

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

Associated with The Clinical Social Work Federation

Winter 2003

## President's Message

Yesterday a patient entered my office and began her session by saying, "So, I understand that Freud couldn't make a living doing psychoanalysis today." She continued to explain that she had been reading *Time Magazine* in the waiting room and that in the most recent issue a featured article implies that Freud, a name equated with psychoanalysis in the lay population, probably couldn't get a job today! I felt myself react—I was annoyed. Was it with my patient who was being mildly challenging, though in her own likable manner? Maybe it was a little of my own defensive counter-transference. I'd be happy to work with Sigmund Freud. Wow, that was one brilliant guy—whether you agree with him or not! Psychoanalytic theory and technique has grown and changed, of course, like any other viable field. Maybe he, as the article said, wouldn't recognize the practice today. But what I realized later is that the world-view of psychoanalysis is often pejorative, and yet the admiration for deep psychological understanding is all around us. The quick-fix is the psychiatric concept of the day, its what the demand is for, what the people say they want. So, why is a deeper understanding sought and analytic thinking applied elsewhere? About what is the ambivalence in thinking psychoanalytically when it comes to treatment versus any other life area?

In economics, for example, the Nobel Prize in 2002 was awarded to Daniel Kahneman and Amos Tversky—two psychologists who explained people's investment decisions according to psychological states. They discuss the issue that people have stronger reactions to loss than they do to gain, so they hold on to bad investments. Sounds like a familiar concept to me. Isn't this how we understand the human nature of staying in any bad relationship? They also suggest that risk is taken precisely because people do not know the risk. Another concept we struggle with daily in analytic work, is that the known risk is not necessarily the real risk of any decision. It is, actually, an aspect of the difference between what is conscious and unconscious.

In literature, writers like Alice Sebold, Toni Morrison, Pat Barker and many others use analytic perspectives to give depth and meaning to characters and their experience. Perhaps they are using their fiction in metaphorical ways to work through their own conflicts and dilemmas. TV and the movies are permeated

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**NMCOP PRESIDENT**  
*Barbara Berger, PhD*

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# FROM THE PRESIDENT-ELECT

*Judy Ann Kaplan*

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This presentation is meant to challenge the antiquated position of elitism, that psychoanalysis be considered the “gold” of therapy, while psychotherapy be considered the “copper.” The old hypotheses that men are “better” than women, and that heterosexuality is “better” than homosexuality are relevant here. We see how research and theory in the fields of gender and sexual preference have been stymied and blocked by elitism in the past. Just so, the belief in a superior/inferior stance in our profession leads to divisiveness, rather than a position of active curiosity, flexibility, creativity, and cooperation in a venture to study similarities and differences.

One approach to this issue might be an analysis of whether or not various processes and assessment tools contain elements of both psychoanalysis and psychoanalytic psychotherapy, and, if so, how these tools inform us about the differentiation between the two. Take, for example, interventions, frame considerations, and assessment tools such as free association (is “free” association ever really free?), session frequency, ego-supportive techniques, transference, resistance, counter-transference and enactments. An analysis of how such tools are used in different ways may help to clarify what the similarities and differences are between the two methodologies.

I believe our social work training adds to each individual’s skills and perceptive awareness of where the patient is, as well as what the impact is of physical disorders, life conditions and psychosocial stressors. We have available to us theories and techniques such as supportive, suggestive, expressive, intrapsychic, self object, and intersubjective ways of working. We also see that we can draw on the work of Contemporary Freudians and the British Schools (including Modern Kleinians and Independents), as well as the different perspectives of object relations and attachment theory, relational theory, self-psychology, neuro-psychoanalysis, child research, and research in general. I believe that within each of these may be found the differences and similarities between psychoanalysis and psychoanalytic psychotherapy. Again, an analysis of what they are should help us in our struggle toward clarification.

We now possess a broad spectrum of psychoanalytically based approaches to patients that significantly expands the therapeutic effectiveness of our profession. We see that this broad spectrum forms a basic underlying theory and method of treatment, and that there is a

widening range of patients who may need psychoanalysis, or expressive and/or supportive treatment. As Kernberg said in 1999, “it has been easier to elaborate on the distinctive methods, supportive and expressive. Yet, many definitions of expressive overlap with psychoanalysis within the widening scope of patients.”

We must ask the question: Are social work psychotherapy and psychoanalysis as different as we thought? Are they two distinct methods, or are the conceptual challenges presented by the developments in psychoanalytic theory and practice that have broadened and changed psychoanalytic technique within some schools blurring the differentiation? Is it a question of which techniques are more appropriate for a particular patient, given a full diagnosis and assessment of the patient’s needs, as well as the character, sensitivities, attitudes and interactive patterns of the dyad formed by what patient and therapist each bring to the work?

Does the answer to our question lie in varying definitions?

Theories of psychoanalysis deal with the nature, origin and resolution of mental conflict. Gill, in 1954, defined psychoanalysis as the facilitation of the development of a regressive transference neurosis, and its resolution by interpretation alone, carried out from a position of technical neutrality.

In 1954 Anna Freud suggested that a procedure has the right to be called Psychoanalysis if it recognizes and works with two processes in the patient’s mind—transference and resistance. Rangell, in 1966, added a specific focus on the intrapsychic, the unconscious, and the conflictual.

In 1987 Fancher defined psychoanalytic psychotherapy as all psychotherapies based exclusively on psychoanalytic theory, but utilizing deviations of technique, including reduced frequency, sitting up, suggestion, and various supportive or ego building techniques.

Do each methodology’s goals—symptom reduction, conflict resolution, making the unconscious conscious, strengthening of ego functions (especially reality testing), attainment of separateness and autonomy, replacing destructive patterns of relating with healthier and more adaptive ways of functioning, or forming better or more adaptive compromise solutions—inform us about similarities or differences between them?

*See President-Elect on page 13...*

# from the Editor...



Donna Tarver,  
Editor

Our conference committee in New York is busy at work planning and making arrangements for the 9th annual NMCOP Clinical Conference which will take place in New York at the Marriott Financial Center March 11-14, 2004. Penny Rosen has undertaken the daunting task of serving as Conference Chair. Our Program Chair will be Miriam Pierce. The Call for Papers Committee Co-Chairs are Diana Siskind and Susan Sherman. Please note the Call for Papers, which is the centerfold of this Newsletter.

In our next issue we will be introducing a new feature—*The Members Corner*—which will give our membership the opportunity to let us all know of their activities or of activities in their area. Please submit any item of interest or accomplishment—publications, speaking engagements, unique areas of practice or announcements—that you would like our membership to know about. We look upon this as an opportunity to get to know each other better.

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

Thanks to all contributors to the Newsletter. Diana Siskind has again brought us two excellent book reviews by Cecily Weintraub and Joyce Edward. Barbara Berger, our President, and Judy Kaplan, our President-Elect, have both written articles, which challenge us to examine issues regarding our profession and practice. Karen Baker, Betsy McConnell, and Ellen Ruderman have brought us reports from their states. Special thanks to Ellanor Toomer Cullens who will be coordinating information from our Area Reps and combining them in the Area Reps Corner. ■

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

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## 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:

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*Atten: Ambassadors Program*

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## Handbook of Integrated Short-Term Therapy

by Arnold Winston, MD,  
and Beverly Winston, PhD

American Psychiatric Association,  
Washington, D.C., 2002, 293 pp

(Reviewed by Cecily G. Weintraub, PhD)

Although there are other books currently available on the subject of time-limited psychotherapy, the Winstons' contribution is unique because the *Handbook of Integrated Short-Term Psychotherapy* synthesizes current theories of short-term treatment, combines applicable theoretical ideas from the concepts of developmental, conflict, and cognitive theories, and presents an integrated formulation of brief psychotherapy for all diagnostic classifications. Despite the fact that the book is a short-term handbook, the techniques presented are equally applicable to long term treatment.

The Winstons conceptualize a patient sickness-wellness continuum according to level of psychopathology, adaptive capacity, self-concept, and ability to relate to others. The most impaired patient falls to the left side of the diagnostic line while the least impaired patient places on the right side on the continuum. Simultaneously, the authors posit a psychotherapy continuum of increasing supportive short-term psychotherapy for the most impaired patient to increasing exploration in short-term psychotherapy for the least impaired patient.

While cognitive theory interventions provide the backbone of supportive therapy, the authors demonstrate the usefulness of cognitive techniques for patients to make use of information to understand the meaning of events in their lives. The authors state that supportive psychotherapy has no exclusionary criteria

# Book Film

R E V I E W S



and thus is suitable for a broad range of patients. The techniques of labeling what we think, how we think, and what structures our thinking in the context of identifying automatic, negative thoughts focuses cognitive treatment interventions.

Another schema called the triangles of conflict Defense [D], Anxiety [A] and Wish/Need/Feeling [W/N/F] and person with past figure [P], current figure [C], and therapist [T] are central to the integrated conflict-expressive model of psychotherapy. Drawing from the work of many authors (Beck, Davanloo, Dewald, Gill, Malan, Menninger, and Winston), the authors state that brief dynamic psychotherapy in its expressive form is an interpersonally based treatment focused on conflict situations involving important people in the patient's past and present life using the here and now therapeutic relationship to leverage change.

The combination of supportive (cognitive) and expressive (dynamic, developmental, relational, and interpersonal) interventions is determined by the diagnosis of the patient and the change in the therapeutic interaction. Gradations in the mix of supportive-expressive treatment are illustrated in four case studies representing the continuum of pathology. Each case is followed from the initial interview through termination enabling the clinician the opportunity to follow the integration of theory and practice as it unfolds in each therapy process. For these authors both the supportive

and expressive approaches mesh in the effective course of ongoing short-term therapeutic work.

For example, in the case of Lucy, "the woman who lived on the edge" and suffered from a post-partum depression which placed her on the left, the more impaired side of the diagnostic continuum, the initial supportive therapeutic efforts were pitched at enlisting Lucy's co-operation in taking medication to ameliorate the crippling depression. At the same time the therapist introduced beginning cognitive techniques aimed at enhancing this mother's relationship with her children. The therapist promoted functioning by asking what Lucy thought (supportive) rather than what she felt (expressive). Lucy's functioning improved as the therapist monitored and integrated focused interventions aimed at enhancing her role as a mother.

The therapeutic relationship is core to the Winstons' framework. The authors demonstrate how the relationship is used as the foremost tool in the short-term therapeutic encounter across the diagnostic continuum. Mark, a thirty-five year old man who feared the endings of relationships, presented for treatment because of conflict with his boss and wife. The diagnostic assessment placed him to the right on the psychopathology continuum illustrating a more structured personality. In an effort to master his anxiety, Mark threatened to bring about the very losses he feared at work and with his family. In Mark's short-term treatment, the therapist successfully explored Mark's feelings about the here and now therapeutic relationship to target his ongoing pattern of interaction.

Unlike many books about psychotherapy, this manual gives each phase of the treatment process equal

See *Handbook* on page 6...

**Complex Adoption  
and Assisted  
Reproductive Technology  
A Developmental Approach  
to Clinical Practice**

by Vivian B. Shapiro, Janet Shapiro  
and Isabel H. Paret

The Guilford Press, New York,  
London, 2001, 338 pp

*(Reviewed by Joyce Edward, CSW, BCD)*

In their comprehensive, informative, and timely book *Complex Adoption and Assisted Reproductive Technology*, Vivian B. Shapiro, Janet Shapiro and Isabel H. Paret consider the dramatic changes that have taken place in the formation and composition of an increasing number of American families, as well as the impact of these changes on those concerned. The “nuclear” family composed of mother, father and children, biological or adopted, once thought by many to be “universal” (Murdock, 1960), is being replaced by a variety of family constellations. What constitutes a family in this 21st century, as these authors show, is becoming more a matter of subjective rather than objective determination. Today the word family is being applied to a variety of groupings whose members share deep emotional bonds, offer support and are supported by one another and perform those functions which families have traditionally carried out. There are now one parent families by choice; families in which two parents are of the same sex; families in which child and parent are of different ethnic backgrounds. The formation of these non-traditional families attest to a strong wish on the part of many individuals to become “emotional” parents despite their inability or difficulties in becoming biological parents, a significant need for permanent homes for children, as

well as new adoption practices and dramatic advances in medical technology.

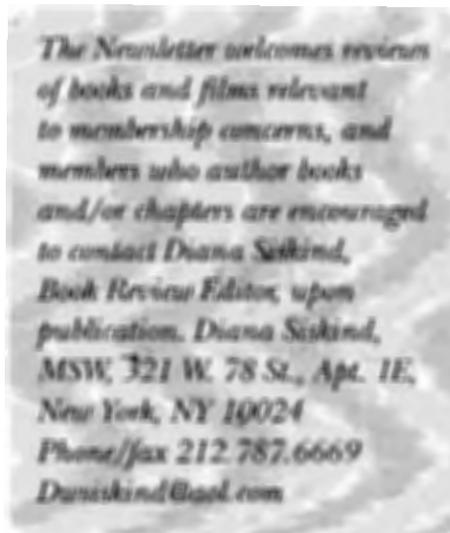
Adoption policies and arrangement have undergone considerable changes in the last part of the twentieth century. Single individuals, same sex couples, older individuals, and foster parents now have opportunities to adopt that were unknown in the past. Today we have interracial, intercultural as well as international adoptions. Individuals are adopting older children as well children with special needs. Adoptions may now be “open” so that the biological parent or parents may remain involved in the life of their offspring over time. Moreover in what are considered to be “closed” adoptions (a general practice in past agency adoptions), there is today a greater opportunity for biological parents and children to locate one another. It is such adoption arrangements that

these authors refer to as “complex adoptions,” and which they consider in detail in this volume.

At the same time as there have been these changes in the field of adoption, the field of assisted reproductive technology (ART) has advanced dramatically. Conception can now occur through artificial insemination using the sperm and ova of the biological parents or by means of donated sperm or ova or both. A fetus may be carried in the body of a surrogate mother and may be biologically related to both or one or neither of the emotional parent or parents. The reader will find in this volume detailed descriptions of these and other interventions, as well as the ethical, legal and psychological issues related to them.

While these changes have made it possible for many individuals who have faced medical or social barriers to parenthood to experience its rich satisfactions and developmental achievements, and for many children to receive the nurturance and support of a parent or parents, these authors remind us these non traditional families are not without challenges. While there is greater acceptance today of diversity among families, some of these families may still experience prejudice, and find themselves frowned upon or excluded by members of their families of origin and/or community members. Even when this is not so, issues around being different are likely to arise for both parents and their children. Both adopted children and those children who have been conceived through gamete donation, face loss as well as biographical and biological discontinuity. For those parents who have struggled with their infertility, there are often lingering issues related to their inability to have a child biologically,

*See Adoption on page 6...*



*Diana Siskind*

**BOOK REVIEW EDITOR**



weight. Process interactions are presented in detail so that leaps in the therapist's work are mitigated. An example of a supportive-expressive treatment, "the woman who thought she was a murderer," Christine, a 25-year-old secretary, sought treatment five months after she had been shot by her boyfriend who then killed himself. Dynamic, structural and genetic components of Christine's problems included low self-esteem, faulty judgment, and poor adaptation to reality. Her core belief (cognitive) that she was not good enough nor wanted by others led to her avoidance of discussing the devastating attack by her boyfriend. Before the catastrophic trauma, prior to the break-up of their relationship, such thinking had led Christine to submit to her boyfriend's abusive behavior. The initial supportive treatment stabilized Christine and permitted her to explore the traumatic event. While other authors summarize the middle phase of treatment, uniquely the Winstons' handbook presents the ongoing sessions fully, allowing the reader to participate in the detailed process of the work.

This handbook's format is user-friendly. The reader follows the theoretical underpinnings and technical interventions easily through the detailed segments of sequential sessions throughout completed short-term therapies. The carryover to a clinician's psychotherapy practice is a natural one.

The expressive-supportive case shows Sarah, a 65-year-old married woman with two grown sons, who entered treatment because she felt pessimistic and depressed about the future. She had failed to get a promotion at work, her son was about to marry, and her husband was consid-

ering retirement. A concentration camp survivor, Sarah was a woman who suffered with pathological mourning as the result of being unable to talk about her early life experiences. Her sense of self alternated between grandiosity and self-deprecation. Her object relationships were mixed as the result of her devaluing others, but she tried to accommodate to their wishes. Sarah's central automatic thoughts were "I am not valued by others" and "life is stacked against me." The case illustrated that the initial sessions of treatment are used not only for a diagnostic assessment but also for a trial therapy. Appreciation of both strengths and core conflicts buttressed by a thorough initial assessment leads to a positive short-term outcome.

A particularly effective aspect of the case presentations is the italicized voice of an omniscient narrator who questions and comments on particular choices the therapist makes during sessions. This narrator calls the reader's attention to instances in which the therapist holds to the patient's affect or follows the underlying theme from session to session. The narrator also explains why a cognitive versus an expressive interpretation is used, and when a therapist's anxiety can lead the therapist to avoid issues by changing the subject. By using this third voice, the authors engage the reader. Suggesting alternative ways of handling therapeutic material at different points in the process makes this case material more real and less idealized.

Because of their long involvement and familiarity with research, the Winstons come to this volume ready to recognize, use and integrate specific techniques from the psychodynamic, developmental, relational, and interpersonal as well as cognitive-behavioral modes of treatment.

Their literature review is thorough yet succinct and draws specifically on points central to a short-term focus. For each of the detailed four cases, the authors also include a DSM IV assessment which dovetails with current outpatient treatment review requirements.

Overall, the Winstons have achieved that enviable and elusive goal of simplifying a complex integrative theoretical endeavor, an effort that encourages the reader to use and refer to their work at any time during the process of treatment. ■

*Cecily G. Weintraub, PhD, president of the NMCOP from 1993-1995, practices psychoanalytic psychotherapy in Lynbrook, New York.*

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**Adoption, continued from page 5**

despite the satisfactions they derive from their children. All of these families face the task of if and how they will inform their children of their origins.

It is in their careful, informed consideration of these and other challenges and their clinical efforts with these families that this volume makes its unique contribution. Through rich case vignettes we see these authors at work. We see them drawing upon a variety of theoretical perspectives including psychoanalytic theory, other developmental theories, ecological system theory and ethnography. Like ethnographers who seek to understand those who live another way of life from the point of view of those who are living it (Spradley, J.P. 1979) and like those psychoanalysts who seek to "learn from the patient" (Casement, 1985), these clinicians emphasize the importance of learning from these families.

The reader will find one section of the book devoted to complex adoption. Here the authors include a comprehensive summary of a range of developmental theories. They consider the impact of diverse socio-cultural contexts on children; the concept of developmental lines and the assessment of delayed development; the history and effects of primary attachment relationships; the history and trauma of disruption and loss; special issues in identity formation in complex family structures; interactive environmental and biological risk factors, such as prenatal exposure to alcohol and drugs, and the nature of infant temperament and other biological factors. One chapter focuses on the adoption of children following foster home placement; another on the impact of delayed adoption. There is a chapter on international adoption; one on the care of grandparents of their grandchildren; and finally a chapter on open adoptions. The remaining chapters are devoted to the new reproductive technologies and how they affect both parents and children. The authors address the psychological meanings of infertility and the emotional impact of the medical treatments these parents undergo. Another chapter is devoted to a consideration of the particular challenges that single, gay and lesbian parents may face. The question of if and how to tell their children about their origins is addressed by Marsha H. Levy-Warren in a chapter entitled "A Clinical Look At Knowing and Telling."

Readers of this book will be impressed with the extent of the theoretical knowledge these authors possess, with their ability to draw from their extensive clinical experience and to share with us what they have learned from these nontraditional families themselves. Their

respect for these families, and their strengths-oriented approach to their work with them is demonstrated throughout the book. They remind us that this is new territory and there are few definitive models of assessment and intervention. However, they show us how we can draw on our existing knowledge base of work with children and families and use it to inform our work in complex adoption and ART, even as we are learning from these families themselves and from our own clinical experiences with them. Hopefully we shall see more long term research on the developmental influence of these new family constellations, for, as these authors note, the long term effects of their experiences remain to be seen.

*Complex Adoption and Assisted Reproductive Technology* should prove invaluable for clinicians. However, it should be equally valuable for a broad range of helping professionals such as members of the clergy, child welfare workers, nurses, school counselors, physicians, lawyers, teachers, and others who are likely to have contact not only with these families after they are formed, but also with those individuals who are considering developing their families through these pathways. While this volume does not address the matter of prevention directly except to suggest that in the case of ART, "anticipatory guidance" (301) may be helpful (there is no listing of this topic in the Index), it should be useful for that purpose. There has already been recognition on the part of the American Society for Reproductive Medicine that in the case of ART counseling and evaluation can be very important for some couples before they proceed and some experts in the field consider that it should be mandatory (Cooper and Glazer, 1998). This volume is an

excellent resource for those who are in a position to help these potential parents think about some of the challenges and tasks that may lie ahead of them, so that they make better informed choices. Whether one utilizes this volume for purposes of intervention or prevention, or simply to gain an increased awareness and acceptance of the many different family constellations that exist today, *Complex Adoption and Assisted Reproductive Technology*, we can thank Vivian Shapiro, Janet Shapiro and Isabel Paret, for introducing us to these families of today, for helping us to become more sensitive to their experiences and needs, and for sharing with us their clinical efforts to assist and support them in their development as families. ■

*Joyce Edward is a Distinguished Practitioner of Social Work, National Academies of Practice; Past Co-Chair, National Study Group of the NMCOP; and Training and Supervising Analyst at the Society for Psychoanalytic Study and Research and at the New York School for Psychoanalytic Psychotherapy. She is the author of many articles, books, and chapters on analytic social work including co-editing two books developed by the National Study Group of the NMCOP.*

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# **PSYCHOANALYSIS: *CHANGING IN A CHANGING WORLD***

## IMPACT ON THEORY AND PRACTICE

March 11 - 14, 2004 Marriott Financial Center, New York, NY

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### **Guidelines for Papers, Panels and Workshops:**

Papers, panels and workshops should address the theme of the conference: the interplay of changes in psychoanalytic theory with changes in our world and in family life, and the impact of these changes on practice.

Areas of focus are:

- Changes within psychoanalytic theory, i.e., the broadening of our theoretical base, the integration of such multiple theories as attachment theory, intersubjectivity, relational theory, and self-psychology with classical theory and ego psychology
- Changes in family structure, i.e., single gender families, complex adoptions, technologically assisted births, changes in childcare, and the effects of terrorism and immigration
- Contributions from related fields, e.g., neuroscience and psychopharmacology

### **Papers, Panels and Workshops will be scheduled for 90 minutes.**

Panels: Three speakers will each give 20-minute presentations on related topics, followed by 30 minutes of interaction with the audience. Panel submissions should be sent together as a unit with one of the panelists as the designated contact person.

Papers: The presenter will speak for 45 minutes; a discussant (to be assigned by the committee) will speak for 15 minutes. 30 minutes will be allotted for interaction with the audience.

Workshops: The presenter will speak for 45 minutes and 45 minutes will be allotted for audience participation.

THE 9<sup>TH</sup> CONFERENCE OF THE NATIONAL MEMBERSHIP  
COMMITTEE ON PSYCHOANALYSIS IN CLINICAL SOCIAL WORK

affiliated with the National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc..

## **CALL FOR PAPERS**

DEADLINE MAY 1, 2003

### **Please Include:**

- Name, address, telephone number, fax number, e-mail and title on a separate page
- 4 copies of full paper, panel or workshop presentation with no biographical or identifying data
- The title should be no more than fifteen words maximum
- Seventy-five word abstract of paper, panel or workshop presentation
- Forty word biographical statement with professional affiliations

### **Students and/or Candidates**

The NMCOP will also be offering a special honor award for paper submissions from social work students and/or candidates. Please follow the submission guidelines detailed in the flyer and mark your paper as an entry for the special student award.

### **Mail material to:**

Diana Siskind, MSW, BCD  
321 West 78th Street, 1E  
New York, NY 10024

### **Address questions to:**

Susan Sherman, DSW  
E-mail: SusB6114@aol.com  
108 East 91st Street  
New York, NY 10128

SUSAN SHERMAN AND DIANA SISKIND, CO-CHAIRS, CALL FOR PAPERS COMMITTEE

In this issue of the newsletter, the Advisory Committee announces the establishment of a new NMCOP Area Chapter: Missouri. Kyle Dennis is the Chair of this group, centered in St. Louis. We will have much more information to report for the next edition, both on the Chapter and on Kyle. Welcome!

As you will read in the current reports—and may remember from previous ones—chapters make copious and effective use of NMCOP's Ambassadors' Program. For those of you who are new to and/or unfamiliar with this project, it serves as liaison between members who are visiting a geographical area with a chapter and would like, or be willing, to present a professional education program to that chapter—as our chapters are always eager to host you! The Program serves to match diverse levels of programs, presenters, and audiences, and is a wonderful way to hone your teaching/lecturing skills, gain invaluable feedback from colleagues, and enjoy a very warm, nurturing opportunity to network with like-minded clinicians. Please consider participating as you plan your travels.

Now, to the area reports...

### California (Southern)

Ellen G. Ruderman, MSW, PhD, PsyD, Chair  
818.784.7090 or [ERuderman@aol.com](mailto:ERuderman@aol.com)

The chapter launched its 2003 Reflections Series with an excellent presentation by Dr. Roz Block entitled "Provision: Its Relationship to the Clinician's Ambivalence." Dr. Jean Sanville gave an illuminating and thought-provoking discussion to Dr. Bloch's paper, also paying tribute to the late Dr. Stephen Mitchell by offering commentary on his work as well as Dr. Bloch's contribution to the construct of provision. Ellen reports that "the audience response was involved, positive, and looking forward to more clinical presentations of this caliber."

Eagerly awaited by the chapter members, as well as by many other professionals in the Los Angeles mental health community, is the March 22nd program "A Morning with Patrick Casement [MA]." In 1994, he presented to the NMCOP Southern California chapter in a stun-

ning lecture entitled "The Internal Supervisor," based on his book *Learning from the Patient*. For his 2003 lecture Mr. Casement, who is a member of The British Psychoanalytical Institute, will present "Learning from our Mistakes: Beyond Dogma in Psychoanalysis and Psychotherapy," which will be based on a recently-published book and geared to the clinical concerns of the audience. The time of this program is 9:00 a.m. to 12 noon; morning refreshments will be served.

On June 14th Laurence Green, MSW, PsyD, member of The Institute for Contemporary Psychoanalysis, will present "The Value of Hate in the Countertransference (One Analyst's Search for 'Thirdness')." His discussant will be Dr. William Coburn, also of ICP and author of many publications on countertransference. Dr. Coburn will present a discussion based on contextual views on countertransference. Opening the afternoon program, Dr. Ellen G. Ruderman will give a short introduction to the afternoon's topic in a presentation entitled "The Clinician's Creative Use of Countertransference: From Early Origins to Post-Modern Concepts."

The Southern California chapter is inviting many of its formerly active members, who now are members of various psychoanalytic institutes in the Southern California area, to become part of The Reflections Series by presenting their own written work.

For further information on the Southern California chapter programs and membership, please contact Dr. Ellen G. Ruderman.

Jean Bovard Sanville, MSS, PhD, and Ellen Bassin Ruderman, MSW, PhD, PsyD, are awaiting their co-edited book *Therapies with Women in Transition: Toward Relational Perspectives with Today's Women*, soon-to-be published by International Universities Press. Upon publication, the book chapters' contributors—all members of NMCOP—will gather for a combined series of presentations from the book and a celebration of its publication. This date of this event is to be announced.

### Georgia

Ellenor Toomer Cullens, MSW, Chair  
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The Georgia chapter continues to grow and prosper vis-à-vis increased membership as well as growing recognition from fellow psychoanalytic organizations, psychoanalytic institutes/psychoanalytic psychotherapy training programs, and schools of social work in our catchment area

(Alabama, Georgia, South Carolina, and Tennessee). Members recently received special invitations from The Atlanta Foundation for Psychoanalysis, a multidisciplinary group providing outreach to educate the public about psychoanalysis and its interface with the commonweal in addition to its mental health application, to their Special Lecture Program for 2003 featuring Lucy Daniels, PhD, Clinical Psychologist and founder of The Lucy Daniels Foundation of North Carolina. Dr. Daniels gave an excellent presentation on "Psychoanalysis and Creativity" to a full, enthusiastic 'house' at Emory University on January 16th—despite poor driving conditions and threats of a winter storm.

The evening of November 15th, another night of inclement weather and traffic, we hosted Chad C. Breckenridge, MSW, PhD, of the Minnesota Chapter through The Ambassadors' Program. Dr. Breckenridge was in Atlanta as speaker for The Annual Diane Davis Memorial Lecture of The Georgia Society for Clinical Social Work, and presented to our Chapter's salon on "Developments in Attachment Theory: Considerations from the Perspectives of Neuropsychology and Research." This well-attended—and exceptionally well-received—program, informal discussion, and dinner yielded five new members for the chapter and included attendees from fields other than Clinical Social Work, attracted by our growing reputation for excellent programs and exciting, collaborative discussion.

Another activity or project helping build NMCOP here is promoting the recent Call for Papers for the 2004 National Conference, and working with members and prospective members to encourage submitting their work and using this chapter to mentor, sponsor colloquia to practice presentation skills, provide audience feedback, etc. We now are developing the Spring-Summer programs, to be announced. As The Council on Social Work Education's Annual Meeting will be held in Atlanta this February, we would welcome any NMCOP members who will be attending to present to us. Please contact The Ambassadors' Program or me directly.

## Michigan

Karen E. Baker, MSW, Chair  
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In the past year the Michigan chapter has worked, and continues to work, to inform Clinical Social Workers of the NMCOP by distributing brochures and newsletters at meetings or directly to colleagues. Karen's own introduction to NMCOP was through colleague Brenda Meisels, MSW, who gave her membership information and news-

letters, encouraging her to join and attend a national conference. "After listening to her and reading about NMCOP, I decided to join and together we attended the conference. I returned home feeling inspired and intellectually stimulated," she writes, of an experience many of us have shared.

Karen continues, "Two things happened as a result of attending that conference. One was that I agreed to become the Michigan Area Representative and secondly, Brenda Meisels and I transformed our inspiration into forming a study group with psychoanalytic social workers and social work psychoanalysts. We have been meeting on a bi-monthly basis since 1996. The group meets for two hours using one hour for clinical presentations in which members present a case for discussion with the following hour used to discuss the readings. Over the years we have studied the writings of Jean Sanville, Joyce Edward, Thomas Ogden, Jeffrey Seinfeld, Novick and Novick as well as many other authors. The longevity of this group speaks to the group members' dedication and commitment to practicing psychoanalytic social work.

In the last year the momentum of the Chapter has grown. In collaboration with The Michigan Psychoanalytic Council's monthly program committee, Jerrold Brandell, MSSW, PhD, and I recommended NMCOP members Joseph Palombo, MA, and Dennis Shelby, MSW, PhD, as speakers in their monthly program schedule. Our recommendations were accepted and each was invited to participate. Both presented important and interesting papers, Mr. Palombo "The Clinical Implications of Learning Disabilities for Psychoanalytic Treatment" and Dr. Shelby "About Cruising and Being Cruised." Both papers generated lively discussion.

In November, we launched our first event through the NMCOP Ambassadors' Program with Barbara Berger, MA, PhD. Her excellent paper, "Transference: The Impact of Corruption in the Life of the Patient," was well received and stimulated a great deal of dialogue. The program was successful with 20 people in attendance. The positive response and enthusiasm has motivated us to organize these meetings on a quarterly basis with the goal of arranging our next program in March.

Michigan has not had licensure for Clinical Social Workers. We are all aware of how critical and necessary it is in terms of public protection, professionalism, credibility, credentialing, and reimbursement. Our newly elected Governor Granholm has promised to pass a licensing bill. Chapter members and [other of] Michigan's [independent] Federation members are working together on this project. We will keep

*See Area Representatives' Corner on page 12...*

with psychoanalytic ideas and concepts. Some examples include the attempt to "get into the head of another" in "Being John Malkovich," the mind boggling, non-sequential impact of memories in "Mulholland Drive," or our national fascination with understanding the mind of organized crime boss, Tony Soprano. The acceptance that analytic thinking has received in intellectual and academic circles, as well as in the general public, has resulted in the pervasive influence of analytic ideas in every aspect of contemporary culture. It is apparent that analytic contributions have been and can be made in almost every cultural area.

Still, psychoanalysis as a treatment is resisted as old-fashioned, phallogocentric, elitist, too slow, and too costly. Analysts, from all disciplines, are accused of being arrogant and out of touch and psychoanalysis becomes the object of derisive jokes. Articles, like the one in *Time*, may also be misleading in their implications. They seem to confuse the reader, for example, about the numbers of people who work with analytic therapists, as compared

with the number of people who are "analysts."

It seems that there is a dual challenge facing psychoanalysis today. We must help to restore the awareness of psychoanalysis and psychoanalytic psychotherapy as important treatment methods for people seeking a deep understanding of self and character. We must also remind people that the root of analytic thinking as it is applied throughout our culture comes from a knowledge of psychoanalysis that has been assimilated and is adapted for broad usage. It is a method of thinking and a perspective that has been so long accepted and respected that it is used without awareness of its source. But psychoanalysis is the source. It began with Sigmund Freud and it has evolved in many different ways, with input from many different sources. It is being practiced today by clinicians with roots in medicine, psychology and social work. Perhaps it is healthier and more alive than the media would have us believe. I, for one, am happy to be a part of the psychoanalytic world—to use it, to teach it, to think in its terms and to share it with others. ■

.....  
*Area Representatives' Corner, continued from page 11*

you posted as to what happens with licensing here in Michigan.

It's exciting to think what 2003 will bring for Clinical Social Workers and the Michigan chapter! We're looking forward to it."

## **Washington**

Betsy McConnell, MSW, Chair  
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In June of 2001, Betsy McConnell and Chapter member Maxine Nelson teamed up to create Luminous Psyche: Selected Films of Max Ophuls. This film series, which begins January 31st of this year and runs through February 28th at The Seattle Art Museum, has attracted many local sponsors including four area psychoanalytic institutes and organizations, cultural organizations such as The Walter Simpson Center for the Humanities at The University of Washington, and Cinema Seattle. Betsy writes that "following each film will be a presentation, from a pairing comprised of a member of The University Cinema Studies faculty and a Seattle-area psychoanalyst or psychoanalytic psychotherapist, in an attempt to create a unique form of discourse which will promote psychoanalytic thinking for a diverse audience. Two-

thirds of the Series Passes have been sold... although we are still raising money; as with all artistic endeavors, ticket sales don't cover all of the costs so this has been our main burden. 'Seed money' from the NMCOP chapter helped to create the Northwest Psychoanalytic Film Study group, which will develop further, similar plans in the years to come." If you are interested in looking up this exciting program, the web site is [www.luminouspsyche.org](http://www.luminouspsyche.org). It gives extensive detail about each of the films, the directors, and the discussants. We hope to hear more from Betsy about this project in the next newsletter.

~ Ellanor Toomer Cullens, MSW  
Board Member-at-Large

**Coming in the Spring issue...**

**New Column:  
The Members' Corner!**

*Deadline for submissions is April 15, 2003*

In psychoanalytically oriented psychotherapies, the centrality of the transference is the underlying dynamic of the therapeutic relationship, and techniques of clarification, confrontation and interpretation are utilized. Here, often, the patient's projections and idealizations of the therapist may be left untouched, or unsystematically worked with. There has been some degree of consensus on what the developmental stages are through which the typical psychoanalysis progresses. Is this also true for psychotherapy? How is regression handled? The uncovering process?

We are currently aware of the place of self-reflection and the capacity for symbolization in contemporary Freudian psychoanalysis. Does this focus provide a useful perspective from which to distinguish between the classical form of treatment and those forms of treatment that use internalization mechanisms as their predominant mode of therapeutic action?

Where self-esteem issues are predominant and resistance is mobilized against self-revelation and its atten-

tant feeling of anxiety, deep vulnerability and shame, interpretative effects in the transference increase the patient's fear of exposure. A shift from the interpretive mode toward empathic resonance with the patient's experience eventuates analytic process—to a corrective emotional experience with internalization as the predominant mode of therapeutic action (Gray 1994).

As you process these questions and formulate theories of your own, I believe we are working to go beyond the paralysis of elitism toward a productive, useful study of the differing elements of our profession, enabling all of us to avail ourselves of the immense richness and fertility of diversity.

Theorists of different persuasions are examining these principles and coming up with very different conclusions. Since associations never really are "free" why do we use the concept of free association? Is it possible to listen without preconceived expectations?

Are psychotherapy and psychoanalysis as different as was once thought?

We have a listserv and we invite you to participate, present your ideas, and discuss and debate these important issues with us. ■

## **Aims & Purposes of the NMCOP**

- To further the understanding of psychoanalytic theory and practice within the profession of social work and to the public.
- To promote a unique and special identity for all social work professionals engaged in psychoanalytically informed practice.
- To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in social work with other mental health disciplines through education, legislation, and collaboration with other disciplines.
- To effect a liaison with other disciplines identifying themselves with the theory and practice of psychoanalysis.
- To advocate for the highest ethical standards of practice and for quality mental health care for all.

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## Psychoanalytic Sites on the Web...

### www.nmcop.org

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

## Coming in the Spring issue...

(Deadline for submissions is April 15, 2003)

### The Members' Corner (new!)

Send your news for this new column

### Follow-up on article by Joyce Edward

### Book Reviews

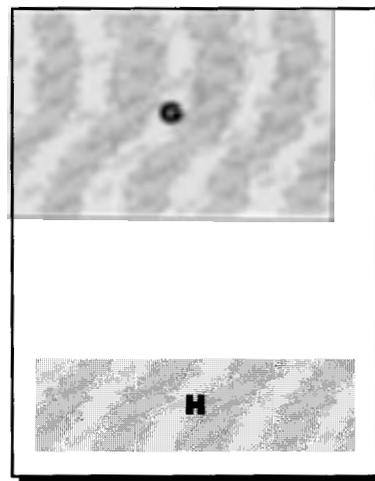
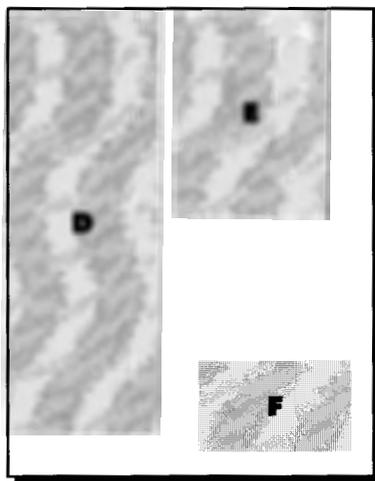
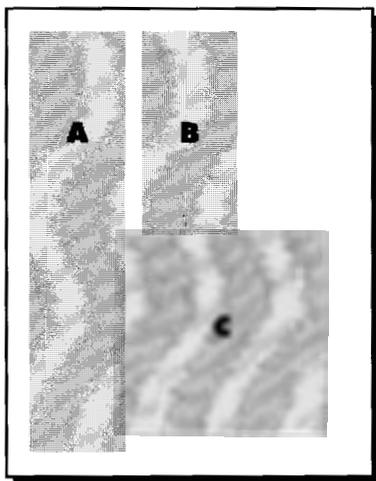
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