

Newsletter  
Winter 2008

Formerly NMCOP—  
National Membership  
Committee on  
Psychoanalysis in  
Clinical Social Work

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## From the *President*

Happy New Year's Greetings to everyone! It is my great pleasure to be writing my first column to all of you. I'm pleased to report that at the start of the New Year our organization is robust, indeed thriving. Spearheaded by our able membership chair, John Chiamonte, our membership is now at a healthy 775 and growing! As you all know, our March '07 conference in Chicago headed by our wonderful Barbara Berger and committee was heralded as an overwhelming success and we are now fully immersed in the planning for our next conference, which will be entitled "Memory, Myth and Meaning in a Time of Turmoil" and will be held in February 2009 in New York City. It is being organized by our experienced Penny Rosen and our president-elect, Cathy Siebold, and assisted by Judy Kaplan, as program chairs with a full and active complement of committee members. The call for papers has already gone out and major speakers have been invited. This next conference is shaping up to be a very important and exciting event!



Samoan Barish, PhD

### ***Our Team***

I would like to thank Marsha Wineburgh, our past president, for all the work she has done for AAPCSW. As you know, she and I have worked closely over the past two years and I hold Marsha in the highest esteem. She is a very intelligent, highly competent person, and someone who really understands organizational life. Under her watch, many new procedures and structures were instituted, and our organization has been thriving. Marsha knows how to get the work done. She is a veritable fountain of good ideas; not the least of which was her byline "Psychoanalysis—Clinical Social Work Style," which I believe well captures the essence of what AAPCSW is all about. Fortunately, Marsha will stay actively involved as both a legislative chair and treasurer. She will continue to be a resource for all of us.

I also want to recognize all the officers of our board, with special appreciation to Karen Baker for her ongoing work as our secretary and minute taker extraordinaire, as well as for agreeing to chair our newly reconfigured Public Relations Committee. Thanks to our past presidents Judy Kaplan and Barbara Berger for staying involved and for contributing so much. Barbara always has a thoughtful perspective to offer and is ever willing to pitch in and help out in any number of ways, and Judy so ably serves as our liaison to other psychoanalytic worlds. Further, I'm delighted to announce that Bill Meyers, another past president, has joined our executive board as representative for our large areas. In addition, I want to acknowledge all of our committees and chairs, as well

# Editor's Word

The second issue (December 2007) of *Beyond the Couch*, our online journal developed by Joel Kanter, is posted now. Contents include "Why Attachment? Whither Attachment?: John Bowlby's Legacy, Past and Future," by Christopher Reeves; "Working with Sara (Part Two): Suicide, Survival and Recovery," by George Hagman; "Finding a Place for Theory: An Excerpt from *Learning from Life: Becoming a Psychoanalyst*," by Patrick Casement; interviews with John Bowlby (by Milton Senn) and Patrick Casement (by Kate Schechter); Joel's editorial on publishing online; and a poem by Kristina MacGaffin. Check out these excellent articles at [www.beyondthecouch.net](http://www.beyondthecouch.net). We are very fortunate that Joel has had the interest and expertise to develop this resource for us. Additionally, his excellent management of our listserve is remarkable. I look forward to receiving my digest of articles each day.

We also have a new website committee, headed by Richard Karpe, hard at work developing a new website for us. I think that you will find it much more user friendly and its content more interesting and up to date. Keep watching [www.aapcsw.org](http://www.aapcsw.org) for developments.

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 clinical social workers with an interest in writing to use the *Newsletter* as a vehicle for converting their interest into the writing process.

Our next issue will have at least two new features. We will present brief profiles of new AAPCSW members in the hope that we can use the *Newsletter* to get to know each other better. Also, we will reinstitute a section featuring special interest articles on some of our members. Please send us articles letting us know what you are doing in the field—books or articles published, awards received, and so on.

Thanks to all contributors to this issue: Samoan Barrish, John Chiaramonte, Joan Rankin, Karen Redding, Penny Rosen, and Cathy Siebold. ■



Donna Tarver, MSSW

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MEMORY, MYTH AND MEANING  
In a Time of Turmoil

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MEANING

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# Recherche du temps perdu: What's Memory Got to Do with It?

By Cathy Siebold, DSW

Throughout his writing, Freud continually played with the way that memories impacted or were impacted by drives, feelings and actions. In his final paper "Constructions in Analysis" (1938), he returns to the theme of helping the patient to put together a coherent story about her life. Yet, in his prior paper "Analysis Terminable and Interminable" (1937) he questions the value of memory over drive forces and the transference experience. The range of ideas Freud offered, from his earliest idea that retrieval of traumatic memory is the focus of psychoanalysis, to memory traces that subsequently impact the way that later events are experienced (*nachträglichkeit*) (1918), to memory as less significant than the transformative power of analyzing transference and resistance (1937), are topics of ongoing debates in psychoanalysis.

Freud understood that reported memories were not exact replicas of events but reconstructions of perceptions of past events. In psychoanalysis, ideas about memory and its therapeutic importance have continued to evolve. Kris (1956) suggested that memory retrieval was not just an uncovering, but was also a way to help the patient understand his pattern or response to love and work, and his other struggles. In this classic paper, Kris also notes that patients' readiness for, and responses to, memories can vary significantly, depending on the patient. He also suggests that the analyst, too, plays a part in how memories occur. The more the analyst steps back and follows the patient, forgoing interpretive comments, the more readily memories may emerge. Blum (1999; 2003) too, has written on reconstruction and its value for therapeutic action. Spence (1982), introducing another way to think about memory suggested that what we call memory is actually a co-construction created by the patient and therapist.

Neuroscience during the last half of the twentieth century has enlarged our understanding of memory. Up to this point I have been discussing what is described as autobiographical or declarative memory. Typically, when the term memory is used it refers to declarative memory, ideas that can be represented symbolically. There are other forms of memory, called nondeclarative memory. This latter term is used to describe various forms and processes of noncognitive, experiential memory, which may impact ideas but cannot actually be in conscious,

cognitive awareness. An example might be an infant's experience of being held and nurtured, or abused and neglected. Either experience will be encoded in the infant's brain, but cannot be called up as a cognitive memory. D'Amasio (1999) has described such memory as the "feeling of what happens." Memory can also be procedural and non-conscious. Being able to ride a bike (Kandel, 2006) is a frequently used example to describe procedural memory. We can ride without consciously knowing about the muscle activity that is instigated by neuronal activity.

This evolution in our understanding of the complexity of memory has led to increased attention to the way that memory in all its manifestations may impact the therapeutic process. Simply put, there is much more going on between a patient and analyst than the expression of thoughts and ideas. Although we have known that for a long time, recent assertions by Fonagy (1999) regarding the relative unimportance of declarative memory as a core aspect of therapeutic action have led to a lively discourse in the therapeutic literature (e.g., Blum, 2003). Fonagy contends that it is the experience with the analyst, and the concurrent alterations of non-declarative memories in the therapeutic relationship that are the central factors in therapeutic action. Autobiographical memories, when they occur, are 'epiphenomena' (Fonagy, 1999, p. 218), events that are incidental to the therapeutic process. Fonagy's dismissal of autobiographical memory as a significant aspect of therapeutic action aroused strong responses from the psychoanalytic community (Blum, 2003; Goldberg, 1999; Holmes, 2000). Some (e.g., Blum, 2003) have avowed the enduring value of declarative memory and its reconstruction.

It seems to me that we continue to bifurcate issues that in reality have more than two sides. These issues are more complicated than any argument for or against the importance of declarative memory can address. In actuality, we are only hypothesizing about a complex system, that is, mind, rather than having a fully developed theory of mind. In this paper, I would like to explore the importance of declarative memory, not as a *sine qua non*, but as a sometimes important component of the therapeutic process. As Modell (1994) has noted, each patient

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makes use of therapy in her own particular way. “We cannot assert that any particular aspect of this process is the sole way through which a cure is achieved” (p. 91). In particular, I believe that autobiographical memory, however distorted by time and reconstruction, may at times signify the emergence of change or a mutative process occurring in the therapeutic course. These memories may occur within the therapeutic session, or they may occur outside of sessions. Furthermore, regardless of where or when these autobiographical memories occur, in the complex systems in which we all operate, there are many possible factors influencing the emergence of memory.

The following two vignettes depict the emergence of an autobiographical reconstruction of memory and its potential impact on the therapeutic process. This first case illustrates a seemingly important memory that occurred to the patient between weekly sessions, whereas in the second case, the emergence of memory seems connected to the therapeutic process. To begin, the first person I will discuss is Jen. Jen perceived her father as bad and her mother as oppressed but loving and protective. Jen was an only child. If Jen faulted her mother it was for staying with her narcissistic, abusive father. Jen’s description of her mother was filled with idealizations and sadness that she, Jen, was abandoning her mother by going off to college. She also preserved a picture of her and her mother as having a special loving relationship that excluded her father.

In the triad, she saw herself and her mother bonded as allies against the father. There was a striking absence of any sense of her parents as a united pair. Over two

years this theme regarding her parents continually emerged in the therapy. Jen could allow that her mother might interfere with her career goal, but her loyalty and sadness about her mother’s plight persisted. My own activity was to be curious about her perceptions and feelings about her mother. Rather than interpret her relationship with her mother, I stayed closer to the surface in observing ways that Jen responded to me or seemed to disavow feelings toward her parents (Smith, 2006). As I have commented in an earlier work (Siebold, 1996), when the relationship with the parent is still active, the primary object’s influence is similar to that which we observe when working with young children. This was the lens through which I perceived Jen. She and her mother were still connected with mother still actively influencing Jen’s actions, thoughts and feelings. In light of attachment theory, I might also understand this connection as a continued reinforcement of Jen and her mother’s early model of relationship (Bowlby, 1988).

As the therapy continued Jen’s patterns and feelings began to change in some ways. She began dating, and met someone who was an available and interested lover. As I thought of it, these changes seemed less conflicted for her because they fit her mother’s goals for her. Her mother wanted Jen to marry and have children. Moreover, her choice of partner did not threaten her relationship with her mother, whom Jen still saw and communicated with as much as ever.

As her relationship with her new partner deepened, however, the desire to be more independent from her mother increased. This desire became particularly significant when her partner was offered a job in another state. This circumstance aroused anxiety in Jen, and there was

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a regression to symptoms of bingeing and purging that had not occurred for many years. Of course the threat of the potential loss of me was also part of Jen's response. This experience provided us with an opportunity to share her fears of loss and abandonment in a way that allowed for some amelioration of her anxiety. As it turned out, the new job did not occur, and Jen began to think about having children.

Although she would say that she wanted to limit her parents' influence on their grandchildren, she did not feel that this was possible. It seemed as if she wanted to protect her future children from their grandparents. This desire was not, however, integrated with a less idealized image of her mother. In the process of exploring Jen's thoughts and feelings, two things occurred that I believe were significant. First she remembered an incident in which her mother did not play the loving role that Jen continually ascribed to her. Second, but also occurring subsequent to this memory, she began to recognize the way that her parents were invested in their relationship.

Jen came into her weekly session one day and spoke about current issues with her husband and family. Midway through the session, she told me that, during the course of the week, she had remembered an incident from her childhood. One summer, when she and her mother were living in their summer home and her father was in Boston, Jen was taking math lessons. She was not particularly good with math, and so her parents had hired a tutor for her. This tutor was very gruff and would speak harshly to her or slap her for not paying enough attention. What she remembered was seeing her mother standing in the doorway watching this tutor as he spanked her for not paying attention. Jen was struck by the thought of seeing her mother watching the tutor spank her but doing nothing to intervene on Jen's behalf.

What prompted this memory is difficult to say. At the time, Jen did seem to have a good explanation for the events that led up to the memory. She thought that it had occurred after watching a television show that had violent content. Edelman's (1992) theory of memory suggests that remembered experiences are dynamic reconstructions, categories of experience awaiting activation. Arguably, Jen's memory may have been brought about by therapy,

or by her developing intimacy with her boyfriend, or simply the television show. I cannot discount the transference process that had encouraged Jen to reflect on her perceptions and actions toward me. But how and why this memory in its reconstructed form was activated remains difficult to know. It did seem to me, however, that after this memory there were alterations in Jen's attitudes and behaviors towards her mother.

Following this memory, there began a process of Jen's thinking and talking less defensively or protectively about her mother. She was able to talk about and modify the idealized image of mother. She was also less concerned

with her mother's plight. As she was less idealizing and protective of her mother's image, her image of her parent's relationship also altered. Now when she described the intensity of her parent's relationship it was as an observer, rather than as an ally of her mother. She could consider that her mother and father fueled each other emotionally, and were invested in continuing their interaction with each other. Mother was not the ally Jen had believed, but a

complicated woman who loved her daughter in the way her mother understood how to love.

In the second situation, a male patient, who had been in treatment for several years, finally decided to recline on the couch. After a few sessions of facing away from me, he began to remember the way that in the mornings his mother would call him to her bed after his father left for work. As he described it, the experience of getting into bed with his mother was similar to the cuddling that many parents engage in with their children in bed. The difference for my patient was that it was his mother who called him into her bed. It was not necessarily something that he wanted to do. Prior to remembering this experience, he had described his mother as anxious and unhappy in her marriage, but a caring mother to him. He had dismissed any exploration of a possible connection between his relationship with his mother and his attraction to married women. A further piece of history is that although he said that he wanted to meet someone who could be a life partner, he had been unable to achieve his desire. In his relationship with me, he tended to be anxious and concerned about what I might be thinking about him.

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# Area Representatives' Corner

## California (Orange County)

Area Representative: Karen K. Redding, LCSW, PhD

The year came to a close with the Orange County chapter having hosted two successful seminars in both spring and fall of 2007. In the spring, we hosted Ellen Ruderman, PhD, who presented a very personal and poignant paper, "Life Stages and the Blind Curves They Hand You: From Dynamism to Vulnerability." In the fall, a panel of four psychoanalytically informed clinicians presented a paper about their experience in a weekly consultation group over the past seven years. This paper was also presented at the National Conference of the AAPCSW held in Chicago in March 2007. Our seminars are generally held in the relaxed and artistic setting of a courtyard and artist studio, adjacent to my psychotherapy office in Laguna Beach. Many participants come not only to learn but to enjoy the ambiance and socialization with other colleagues in a setting surrounded by art, Afghani artifacts, and even music (offered by a local musician, Dr. Stan Breckenridge, who owns and operates a business on the premises). So, the Orange County Chapter is practicing the principle of "whistling while we work"!

Our next program scheduled for Saturday, May 3, 2008, will host Rosalyn Benitez-Bloch, DSW. This presenter is well known throughout the state, particularly in social work circles. The presentation is entitled "Time Is Weightless and Heavy Hearted: The Impact of a Caregiver on Family and Psyche." This paper was presented at the National AAPCSW Conference held in March of 2007. Several of us who heard the paper in Chicago felt very moved by it and wanted to bring it to our social work colleagues in Orange County. It is a very intimate paper that examines the speaker's experience with professional women caregivers who looked after her husband in the midst of his debilitating illness. In particular, Dr. Benitez-Bloch examines how differences in age, culture, status,

professional training, religion, values, and needs, as well as unconscious inner worlds, were acted out in the multiple transferences and countertransferences within her home.

As an audience, we will have the privilege to hear how this speaker brings both her professional and personal self to bear on this profoundly challenging encounter. For more information, please contact Karen K. Redding, LCSW, PhD, at 949.715.7007 or [kredding@mac.com](mailto:kredding@mac.com).

## California (Southern)

Area Representative: Joan Rankin, LCSW, PsyD

As the year ended, our chapter looked back with pride upon the Reflections Series 2007 programs presented and wonderfully received!

September was highlighted by Ellen Ruderman, PhD, PsyD, offering her paper "Life Stages and the Blind Curves They Hand You: From Dynamism to Vulnerability," which told a clinically rich and poignant story of the journey through unexpected illness and grappling with the resulting assault upon omnipotent defenses, feelings of helplessness, and forced reliance upon others occurring in therapist and patient alike.

In November, we were proud to present a panel with the Sanville Institute, "When Spouses Stray: A Developmental Affair." Moderated by Samoan Barish, PhD, this intriguing program spoke of the potential for marital affairs to be attempts at fulfilling developmental strivings, as patients grapple with the decision to stay or leave their marriages.

In December, we were pleased to present legal and ethical issues for the advanced clinician. As promised, Carole Bender, JD, LCSW, past president of California Society for Clinical Social Work, delivered a fun-filled and information-packed course of current laws and ethics pertinent to clinicians predominantly in private practice.



*Rooted in the past, focused on the present, looking toward the future*

In 2008, we look forward to offering more innovative and clinically interesting programs in our Reflections Series 2008.

We are currently in the planning stages of two programs: “Losing Rose: Counter-Transference Aspects of Collaborative Work with a Patient Facing Dementia,” by Paula Shatsky, ATR, MFT, and Patricia Walters, MFT, ATR; and “Private Practice: What You Need to Know.”

Please look for the dates of these upcoming programs in the CSCSW Clinical Update. We look forward to seeing you then!

For more information please contact either Joan Rankin, LCSW, PsyD, at 310.815.9565 or rankinballon@ca.rr.com, or Ellen Ruderman, PhD, PsyD, at 818.784.7090 or ERuderman@adelphia.net.

## Illinois / Indiana

Area Representative: Nathan Dougal, LCSW, BCD

Illinois / Indiana has a new area chair: Nathan Dougal, LCSW, BCD. Mr. Dougal's experience with clinical social work organizations include board membership with Illinois Society for Clinical Social Work, American Board of Examiners in Clinical Social Work, and the Center for Clinical Social Work. He is a graduate of Loyola University Chicago School of Social Work and the Adult Psychotherapy Training Program of the Chicago Institute for Psychoanalysis. He has taught in the clinical methods sequence in the MSW program at Loyola University Chicago. Mr. Dougal is on staff with the Psychotherapy Clinic of the Chicago Institute for Psychoanalysis. He is in private practice in Chicago, providing psychotherapy and clinical supervision.

Nathan's charge and vision for the AAPCSW Illinois / Indiana area is to create a local committee, group, or board that mirrors in some way the structure and purpose of the national organization. This chapter will address areas such as education/training, legislation/policy, scholarship, and partnerships with other Illinois organizations that value psychoanalytically informed practice.

One potential area of policy influence with the state of Illinois Department of Mental Health is to elaborate on some of the language in the new “Rule 132” amendment to (medicaid) public mental health services. The new Rule 132 lists “psychodynamic” and “insight-oriented”

as methods of intervention. The Illinois chapter may be able to educate officials within the Department of Mental Health on those terms, elaborating on them, and reinforcing the wisdom at having included these tenets in their official language defining the scope of mental health services.

## North Carolina

Area Representative: William Myer, MSW, BCD & Terrie Baker, LCSW

The N.C. chapter was pleased to feature Ms. Nancy Bridges at our fall conference, attended by over 70 people. Ms. Bridges provided attendees with a wonderful lecture, “Moving Beyond the Comfort Zone in Psychotherapy,” as she combined contemporary theory with numerous, memorable case illustrations.

In the presentation, which took place on a Saturday morning at the UNC School of Social Work, Ms. Bridges encouraged therapists to deeply engage with their clients in order to help facilitate therapeutic change. Drawing upon infant, developmental, relational, and neuroscience research, as well as intersubjective theory, she argued that deep engagement with our clients is essential because it is precisely through the relationship that therapists can create secure attachment. Such engagement helps clients shift their internal landscape, develop a sense of themselves, augment their ability to manage affect, and increase their sense of agency.

As infant research suggests, it's the self-other interactions and nonverbal connections—not just stimulation—that drives us. What's compelling is another person: the emotional caretaker or, in therapy, the emotional availability of the therapist. Therapists, Bridges argues, can provide this by cultivating an open, fluid, and reciprocating stance; holding the warm, good parts of clients that the clients cannot yet hold by amplifying positive affect and mediating negative affect and by attempting to sustain a shared direction with the client.

This deep connection allows the client to feel “truly” known. It also allows space for new relational configurations and meanings to emerge. As the client's old patterns unfold in transference-countertransference engagements and enactments, the hope is that their conscious and unconscious expectations will not be met, but, instead,

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through a supportive, deeply connected therapeutic relationship, new possibilities and negotiated meanings will emerge. In this way, the client is able to expand his or her relational experience of how to be with another. And this increased ability to envision alternatives may, in turn, help the client be more fused with hope and possibility, thereby augmenting agency.

Cultivating an open, fluid, and reciprocating stance is no easy task, for, among other things, it calls upon therapists to bear intense affect and be open to their own role in how the therapy unfolds (as opposed, for example, to some older interpretations of transference-countertransference and projective identification, which claim a certain therapeutic “neutrality” or distance). Indeed, to deeply engage in therapy, therapists must, as the title of Bridges’ lecture and book makes clear, move beyond their comfort zone. Deep engagement—whether therapeutic or otherwise—is an intimate, bi-directional process of knowing and being known and therefore requires emotional risk and openness.

This can be particularly challenging—though clinically transformative—during heightened affect moments, when, for example, the therapist experiences intense feelings such as love, hate, disgust, and so on, or when the client asks the therapist, what do you really think of me? These are, Bridges argues, high-risk, high-gain moments during which destabilizing affect pulls therapists into a “twilight zone” and we get pushed to our “intimate edge.” These moments have the potential to allow for new meaning to unfold, but they also have the potential to be harmful, rejecting, and traumatizing.

Given the stakes, therapists need to know themselves intimately in order to engage in this work. We must give ourselves permission to say or feel anything internally but exercise sound judgment in how we express ourselves to our patients—learning how to be authentic, personal and “in the moment” with a patient while not being uncensored. In deciding what to share with a client, a therapist might ask whose needs will be met by the disclosure, who will gain, and whether it will open up or shift space to reorder a client’s expectations. In all cases, the therapist’s responsibility is to the client.

~ Carolyn Steenson

**Send us news from your area . . .**

Would I leave him? Would I dismiss him as a patient?

Using the couch seemed to be a way to help him contain his anxiety about me (Kulish, 1996), but it is also something he was curious to try. After remembering his experience of being called to his mother’s bed, he began to share with me his fantasies and feelings about his mother, me, and women that he dated. Eventually he met and married a woman with whom he was able to create a secure and loving relationship. In this case, it would be difficult to discount the impact of lying on the couch and the patient’s remembering being invited to get into bed with his mother. The therapeutic setting, the female analyst, and the couch appear to have evoked a category of memories, which resulted in his consciously remembering something that he had previously not recalled. Just as memory is likely to be encoded if there are affective processes associated with the events, retrieval of memories is state dependent (Pally, 1997). One is more likely to remember a sad experience if one is feeling sad. Lying on the couch can arouse sexual pressures or conflicts. In this patient’s case, lying on the couch seems to have aroused his earlier affective experience of lying in bed with his mother.

In both these situations, various aspects of the therapeutic environment may have influenced the act of remembering. But it also seemed to me that the memories played a part in altering the patient’s way of thinking, feeling, and being. Once a memory is aroused, it may also become an aspect of reflective functioning, allowing the patient to know and experience herself in ways that were previously defended against. The therapeutic process, which includes talking and thinking about our experiences past and present has been shown to change the neural patterns in the brain (Kandel, 1999). But as Davis (2001) points out, we are still in the early days of understanding the way that nondeclarative and declarative memories are processed and organized. Most of what we know is the result of laboratory studies of small animals. Extrapolating from the laboratory to human interaction is important and interesting, but still relatively speculative.

Early in our history, psychoanalysts privileged thoughts, autobiographical memories, and the impact of interpretation on therapeutic action. There were contradictions such as Alexander’s assertion in the 1930s that memories occurred because of the relationship with the therapist. In 1960, in his classic paper on the therapeutic

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AAPCSW Member Benefits

# AAPCSW Committee News . . .

## Greetings from the New Professionals Committee

The committee wants to remind all new professionals (less than five years post-master's degree) that you are eligible for mentorship. This is an opportunity to receive professional guidance from a seasoned professional concerning career choices that you are contemplating. Mentors are members of the AAPCSW with eight years or more of experience post-licensure.

If you are interested in this service, or are a seasoned professional willing to give of your time and talent to someone relatively new to our profession, please contact Leah Harp at 312.243.0919 or at leahharp@gmail.com. Thanks.

*Leah Harp*

*AAPCSW New Professionals Committee*

### In the Next Issue: Who's New?

We will present brief profiles of new AAPCSW members in the hope that we can use the *Newsletter* to get to know each other better.

Memory, continued from page 8

action, Loewald also raised the idea that the experience with the analyst was a factor in change. Still, the belief that declarative memory was the significant factor in change dominated psychoanalytic thought and discussion. Currently, there is almost a reversal or reaction against such privileging of one aspect of mental process so that we are now more likely to think in terms of nonverbal experiences with the analyst. The Boston Change project, for example, has helped us understand better the myriad unspoken actions and experiences that also are at work in therapeutic action.

Neurological study during the last half of the twentieth century has expanded our understanding of how the mind works. Although much is still unknown, research about the process of memory by Kandel (2006) supports a widely held view that neurons firing in patterns lead to short- or long-term and conscious, nonconscious, and unconscious memory. For his part, Edelman (1992) has studied the way that memory is organized and offers the metaphor of mind as organized like a tropical rain forest with evolving interconnected systems. Thus, there are organizing patterns underlying a seemingly messy system. This new understanding of mind and memory is fascinating and ultimately helpful in broadening the repertoire of what clinicians offer patients as they attempt to help alleviate human suffering. To say that one or the other aspect of mental process such as non-declarative or declarative memory is the determining factor in change seems to overreach, and go beyond what can be known given our current understanding of neurological



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development and processes.

Freud believed that someday neuroscience would be able to explain many of the mental processes that he could only observe and describe. It seems to me that he would have been pleased at the way contemporary neuroscience offers new ways of understanding clinical psychoanalysis. I have attempted to demonstrate in this paper that whether aroused in the context of the therapeutic process or from another evocative source outside the therapy, declarative memories and the sharing of them with the therapist may also represent a shift or opening in the therapeutic process. While not a necessary or sufficient condition for change, remembering may nonetheless represent a sometimes-important aspect of the therapeutic process.

I hope this brief piece on memory and my own evolving understanding of the fascinating new ideas emerging in neuroscience has piqued your interest. In 2009, AAPCSW will be holding its national conference in New York City. The topic of memory is part our conference title, "Memory, Myth and Meaning: In a Time of Turmoil." I encourage my colleagues to submit papers on topics such as memory to the call for papers, or to save the date to participate in what is shaping up to be a broad and interesting array of social work presenters. ■

*Cathy Siebold, DSW, is AAPCSW president-elect, faculty at MIP, and co-editor book reviews for Clinical Social Work Journal.*

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### **In the Next Issue: A Return of News from Our Members**

We're bringing back the "News from Our Members" section, which will feature special interest articles on AAPCSW members. Please send us articles letting us know what you are doing in the field—books or articles published, awards received, and so on. Share your news!

as our area chairs. They are the heart and blood of our organization.

We have new leadership in Chicago, Nathan Dougal, and in Southern California, Joan Rankin, and a new chapter in Orange County, California, headed by Karen Redding was formed last year. These and many of our other areas have active memberships and vital ongoing programs. Special thanks go to John Chiaramonte who has taken on with gusto his role as chair of the Membership Committee, providing such focused drive and energy to his task. Donna Tarver remains our treasure as our ongoing newsletter editor. And, where would we all be without Joel Kanter, initiator and moderator of our listserv and our online journal *Beyond the Couch*?

Penny Rosen wears many different hats and works tirelessly for us. I want to especially recognize her service, which is above and beyond the call of duty. Cathy Siebold, the president-elect, and I have already begun to forge a very good working relationship, which I believe will stand all of us in good stead. We appreciate each other and are able to learn from each other, which I believe will benefit the workings of AAPCSW.

I feel very fortunate to be working with such a strong team of intelligent, dedicated people. They all possess high integrity, commitment and dedication, and also happen to be lovely, decent human beings, which was one of the main reasons I decided to get involved with AAPCSW. So, as your new president, I thank all of them and all of you for being part of our very special organization.

### **Current Activities**

Let me say a few words about some of our current endeavors. I have been eager to bolster and expand some of our standing committees. To that end, I felt strongly that we needed a committee on social responsibility. Jennifer Tolleson has accepted the position of chair. Her committee has already met and are in the process of coming up with some exciting ideas, looking at the intersection between

the psychoanalytic and human rights/social justice perspectives. We'll be keeping you all informed about their emerging ideas and recommendations for social and direct action.

Along this vein, I am extremely pleased to announce that Ellen Ruderman has accepted the position of chair of the Study Group. As you all know, the study group is our think tank and a crucially important component of our overall organization. Ellen is a highly valued member of AAPCSW and is prepared to dedicate herself and the study group for the next several years to focusing on the ways in which all that is occurring in our current cultural and socio-political surround impacts the treatment situation. She would like the group to study the influence of politics and war on psychoanalysis and its multiple effects on the treatment situation. I wholeheartedly endorse her focus, as does the board. We will be engaging now in the process of reconfiguring the study group and moving on with their charge. We see the Social Responsibility Committee and the newly configured Study Group, under Ellen's charge complementing

See President on page 14

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## Aims & Purposes of the AAPCSW

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



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



To work for equal recognition and professional parity for qualified psychoanalysts and psychoanalytic psychotherapists in clinical 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 standards of practice in mental health to assure access and quality for all in need of care.

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# MEMORY, MYTH AND MEANING

The twenty-first century has begun with an increased threat of terrorism, struggles over class and racial equality, and economic inequities. At the same time advances in neuroscience and human development are providing us with a greater understanding of mental health. The theme of the conference is meant to evoke the myriad ways in which psychoanalytic theory and practice attempts to enhance the human condition.

call for papers deadline  
April 15, 2008

The 11th AAPCSW Conference  
will be held February 26 - March 1, 2009  
at the New York Marriott Downtown

[www.aapcsw.org](http://www.aapcsw.org)

each other and, of course, both dovetailing beautifully with the theme of our upcoming conference, which looks at memory, myth, and meaning from the standpoint of our current times of turmoil. These foci go some distance to reminding us that we have always been a profession that recognized the cultural surround; indeed, our roots have been in maintaining a bio-psycho-social-cultural perspective.

Further, we are in the process of creating a Committee on Diversity, which Golnar Simpson will head and we are actively in the process of reconstituting our research committee. Very importantly and necessarily we have a newly created Technology Committee with Richard Karpe taking the helm. This committee has already met, has some innovative ideas, and is in the process of working with a website designer to reconfigure our website

and bring it up to the desired level. We have formed an ad hoc committee headed by Joan Rankin to investigate and make recommendations regarding the membership status of MFTs and other mental health providers.

### **Final Remarks**

I am very excited to be taking over as the new president of AAPCSW and look forward to getting to know many of you and working with you to make our organization as vital as we can. Indeed, we plan to continue to forge an organization that you can identify with and feel proud of. We maintain a steadfast dedication to our aims and purposes and are imbued with our psychoanalytic social work values. We are enthusiastically engaging in our ongoing development and believe AAPCSW has a lot to offer all of us. I invite your ideas, participation, and help! ■

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*\* Gift Memberships can be used only once per new member, who then will be invited to renew her or his membership for subsequent years.*

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- A tax-deductible contribution of \$ \_\_\_\_\_ is enclosed to support NIPER (National Institute for Psychoanalytic Education and Research) and the AAPCSW Conference.

Membership runs from January 1 to December 31 of each year.

Members joining by March 31 will be included in the current year's membership directory.

Please visit our website at [www.aapcsw.org](http://www.aapcsw.org).



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