how to balance the complications and conflicts about work versus traditional felt responsibilities to families. Among the presenters were those from races and cultures other than the mainstream, and they often saw patients who were definitely not "WASPS." Some of the papers were followed by official discussants, but always they inspired active discussion from the audience.

Ruderman and Sanville kicked things off in the first session. Ellen, drawing on her work on gender and the countertransferences of women therapists toward women patients, focused on women's "masochism" and their ambivalence about success. After evoking much relevant contemporary literature, she shares with readers the story of her treatment of Gretchen, the transferences and countertransferences that were evoked and their eventual resolution. Jean offered a new version of a paper originally presented in Mexico, involving her treatment with a young Chicana, caught up in the many conflicts between the two cultures that were both part of her identity, and who was intent on avoiding the "Eva Pronsita Position."

Pat Sable and Judith Schore, in our second session, focused on developmental changes over the woman's life span, and draw heavily on attachment theory and its relevance for regulation of affect.

Our third meeting was rich, offering papers from writers of three different cultural groups, and provoking much thought about the vicissitudes of treatment with patients either from similar or from different racial and cultural backgrounds from that of the therapist. Amy Iwasaki Mass wrote of issues in clinical practice with Asian American women, advocating that we stay aware of cultural transferences and be open to learn from our patients. Rita Ledesma told us of her work both with Latinas and Native American women, also emphasizing the importance of therapists' cultural sensitivity. And Marthaon's presentation about clinical issues with African American females offered several cases illustrating issues connected with blackness in the clinical situation. She reviewed the history and the sociological factors that are likely to enter in along with the patient's basic complaints.

Then we heard from Roz Benitez Bloch about women in mid-life, and this author included a biological perspective together with the mythical — including Freud's patriarchal one. She offers the case of a post menopausal woman whose therapy often had to deal with manifest complications in her relationship with her daughter and the ways in which these reflected something of this woman's relationship with her own powerful controlling "patriarchal" mother. An invited guest discussant, Estelle Shane, offered a stimulating discussion to this paper.

Maggie Magee and Diana Miller introduced us to lesbian rulers, which art stores call "flexible curves," and they even picture these for us readers. These coauthors play with the idea that these flexible rulers are good metaphors for the conceptual tools needed by relational psychoanalysts in their attempt to measure subjectivities. A delightful way to conceptualize how coherence and decentered fluidity can co-exist!

The topic of work and its vicissitudes was the subject of Somoan Barish's paper, and this author touches on the constellation of functions work may perform, how for each of us its meanings are based on our autobiographies, the time, setting, our culture and class, our gender. She describes two women of a certain age playing with work: herself and a patient, Ms. P, and how they both used psychoanalysis as a "safe playground."

Billie Lee Violette gave a unique offering as she dealt with Virginia Woolf and her contribution to Post-Modern Psychoanalysis, interweaving segments of Woolf's book, **The Waves**, with considerations of post-modern psychoanalytic concepts and institute training. An invited guest discussant, Sheila Namir, presented an excellent and expansive discussion paper of Billie's paper.

Joan Rankin uses something of her personal journey

*See Women in the Millennium on page 30...*



## A Profile of Joyce Edward

By William Meyer



It is with great appreciation that we will be acknowledging the lifetime achievement of Joyce Edward at our upcoming Chicago conference. It is the two qualities of first-rate clinician and social activist, which have brought such respect and honor to this remarkable woman.

Many clinical social workers and other mental health clinicians are familiar with Joyce's fine clinical papers and other scholarly activities, particularly the three important books that she, with others, wrote and edited (Edward, et al,1991; Edward and Sanville, 1996; and Edward and Rose, 1999). Many have studied with her in social work programs at Adelphi University, Hunter, and Smith; and at the Society for Psychoanalytic Study and Research and the New York School for Psychoanalytic Psychotherapy. Still others may know her through her political activities, including her involvement with the National Coalition of Mental Health Professionals and Consumers, of which she was co-founder and past co-chair.

Joyce received her undergraduate degree from Antioch College and her M.S.S.A from Case Western Reserve. She was trained in psychoanalysis and psychotherapy at the Institute for the Study of Psychotherapy. Her contributions to the field are numerous and include a long tenure as consulting editor for the Clinical Social Work Journal. Additionally, she is a Distinguished Practitioner in Social Work of the National Academy of Practice and she was Chair of the National Study Group of the National Membership Committee on Psychoanalysis in Clinical Social Work.

Anyone who knows Joyce knows that she has relentlessly held herself and tried to hold us to the highest possible standards of clinical excellence. Moreover, she personifies that this can be done while advocating for social justice. We are so pleased to recognize the many contributions offered to us by so fine a person. ■

## A Special Invitation to New Professionals

The NMCOP is pleased to announce a new project — recruiting new professionals into our organization. In our most recent brochure, we have added a section: "NMCOP is eager to welcome new professional social workers into our organization. Your participation assures that the theories and practice of psychoanalysis continues to enrich social work learning. If you have graduated from a MSW program within the past three years, we invite you to join NMCOP for two years without the concurrent costs of also becoming a member of your state society for Clinical Social Work. After two years, you may then continue your membership as a General Member. This is your opportunity to join with like-minded colleagues who share your interests and see if our organization can provide you with a home for a lifetime of learning." (Author acknowledgement to Terrie Baker, who labored with words and space for the brochure!)

This project is an outgrowth of Board discussion, lead by Bill Meyer and Barbara Berger. Bill's stated mission as President has been to make our organization receptive and useful to interested clinical social workers. In her earlier position on the Federation Board, Barbara had been active in developing a clinical curriculum for new professionals. The NMCOP Board has been painfully aware of the financial demands of joining the many layers of societies; at the same time, we are eager to engage and support newly graduating members as they build their professional careers — and professional identities.

We are making this overture with the support of the Federation. It is our hope that we can build a strong membership base. Please consider inviting your students, recently graduated colleagues, and those you supervise or mentor to take this opportunity to try making the NMCOP as an organizational base. If we are successful in recruiting new members, we can then consider ways to expand our educational mission, through our area chairs, and our conference possibilities. We are all very aware of how much learning happens after graduate school — and this is one opportunity to support that learning process positively! ■

Anne Garity, MSW, Membership Chair

**NMCOP**

**In the Spring issue:** Study Group Articles  
Book Reviews  
Reports from the 2002 Conference

Deadline for submissions is April 15, 2002

### REPRESENTATIONS AND RE-PRESENTATIONS

#### Psychoanalytic Reflections

The 8th Conference of the NMCOP

March 8-10, 2002 • Holiday Inn City Center • Chicago, IL

# Suggested Readings on Trauma

Prepared by Joyce Edward, CSW, BCD

This reading list was compiled for the Coalition Report, the newsletter of the National Coalition of Mental Health Professionals and Consumers, Inc., an organization committed to preserving Choice, Confidentiality and Quality and to Building a Pro-Consumer Health Care System (888-SAY-NO-MC). The readings have either been recommended by Coalition members as having value or I have located them myself. Those readings that I have had a chance to look at or actually read, I have briefly described. In some instances I have included publisher's blurbs or reviewer's comments.

This list is very limited. The literature on this topic is vast. There is much I have not covered. I have not, for example, included any of the literature on medication, which is frequently recommended as an adjunct to other forms of therapy. Since I do not work with children, I have included only those few articles on child treatment that were suggested by other Coalition members. There are no references to group therapy which is regarded by many as an important approach in working with trauma patients.

Finally, the list does not reflect adequately the diversity of perspectives that clinicians are drawing upon today. I was reminded recently by one of the online courses on trauma being offered by PsyB, Psych Broadcasting Corporation, <http://PsyBC.com/about.html> of just how varied these approaches are. Therapists reported on psychospiritual therapy, art therapy, attitudinal healing, forgiveness therapy, E.M.D.R., cognitive behavioral therapy, energy therapies, flooding, to name but a few. As the reader will see this list draws mainly from the psychoanalytic literature on the topic.

I have included certain Web Sites that offer pertinent information, some of which offer more extensive and more diverse bibliographies on trauma.

## Books

Aberbach, D. (1989). **Surviving Trauma, Loss, Literature and Psychoanalysis**. New Haven: Yale University Press.

Akhtar, S. (Ed.) (2001). **Three Faces of Mourning**. Northvale, New Jersey: Jason Aronson

*As described by the publisher this book contains articles which address the multi-faceted processes involved in mourning and adaptation. Among the topics considered are the pain of mourning, the manic defenses often employed to ward off such*

*pain, effects of age upon the capacity to mourn, difference in reactions to the loss of mother and the loss of father, the impact of childhood parental loss, and pathological forms of mourning. It also includes the therapeutic strategies suitable for individuals with chronic interpersonal difficulties, the result of unresolved grief of long duration. Issues of transference-countertransference and separation reactions from the therapist are covered.*

Barton, A. (1989). **Communities in Disaster**. New York: Doubleday.

Bellack, L. (1987). **Manual of Brief and Emergency Psychotherapy**. Larchmont, N.Y. C.P.S., Inc.

Boss, P. (1999). **Ambiguous Loss-Learning to Live with Unresolved Grief**. Cambridge, Massachusetts, Harvard University Press.

*The therapist who contributed this reference notes that this book is particularly relevant to the World Trade Center Disaster in that it considers those situation in which there are no remains of the deceased to for the survivors to bury.*

Caplan, G., ed. (1964). **Principles of Preventative Psychiatry**. New York, Basic Books.

Caruth, C., ed. (1995). **Trauma: Explorations in Memory**. *This is a group of essays that demonstrate the ways in which a variety of disciplines contribute to an understanding of trauma. Annotation by Book News, Inc., Portland, Oregon.*

DeVries, M. W. & Hobfoil, S. (editors) (1995). **Extreme Stress and Communities**. Boston, London. Kluwer Academic Publishers.  
*This volume considers the impact of large-scale traumatic events. It examines personal, social and instrumental resources that have been found to aid adaptation to major stressful circumstances, and proposes strategies for research and intervention at the community level. It considers such topics as prevention, education, pre- and post-disaster strategies and treatment. Annotation by Book News, Inc., Portland, Oregon.*

Ehrenreich, J. H. (2001). **Coping with Disasters: A Guidebook to Psychosocial Intervention**. Center for Psychology and Society State University of New York College at Old Westbury.  
*This is a comprehensive volume that considers a wide range of issues, including a consideration of the importance of appreciating the role that cultural background may play in how an individual experiences a traumatic event.*

Ewing, P. (1978). **Crisis Intervention as Psychotherapy**. N.Y. Oxford University Press.

Furman, E. (1974). **A Child's Parent Dies**. New Haven, Ct: Yale University Press.

Garland, C., ed. (1998). **Understanding Trauma: A Psychoanalytic Approach.** Tavistock Clinic Series. London: Gerald Duckworth & Co. Ltd.

*This book describes the psychoanalytically oriented work of the Unit for the Study of Trauma and its Aftermath in the Adult Department of the Tavistock Clinic. It draws (though not exclusively) on the contributions of Melanie Klein as well as those of contemporary Kleinians. Detailed clinical examples are included. Though most of the book focuses on work with individuals, attention is also paid to group treatment.*

Golan, Naomi (1978). **Treatment in Crisis Situations.** New York: The Free Press.

Herman, J. L. (1992, 1997). **Trauma and Recovery: From Domestic Abuse to Political Terror.** New York: Basic Books.

*This book focuses on the importance of a "healing relationship," and the need for empowerment of the trauma survivor in the treatment experience. Three stages of recovery are delineated in detail, and demonstrated through clinical vignettes. The central task of the first stage is the establishment of safety, the second is that of remembrance and mourning. The task of the final stage is "reconnection with ordinary life."*

Hohfoll, S.E. & W.de Vries, M.W. (1995). **Extreme Stress and Communities: Impact and Intervention.** Boston, London: KluwerAcademic Publishers.

*This collection of papers is aimed at expanding an understanding of the role of communities in responding to large-scale traumatic events. The one chapter I read on widowhood contains findings from a large scale study on widows, identifying some of the ways in which the needs of these women are often not met by those who would seek to comfort them, due to popular misconceptions and generalizations about the needs of this population.*

Horowitz, M.J. (2001). **Stress Response Syndromes.** Northvale, N.J: Jason Aronson.

*This is a classic book which has been revised several times. It delineates in detail the feelings of fear, rage, shame guilt, and numbness associated with trauma and in particular on "intrusive images" that can haunt the victims for years afterwards. In order to overcome these feelings, the book emphasizes that the meaning of the trauma in a person's biography needs to be understood.*

Jacobs, S. (1993). **Pathological Grief: Maladaptation to Loss.** Washington, DC and London: American Psychiatric Press.

Jozefowski, J. T. (2001). **The Phoenix Phenomenon Rising From the Ashes of Grief.** Northvale, N.J.: Jason Aronson.

*The publisher describes this book as examining the resiliency of individuals enduring great adversity and emphasizes the way in which pain and despair can become a transformative experience. The book seeks to show how while a person may not be the same after the death of a loved one, diminishments of self and of life are not the only possible outcome.*

Janoff-Bulman, R. (1992). **Shattered Assumptions: Towards A New Psychology of Trauma.** New York: The Free Press.

Krystal, H. (1968). **Massive Psychic Trauma.** N.Y.: International Universities Press.

Lehman, D.R., Ellard, J.H., Wortman, C.B. & Williams, A.F. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology.* 64:438-446.

Lifton, R.J. (1979). **The Broken Connection: On Death and the Continuity of Life.** New York: Schuster.

(1993). **The Protean Self.** New York: Basic Books.  
*This is a book about human resilience under conditions of great fragmentation. It is a hopeful book, which helping professionals may find supportive.*

Lindemann, E. (1979) **Beyond Grief.** New York: Jason Aronson

Malkinson, R., Rubin, S. S., & Witztum, E., eds. (2000). **Traumatic and Nontraumatic Loss and Bereavement: Clinical theory and Practice.** Madison, Connecticut: Psychosocial Press.

*The editors of this book and many of the contributors reside in Israel. The book includes chapters on childhood bereavement, on the therapeutic implications of cultural conceptions of death and bereavement, and on the topic of collective bereavement and commemoration.*

McCann, I.L. & Pearlman, L.A. (1990). **Psychological Trauma and the Adult Survivor: Theory, Therapy and Transformation.** New York: Brunner/Mazel Psychosocial Stress Series 91.

Neal, A. G. (1998). **National Trauma and Collective Memory.**

*According to Book News, Inc. this book, written by a sociologist, examines the individual and collective reactions to such catastrophic events as Pearl Harbor, the Vietnam War, etc.*

Parad, H.J. & Parad L.G., eds. (1999). **Crisis Intervention.** Lewiston, New York: Manticore Publishers.

Parkinson, F. (2000). **Post-Trauma Stress.** Tucson, Arizona. Fisher Books.

*This book deals with the effects of disasters on the rescuers and helpers involved as well as the victims and survivors. It alerts those involved to the normality of their reactions, and emphasizes the need for support on the part of all who are involved. The author stresses the value of psychological debriefing and offers a detailed description of this process. The book also contains a detailed bibliography as well as references to relevant web sites.*

Roberts, A., ed. (2000). **Crisis Intervention Handbook: Assessment, Treatment and Research.** New York: Oxford University Press.

Rogers, K. L., Leydesdorff, S. with Dawson, G., eds. (1999). **Trauma and Life Stories.**

*This volume explores the relationships between the experiences of helplessness and terror associated with trauma, the ways in which the survivors recall their experiences, and the way in which they represent these memories in the language and form of their stories. The books includes accounts of violence in South Africa, the violence in Ireland, experiences of Ethiopian Jews moving to Israel, as well as in other countries. Though not directly useful in the clinical situation, some readers may find it, as I did, an interesting volume.*

Rothschild, B. (2000). **The Psychophysiology of Trauma and Trauma Treatment.** New York: W.W. Norton & Co.

Saakvitne, K.W. & Pearlman, L.A. (Paperback - October 1996). **Transforming the Pain: A Workbook on Vicarious Traumatization.** Boston: Allyn and Bacon.

Ulman, R. B., & Brothers, D. (1988). **The Shattered Self: A Psychoanalytic Study of Trauma.** Hillsdale: The Analytic Press.

Van der V. Kolk, B.A. & A.C. McFarlane & L. Weisaeth (eds.). **Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.** New York: The Guilford Press.

York, S. (2000). **Remembering Well. Rituals for Celebrating Life and Mourning Death.** San Francisco, Cal. Jossey Bass.

*This book by a Unitarian minister, is described as a guide for those who wish to put death in a spiritual context but are unsure as to how to do so. It is written for those who have broken with tradition as well as those who wish to give new meaning to the rituals of their faith. Among the issues it addresses are the difficult decisions that survivors must make quickly when death occurs; the composing of a funeral service; and perhaps of special relevance today is a chapter on the impact of different ways that a loved one may die. It is entitled "All*

*Deaths are Not Equal" and specifically considers deaths that result from violence.*

Young, J. I., Ford, J. Ruzek, J. I. Friedman, M.J. & Gussman, F. **Disaster Mental Health Services: A Guidebook for Clinicians and Administrators.** White River Junction, Vermont National Center for PTSD.

*This is a very extensive volume focusing in detail on the delivery of services to those experiencing trauma at disaster sites during the crisis and over the long term. It has an extensive bibliography on trauma. The entire book can be accessed on the Web at (not yet available in print form) <http://www.ncptsd.org/treatment/disaster/index.html>*

Wolfenstein, M. & Kastenbaum, R.J., eds. (1977). **Disaster.** North Stratford, NH: Ayer Co. Publishers

## Articles

Bowlby, J. (1961). Process of mourning. *International Journal of Psychoanalysis.* 52: 317-340.

Brunkow, K. (1996). Working with dreams of survivors of violence: facilitating crisis intervention with a psychoanalytic approach. In: *Fostering Healing and Growth A Psychoanalytic Approach*, ed. J. Edward & J. Sanville, New York: Jason Aronson Inc. pp.212-225.

*Interesting examples of effective short term interventions, in which dreams are effectively used.*

Classen, C., Koopman, C. & Spiegel, D. (1993). Trauma-Dissociation. *Bulletin of the Menninger Clinic.* 57: 178-194.

Congress, E.P. (2000). Crisis intervention with culturally diverse families. *Crisis Intervention Handbooks: Assessment Treatment and Research.* ed. A.R. Roberts. Oxford, New York: Oxford University Press. pp. 430-491.

*This article highlights the importance of sensitivity on the part of the clinician to the particular cultural backgrounds of those we treat. Given the diversity of the population affected by the World Trade Center Disaster, this article should prove informative.*

Coyne, J.C., Wortman, C.B., & Lehman, D.R. (1988). The other side of support: Emotional overinvolvement and miscarried helping. In: B.H. Gottlieb (ed.) *Marshaling Social Support: Formats, Processes and Effects.* Newbury Park: Sage Publications. pp. 305-330.

Craig, Y. (1977). The bereavement of parents and their search for meaning. *British Journal of Social Work.* 741-45.

Goldschmidt, O. (1986). A contribution the subject of "psychic trauma" based on the course of a psychoanalytic short therapy. *The International Review of psychoanalysis*. 13:181-199.

Laub, D., & Auerhahn, N. C. (1993). Knowing and not knowing massive psychic trauma: Forms of traumatic memory. *International Journal of Psychoanalysis*, 74:287-302.

Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry*. 101:141-148.

Nagera, H. (1970). Childrens' reactions to the death of important objects: A developmental approach. *Psychoanalytic Study of the Child*. New Haven CT: Yale University Press. 25:360-400.

Pruett, K. (1984). A Chronology of defensive adaptations to severe psychological trauma. *Psychoanalytic Study of the Child*. New Haven CT: Yale University Press. 39:591-612.

Roberts, A.R. (2000). An Overview of Crisis Theory and Crisis Intervention. in *Crisis Intervention Handbook Assessment, Treatment, and Research*. ed. A.R. Roberts. oxford, New York: Oxford University Press. Chap. 1-3.

Van der Kolk, B. A., & Van der Hart, O. (1995). The intrusive past: The flexibility of memory and the engraving of trauma. In C. Caruth (eds.), *Trauma: Explorations in Memory*. Baltimore: The Johns Hopkins University Press.

Volkan, Vamik (1985). Psychotherapy of complicated mourning. In V. Volkan (ed.) *Depressive States and Their Treatment*. Northvale, NJ: Jason Aronson.

Wolfenstein, M. (1966). How is mourning possible? *Psychoanalytic Study of the Child*. New Haven and London: Yale University Press. 21:93-126.

Wortman, C.B. & Silver R.C. (1989). The Myths of Coping with Loss. *Journal of Consulting and Clinical Psychology*. 57:349-357.

Yacoubian, V.V. & Hacker F.J. (1989). Reactions to disaster at a distance. *Bulletin of the Menninger Foundation*. 53:331-339.

*A brief summary of the responses of Armenian Americans from a Los Angeles school after a massive earthquake in Armenia in 1988. Students were strongly identified with the victims, felt personally affected, and rushed into hectic activity in order to escape grief. The article identifies a special form of survivor guilt which takes the form of envy of the victims, a feeling of having been excluded from a valued experience.*

Zetzel, E. (1943). War neurosis: a clinical contribution. In: *The Capacity for Emotional Growth*. (1970) New York, IUP. 2-32.

*This article shows through several case vignettes how external traumatic events can bring to the fore specific unconscious conflicts which lead to symptoms.*

Widom, C. S. (1987). The cycle of violence. *Science* 244, 160-165.

## Web Sites

American Mental Health Alliance  
[www.AmericanMentalHealth.com](http://www.AmericanMentalHealth.com)

*This site contains an extensive bibliography on trauma developed by Dr. Michael G. Connor.*

American Red Cross Disaster Services  
<http://www.redcross.org/pubs/dspubs/terrorat.html>

International Critical Incident Stress Foundation. Inc.  
<http://www.icisf.org/911.htm>  
*This site offers a great deal of information, including material on work with adults and children.*

National Center for PTSD  
<http://www.ncptsd.org/treatment/disaster/index.html>  
*This site contains a copy of the Disaster Mental Health Services: A Guidebook for Clinicians and Administrators, by Young, J. I., Ford, J., Ruzek, J. I., Friedman, M.J. & Gussman, F. listed above. It also contains an extensive bibliography on trauma.*

Psyche Matters: A Psychology and Psychoanalytic Resource Guide  
<http://%29cam@psycinematters.com/>  
*This site contains full-text papers on a variety of topics. Two papers appeared in December that are relevant to 9/11. One is entitled "The Phenomenology of Trauma" by Robert D. Stolorow PhD. It is a brief account of his own reactions following the death of his wife. The others is entitled "Fundamentalism and Terrorism" by Robert M. Young Ph.D. This site publishes articles by a variety of clinicians such as Patrick J. Casement, Peter Fonagy, Stuart Twemlow, Arnold Richards, and I expect that there will be more articles on trauma in the future.*

## Journals

*Journal of Traumata Stress*  
Kluwer Academy Plenum Publishers 233 Spring St. NY, NY. 10013-1578 212-6 20-8000

and her psychotherapy with other women to educate us readers on the new reproductive technologies available to overcome obstacles to pregnancy. She shares her own story along with that of work with patients who are also resorting to in vitro fertilization to conceive. And she suggests the importance of psychoanalytically informed treatment for infertile prospective mothers if we are to dispel the "ghost in the nursery."

The theory of interlocking vulnerabilities is Carol Jenkin's topic. She posits primary vulnerabilities that lead to fears: of exposure and disapproval, of rejection or abandonment, of merger or being controlled, of attack, of one's own destructive impulses. She uses these terms in her clinical work with couples, supplementing them with family therapy concepts as she attempts to help with reparation of relational bonds. She gives us fascinating examples of these personal and cultural sources of vulnerability in her work with a middle-class African American man and his white male partner, and with

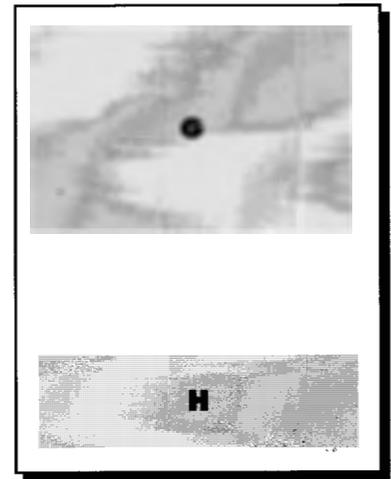
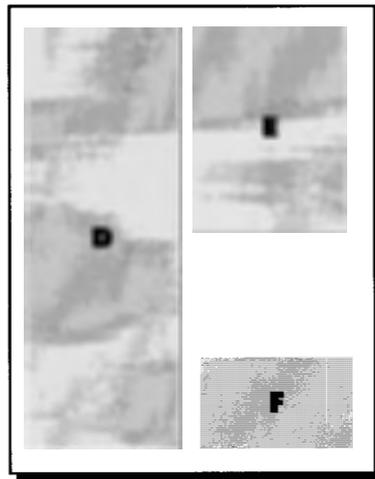
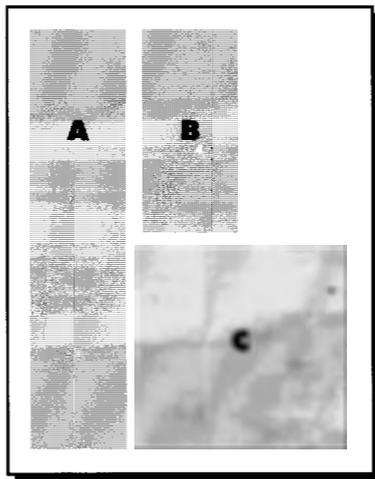
Eleanor and Tom, and with Rachel and Connie. Bill Noack offered a thoughtful discussion, elaborating on and supporting Carol's premises.

Finally we hear from Jane Rubin about the woman analyst as mentor. She sees mentorship as a dimension of the therapeutic relationship, one that can encourage creativity and enrich symbol formation. Although not a concept in the earlier days of psychoanalysis, it is more allowed for in today's world where the analyst's influence is assumed. Rubin posits a paradox: that the acknowledgment of influence renders autonomy possible. A rich paper, taking us back to the myth of Odysseys, and to Athena, a female goddess inhabiting the body of a man! Jane's special creativity is evident in her description of her mentor-mentee relationship with her patient Clare.

This summary includes only the papers accepted for presentation in *Women in the Millennium*. But, as it happens, the enthusiasm for the series continues, and after another year, we may well have another book. ■

## NMCOP Newsletter Advertising Rates & Ad Sizes

Please note changes in ad sizes reflective of new layout...



	Full Page .....	7 1/2" w X 9 1/2" h .....	\$700
<b>A</b>	1/3 page vertical .....	2 3/8" w X 9 1/2" h .....	\$300
<b>B</b>	1/6 page vertical .....	2 3/8" w X 4 3/4" h .....	\$150
<b>C</b>	1/3 page horizontal .....	5" w X 4 3/4" h .....	\$300
<b>D</b>	1/2 page vertical .....	3 5/8" w X 9 1/2" h .....	\$400
<b>E</b>	1/4 page vertical .....	3 5/8" w X 4 3/4" h .....	\$200
<b>F</b>	1/8 page horizontal .....	3 5/8" w X 2 3/8" h .....	\$100
<b>G</b>	1/2 page horizontal .....	7 1/2" w X 4 3/4" h .....	\$400
<b>H</b>	1/4 page horizontal .....	7 1/2" w X 2 3/8" h .....	\$200

# NMCOP

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

---

**Affiliated with The Clinical Social Work Federation**

Last Name ..... First Name .....

Degree .....

### Home:

Address .....

City / State / Zip .....

Telephone ( ..... ) ..... Fax ( ..... ) .....

E-mail .....

### Office:

Address .....

City / State / Zip .....

Telephone ( ..... ) ..... Fax ( ..... ) .....

E-mail .....

### Additional Information:

My preferred mailing address is  home  office.

I am a  new member  renewing member.

I am a member in good standing with the following state Clinical Society: .....

Please include me in the membership directory, and list my  home  office (you may check both) information.

### Membership Category:

*Membership runs from January 1 through December 31 of each year. Membership in a state Clinical Society is required. or in the Clinical Social Work Federation if there is no local state society in your area.*

\$55 General Member

\$45 Retiree

\$40 Student (Please send a copy of full time MSW student ID)

\$45 Friend (Open to those who are otherwise ineligible to join their state Clinical Society or the CSWF)

*Please join before March 31, 2002, to be included in the 2002 Membership Directory.*

### Mail Application & Dues to:

Anne Gearity, MSW - Membership Chair  
2904 Humboldt, Avenue S, Minneapolis, MN 55408

*Questions? Contact Anne Gearity at 612.825.7200 or gear002@tc.umn.edu*

## Directory of 2000-2001 NMCOP Board of Directors

### Officers

**Barbara Berger** *President*  
30 N. Michigan Avenue, #909  
Chicago, IL 60602  
Office: 312.346.7757  
Fax: 703.522.9441  
E-mail: bberger@interaccess.com

**Judy Kaplan** *President-Elect*  
14 Horatio Street, Suite 18E  
New York, NY 10014  
Office: 212.929.0101  
Fax: 212.243.0123  
E-mail: JudyKaplan3@verison.net

**William S. Meyer** *Immediate Past President / North Carolina Area Representative*  
6 Hampshire Court  
Durham, NC 27713  
Office: 919.681.6840  
Fax: 919.681.7421  
E-mail: meyer017@mc.duke.edu

**David G. Phillips** *Past President*  
400 E. 89th Street, #14H  
New York, NY 10128  
Office: 212.831.0181  
E-mail:  
DCMAPHILLIPS@aol.com

**Dale Dingleline** *Secretary*  
250 S. Pleasantburg Drive  
Greenville, SC 29607  
Office: 864.250.0203  
E-mail: ddingle@aol.com

**Terrie Baker** *Treasurer*  
4111 Kettering Drive  
Durham, NC 27713  
Office/Fax: 919.990.1227  
E-mail: tsb123@mindspring.com

### Founder & Consortium Liaison

**Crayton E. Rowe**  
230 West End Avenue, #1D  
New York, NY 10023  
Office: 212.877.2005

### Committee Chairs

**Anne R. Gearity** *Membership Chair*  
2904 Humboldt  
Avenue S  
Minneapolis, MN 55408  
Office: 612.825.7200  
E-mail: geari002@tc.umn.edu

**Jerrold Brandell** *Study Group Chair*  
Wayne State University  
School of Social Work  
Detroit, MI 48202  
Office: 313.577.4447  
E-mail: JBRANDS451@aol.com

**Donna Tarver** *Newsletter Chair / Texas Area Representative*  
5924 Royal Lane, #216  
Dallas, TX 75230  
Office: 214.691.2171  
Fax: 214.692.6572  
E-mail: dftarver@swbell.net

### Area Representatives

**Hilde Gasiorowicz** *Minnesota*  
Office: 612.871.8344

**Ellyn Freedman** *Florida*  
Office: 305.866.9386  
E-mail: ellynf@aol.com

**Cathy Krown Buirski** *Colorado*  
Office: 303.388.7267  
E-mail: ckBuirski@aol.com

**Muriel Brotsky** *Northern California*  
Office: 415.863.8754

**Ellen G. Ruderman** *Southern California / Executive Committee*  
Office: 818.784.7090  
Fax: 818.981.3477  
E-mail:  
ERUDERMAN@AOL.COM

**Cathy Siebold** *Maine*  
Office: 207.761.4773  
Fax: 207.780.4902  
E-mail: c.siebold@att.net

**Karen Baker** *Michigan*  
Office: 313.996.8185  
E-mail:  
kembaker@mediaone.net

**Audrey Thayer Walker**  
*Washington, D.C./Baltimore*  
Office: 202.331.1547

**Dennis Shelby** *Illinois*  
Office: 312.943.2155 ext. 8  
E-mail: rdshelby@icsw.com

**Betsy McConnell**  
*Washington/Seattle*  
Office: 206.522.4800

**Ellanor Toomer Cullens** *Georgia*  
Office: 404.233.7533  
Fax: 770.642.4239  
E-mail:  
etcullen@bellsouth.net

**Margaret Frank** *Massachusetts*  
Office: 617.965.3315  
Fax: 617.965.1186  
E-mail: Pegfrank@aol.com

**Ellie Muska** *New Jersey*  
Office/Fax: 908.508.9274  
E-mail: emuska@erols.com

**Marilyn Schiff** *New York*  
Office: 212.255.9358

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

Affiliated with The Clinical Social Work Federation

NMCOP Newsletter  
5924 Royal Lane, Suite 216  
Dallas, TX 75230

Crayton E. Rowe, Jr., M.S.W.  
230 West End Ave., #1D  
New York, NY 10023-3662