

In this issue:

Editor's Word	2
Jeffrey Seinfeld: A Tribute	3
Diagnosis, Epistemology & Politics: The PDM Paradigm	4
Mentalization & Reflective Functioning: Child Treatment	8
Book & Film Reviews	10
Area Reps' Corner	12
Impressions of a Graduate Student	13
Mark Small New President-Elect of APsA	15
In Memoriam	16
Member News	17
2012 Membership Form	23
Journal & Book Discounts for Members	insert
2013 Conference Call for Papers	insert

From the President

The new year is a time of reflection, taking stock of the past, setting goals, defining aspirations, and anticipating the future. As I write my first column to you, as president, I find myself reflecting on the state of our organization: taking stock of our accomplishments and defining my aspirations as president. As AAPCSW continues to expand and flourish, it is my hope and expectation as president to increase our membership, host another rich and stimulating conference (in 2013, in North Carolina), support the educational endeavors of the area chairs and foster further development within our committees.



Karen E. Baker, MSW

That said, there are so many exciting developments that it is a challenge to decide where to begin. So, I will start with what I think is currently our most exciting news—*Psychoanalytic Social Work* will be available on the PEP Web (Psychoanalytic Electronic Publishing), and we will be offering PEP subscriptions to our members (see page 15).

Nearly two years ago, the executive board began to discuss the fact that the journals, *Clinical Social Work Journal*, *Smith College Studies in Social Work*, and *Psychoanalytic Social Work* were not available on the PEP Web. As our discussion unfolded, Bill Meyer volunteered to take the lead on this project. His commitment to the project and his diligent effort resulted in this accomplishment. It is my pleasure to announce to you that in the early months of 2012, *Psychoanalytic Social Work* will be available from the PEP Web. This is a significant achievement! It is truly a historic accomplishment for clinical social work and psychoanalysis to have one of our journals represented on the PEP. This has been a long time coming.

For several years, the AAPCSW board has been considering providing PEP Web subscriptions to our members and it is now being realized. Cathy Siebold, past president, has been our liaison to the PEP representative. Offering PEP subscriptions is a valuable benefit to members. In order to make this opportunity available to members, the board has decided to financially subsidize members' subscriptions. This means that you will pay only \$80 for your subscription, which is a substantial reduction. Cathy has sent a sign-up message on the listserv. If you haven't already responded, please do so now.

In keeping with our educational objectives, we are fully engrossed in planning our next national conference, titled *Under One Tent: Psychoanalytic Insights, Identities, and Inclusion*. We will gather in Durham, North Carolina, March 14–17, 2013, at the Marriott Durham/Durham Convention Center, to enjoy the company of friends and colleagues and to engage in the rich dialogue that makes our conferences memorable. Our experienced conference planner, Penny Rosen, is once again at the helm as our conference

Editor's Word

We are excited to be able to offer you access to the PEP Web as a new member benefit. See page 15 for the announcement and details. Thanks to Cathy Siebold, who has been working on negotiating this with PEP for over two years.

Planning and organization for the next national conference continues under the leadership of Penny Rosen, the conference chair. The conference will be in Durham, North Carolina, in March 2013. The Call for Papers deadline is fast approaching; see the insert for details.

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

Thanks to all contributors to this issue: Theresa Aiello, Karen Baker, Robert S. Berger, Monica Blauner, Kristine Pelletier-Garcia, Joan Rankin, Cathy Siebold, Diana Siskind, Jennifer Tolleson, and Ashley Warner. ■



Donna Tarver, MSSW

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

Please address the *Newsletter* at:

AAPCSW *Newsletter*

Donna Tarver, Editor
5924 Royal Lane, Suite 216
Dallas, TX 75230

Fax: 214.692.6572

Phone: 214.691.2171

E-mail: dfarver@sbcglobal.net

AAPCSW Newsletter Advertising Rates:

Full Page—\$700

7" w X 9.25" h

Half-page vertical—\$400

3.375" w X 9.25" h

Half-page page horizontal—\$400

7" w X 4.375" h

Third-page vertical—\$300

2.1875" w X 9.25" h

Third-page horizontal—\$300

4.5" w X 4.375" h

Quarter-page vertical—\$200

3.375" w X 4.375" h

Quarter-page horizontal—\$200

7" w X 2.375" h

Sixth-page vertical—\$150

2.1875" w X 4.375" h

Eighth-page horizontal—\$100

3.375" w X 2.375" h

Please contact the editor for complete ad specifications.

Transitions & Anxieties in Today's World

Saturday, March 31, 2012

AAPCSW Local Conference • New York (see page 19)

Under One Tent:

Psychoanalytic Insights, Identities, and Inclusions

AAPCSW National Conference • March 14–17, 2013 • Durham, North Carolina
Call for Papers deadline: April 15, 2012 (see insert)

Aims & Purposes of the AAPCSW

- To represent and protect the standing and advancement of psychoanalytic social work practitioners and educators.
- To provide an organizational identity for social work professionals engaged in psychoanalytically informed practice.
- To promote and disseminate the understanding of psychoanalytic theory and knowledge within the social work profession and the public.
 - To effect liaisons with other organizations and professions who share common objectives for social work and the advancement of psychoanalytic theory and practice.
- To advocate for the highest standards of practice and for quality mental health care for the public.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

Jeffrey Seinfeld: A Tribute

Robert S. Berger, PhD

From head to toe, Jeffrey Seth Seinfeld was one of us: a dedicated, committed clinical social worker. As theorist, clinician, educator, supervisor, and consultant, as well as someone personally transformed by clinical social work intervention, Jeff was a true talent, a gem. He exemplified key social work, clinical social work and psychotherapy principles and values.

Jeff was lost to us on January 25, 2011, when at age 63 he suffered a sudden, fatal heart attack. At the time of his death, he was a full professor at the NYU Silver School of Social Work. The school posthumously honored Jeff with the 2011 Distinguished Service to the Silver School Award, adding to the two distinguished NYU service awards he had previously received.

Many knew Jeff's brilliance, enthusiasm, charm, irreverence, and personal charisma and his truly remarkable ability to articulate complex concepts in simple, direct, accessible terms. With nimble ease and Puckish playfulness, his teaching of theory and practice was experienced by many of his students and colleagues as a form of art. Few, however, knew that Jeff (adopted at birth; losing his father at age 3½) dropped out of high school at age 16 (Seinfeld 1998, 257–58). Thankfully, he found his way back to school and eventually into clinical work, teaching, and writing, partly through the intervention and encouragement of his social worker/psychotherapist (and eventual mentor and colleague) Dr. George Frank. From GED to PhD, Jeff's personal and professional journey was remarkable.

By the time you read this tribute more than a year will have passed since Jeff's untimely death. With loss, a year is both a short and a long time. The absence of my close, dear friend of thirty years still stings, still gives me pause. I miss his presence, his friendship, and our daily contact. But, at the same time, the passage of time has given me an opportunity to consider what I want to write about in this tribute. As we know, object loss energetically compels a reworking of our internal objects, specifically a reevaluation and reshuffling of our internal relationships to our internal objects (Freud 1917). What is written now in a tribute to him is different from what I had written a year ago. Last year I wrote of the man we lost; a year later, I am more focused on what he gave us, what remains as legacy.

This tribute consequently focuses on his early work as a social work clinician, a time before his doctorate, before he was known, before he was the "Jeff Seinfeld" we respected and were impressed by. My choice is informed by the idea that what he contributed in his writings and teachings remains for us to learn from and use in our work. His clinical contributions form a core part of his legacy to clinical technique, remaining some of his more valuable contributions to the social work and psychoanalytic fields. The clinical ideas Jeff and I discussed, explored, and formulated as we walked the streets of the Riverdale section of the Bronx in the early 1980s, the ideas that are largely contained in his first book, are my focus in this remembrance.

In the words of performance artist Laurie Anderson, "Books are the way the dead talk to the living." What I believe Jeff would most appreciate is that his clinical and theoretical contributions continue to influence our clinical work and clinical values, which can be summed up in the final word of the tale of the mischievous boy Pierre: "CARE!" (Sendak 1962, 48).

Jeff had a considered interest in cases compromised by significant pre-oedipal character structures, cases that had suffered deep, severe, early psychic traumas; cases whose borderline, acting-out attitudes and behaviors made engagement in treatment difficult; cases that sabotaged our efforts to work on their very serious, disabling emotional conflicts. In the words of Shakespeare's Edmund, those cases that "make guilty of our disasters the sun, the moon, and the stars" (*King Lear*, 1.2.128–31). For these patients, acting rather than remembering was and is the mode of existence. But in his work and his writings, Jeff was easily able to see beyond the acting out—reaching for and working with their concealed, denied, and actively avoided psychic pain, angst, existential despair, and profound feelings of helplessness and hopelessness.

The psychoanalytic ideas of Melanie Klein, Sigmund Freud, W. R. D. Fairbairn, Harry Guntrip, Donald Winnicott, and Harold Searles that Jeff embraced and extended were initially turned to as a means of finding new ways to work more effectively with this vulnerable, yet acting out population. These character-disordered, deeply scarred, borderline patients, as Jeff deeply believed and advocated

See Jeffrey Seinfeld on page 20

The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership. The Committee on Social Responsibility and Social Justice is hoping that the column can ultimately be dialogic and conversational, that is, that it will encourage a reflective back and forth within the organization. Toward that end, we invite and encourage submissions of articles relevant to the committee's mission (below), as well as responses to articles that have been printed. Please contact Jennifer Tolleson, chair, if you are interested in joining us, or with any submissions or ideas (jentolleson@comcast.net).

Next issue: Roger Lee, book review of Paul Robinson's *The Freudian Left*

Diagnosis, Epistemology & Politics: The PDM Paradigm

Gary Walls, PhD

The recent publication of the *Psychodynamic Diagnostic Manual* (PDM; 2006) is an important event for psychoanalysis. It raises our hopes that we can be freed from the reductionistic stranglehold of the *American Psychiatric Association's Diagnostic and Statistical Manual* (DSM-IV; 1994) and find a more useful way to conceptualize our patients' suffering. This essay critically examines the PDM to see how well it may serve this purpose.

My first criticism of the PDM is that it is misleadingly titled. In calling itself the "psychodynamic" diagnostic manual it is suggesting that it represents a consensus-based version of psychoanalytic theory. In my view, this is radically false. A more suitable and accurate title would be *The Ego Psychology Diagnostic Manual*. This is not a sectarian quibble. Ego psychology is one of several prominent paradigms within psychoanalysis, and there are enormous substantive differences among them in terms of their fundamental premises about human nature and their conceptualizations of human distress, research methodology, epistemology, and the basic unit of study for psychoanalysis. Ego psychology is very different, for example, from contemporary relational theories of psychoanalysis on many points that have profound implications for a diagnostic system. Ego psychology is committed to a logical positivist epistemology that privileges quantitative group comparison studies over clinical case studies. Ego psychology takes the individual mind, not the relationship as the basic unit of study. Ego psychology tends to be biologicistic, emphasizing the mind as a direct manifestation of brain functioning, a focus that is repeatedly stressed throughout PDM. Its biologism is also expressed in its emphasis on personality functioning defined as

An earlier version of this paper was presented at the 2007 APA Division 39 (Psychoanalysis) Spring Meeting, Toronto, Canada.

The AAPCSW Committee on Social Responsibility and Social Justice, formed in 2007, is a national committee of social workers, psychoanalysts, and allied professionals who are concerned with integrating a human rights and global justice discourse with clinical practice. Toward this end, we work to promote critical social-political awareness among clinicians, to conceptualize psychoanalytic clinical practice within a broader social-political context, and to expand the usefulness and availability of psychoanalytic clinical services for all people.

adaptation, based on an evolutionary model. Health and pathology are most often depicted in the PDM in terms of good adaptation versus poor adaptation, and/or intact neurological functioning versus the manifestation of brain defects. Ego psychology is a reductionistic one-person theory that in the PDM results in a psychiatric nosology very consistent with a medical model of mental illness, but one that marginalizes or subordinates the relational and cultural contexts of human suffering in its pursuit of naturalized, universal categories of pathology. My objection here is to the political manipulation of titling the PDM in a way that represents it to the public as “the psychodynamic view” rather than the ego psychology version that it actually is. Of course, the political agenda of the PDM (namely, to be accepted as a standard psychoanalytic nosology complementary to the DSM) would be less persuasive to its psychiatric and insurance company audience if it were to acknowledge the pluralistic epistemological status of theories within the psychoanalytic field. The appearance of being scientific required the PDM to represent psychoanalysis as a unified body of knowledge, more like physics and chemistry, and especially neurology (though the scientific status of neurology is shakier than the authors of the PDM seem to realize).

Now, it seems to me that it is likely the case that this was not a conscious misrepresentation by the authors of the PDM (although one might wonder how such learned scholars could have remained unaware of the theoretically diverse streams of thought that have been characteristic of psychoanalysis for at least the last 75 years). I think it likely that the authors sincerely felt that with the PDM they were expressing the “common ground” of psychoanalysis that ego psychologists are so fond of talking about. But I think if this is so then their lack of theoretical identity is more than a little bit similar to white people who construct categories of race and ethnicity for people of color but regard themselves as simply “human,” or as “American” with no hyphen. For some ego psychologists, relational analysis is like an ethnicity, whose members can be expected to eventually assimilate to the dominant culture of psychoanalysis.

I would like to comment on a few of the strengths of the PDM, since I imagine that a few people reading this are beginning to worry that I might not be taking a balanced view of the topic. The manual contains much distilled clinical knowledge that reflects the clinical experience and scholarship of the authors, so that many of the things it says have the ring of truth, and much of

clinical relevance can be learned by reading the PDM. The manual is strongest, in my opinion, in its discussion of neurological disorders and the neurodevelopmental disorders of childhood. Here the authors are in their element, conceptualizing mental disorders that are appropriate to a biologicistic framework. The authors’ discussions in these sections are cogent, weaving neurological findings with psychodynamic considerations in a helpful and compelling way.

But as the classical neuroscientist Kurt Goldstein (1963) concluded, based on his extensive neurological studies of brain damaged patients, mechanistic models work best in explaining and predicting the functioning of people with impaired and lesioned brains but cannot account nearly as well for the functioning of people with intact brains. Brain localization studies rely on the presence of local lesions or artificially isolated local stimulation for their most compelling demonstrations. In the absence of lesions, or other neurological impairment, the brain seems to function in a remarkably holistic way that has so far defied neurological explanation or mechanistic reduction (Brothers 2001).

Unfortunately, the PDM is pervaded by the reductionistic premises of a neurological approach to conceptualizing mental disorders. References to neurological findings permeate the PDM, but one of the clearest expressions of this underlying presumption about the nature of mental functioning appears in the discussion of auditory processing and learning disabilities. Whereas a strict reading of the neurological research in these areas would lead to the conclusion that neither auditory processing nor learning disabilities are well understood, the authors of the PDM offer this sweeping and confident statement: “Cognitive deficits are brain-based dysfunctions that manifest themselves as processing deficits or impairments in one or more of the following areas: sensorimotor functioning, intelligence, attention, memory, executive function, affect processing, non-verbal communication, language processing, and social interactions” (PDM, 197). Notice the breadth of the domains the authors of PDM imply have been successfully reduced to neurological processes. Nor do they acknowledge that they typically apply this logic in cases where no known brain lesion or damage is in evidence.

I think that the heavy reliance on the strategy of neurological reduction and pervasive references to neurological findings is reflective of the adaptive and function-

See *Diagnosis, Epistemology & Politics* on page 6

alistic assumptions of the ego psychological model that provides the framework of the PDM. There is no doubt that the references to neuroscientific research makes the PDM appear to be a rigorously derived scientific classificatory system. This appearance borrows heavily from the esteem that neurology claims, due to its being a laboratory-based physical and experimental science. What is lost on most readers, who are not conversant with neuroscience research, is that there is nothing at all rigorous in the loosely constructed and highly speculative claims that are used in the PDM to rationalize its diagnostic conceptualizations. In fact, I believe that this aspect of the PDM is the most blatant expression of its grounding in imitation science and of its effort to cloak ideological assumptions and political agendas in a white lab coat. Throughout the PDM, neuroscientific arguments are presented as empirically derived strong inferences, when a closer look would reveal them to be speculations based on distortions of neurological findings, as well as exploitations of the verbal ambiguity that often exists between the language of neuroscience and the language of psychology. The result is that pretentious, bombastic, pseudoscientific sophistry masquerades as hard science throughout the PDM.

The neurologist Leslie Brothers has written extensively on the misuse of neurological findings by psychologists. Psychology's urgently felt need for scientific legitimacy combines with many psychologists' idealization of neurology to motivate some writers to try to bootstrap psychological knowledge by attaching it to neuroscience findings. The naïve folk belief that mind maps onto brain in an isomorphic way has been dressed up as a scientifically plausible assumption by Allan Schore and others, and is used by the PDM to lend scientific legitimacy to its individualistic and intrapsychic diagnostic system.

One of the problems with this strategy is that the object of their admiration—neuroscience—does not quite merit the pedestal the authors put it on. While the methods of neuroscience are rigorous when considered in their original context, its findings are modest and fragmentary, far from being able to provide a firm edifice for supporting high level psychological inferences. The findings of neuroscience that are cited by Schore and others were derived from studies of cats, rats, monkeys, humans, and other species in a wide variety of experimental situations typically lumped together to appear to support single conclusions. Do you think it is scientifically sound to draw

conclusions about the neurological basis of the behavior of normal human toddlers from experiments performed on cats whose orbitofrontal cortexes have been surgically destroyed? Allen Schore does. If I were to propose a study of the psychoanalytic process, with a wait-list control group and an experimental group in which I was going to put ten cats on the couch, what do you think this would tell us about the psychoanalytic process with human beings?

As Brothers characterizes it, neurological research as a whole constitutes a “vat of ambiguity” (2001, 29). The gap between the language of mind and of brain physiology has defied bridging, and psychological terms never map directly onto biochemical process in the brain. Further, neuroscience itself lacks a central theory of how the brain functions, even at the level of neurological processes. This means that presently, and for the foreseeable future, we lack a coherent set of neurological explanations for brain events. Therefore, the project to reduce our own understanding of psychological events to scientifically well-understood neurological ones must await revolutionary advances in neurology. Needless to say, not everyone is content to wait.

Brain events suffer from at least as much complexity and contextual ambiguity as psychological and social events. As Sigmund Koch (1999) writes:

If one considers, say, the familiar estimate that the human brain contains some ten billion neurological units, each with ramifications which may lead to as many as twenty-five thousand others—and bears in mind the complexity, density, lability, and mutual interdependence of the processes at every point, and considers further that this extraordinarily differentiated piece of cryptostructure is stuffed in a very small container—it is possible to believe that there are very tight limits within which our definitive analytic pattern may be applicable. . . . The inevitable heuristic effect is the enaction of imitation science rather than the generation of significant knowledge. . . . It is a deadly form of role-playing if one acknowledges that the psychological universe has something to do with persons. This kind of spurious knowledge can result in a corrupt human technology and spew forth upon man a stream of ever more degrading images of himself. (133–34)

Fancy colored pictures (PET scans) are far from providing an observational link into the brain processes underlying psychological experience. Indeed, PET scans can be used to seem to prove innumerable sets of prior beliefs that we might bring to it, and is frequently used as another tool in the service of the advancement of

imitation scientific knowledge. The general strategy of the neuropsychology underlying the PDM is “to invoke one poorly understood phenomenon to explain another” (Brothers 2001, 57).

As an example of the absurdities to which such an approach can lead, consider a recent article by Allan Schore (2007). Schore is a neuroist writer who enthralls psychoanalysts with his message that neuroscience findings provide scientific support for psychological concepts, an appealing message indeed. Recently, Schore gave this intriguing example: “I have previously suggested an isomorphism between the right hemisphere and unconscious implicit self, and the left hemisphere and conscious explicit self. This translates to a right brain Winnicottian true self, and a left brain false self” (13). I must admit that explaining what is wrong with this logic feels a little bit like having to explain a joke. Besides the simplistic and discredited presumption of the radically dichotic hemispheric functioning in intact brains that Schore imagines, one might consider that Donald Winnicott’s powerful and influential construct has, in the many years since he formulated it, been found by many analysts to be overly dichotomous to do justice to the complexity of people’s self experience. The false self is composed of our need to take care of other’s needs, aimed at preserving relationships we depend on. While an excessively defensive constriction of one’s personal desires in order to accommodate others in relationships can be self-stunting, attachment needs, so-called false self needs, are as true as the most autonomously expressive ones. But what are we to do with our revised conceptions of self experience now that Schore has already located Winnicott’s original true and false selves separately in the left and right hemispheres? One of my students, Rachel Torello, was quick to see the treatment implications of Schore’s neuroscience finding: the surgical ablation of the false self is nearly within our grasp.

The PDM is premised on an internalist view of mind. Its unquestioned assumption is that only neurology and intrapsychic dynamics are required in the formula to determine the activities of the mind. For the PDM, the mind and brain are complexly isomorphic in just the way Allan Schore suggests. Because of its commitment to a biologicistic, hence a fundamentally mechanistic conception of mind and psychopathology, the PDM is incapable

of paying anything more than lip service to cultural and social context, creativity or, I would argue, meaningful human life. As an example, I found the authors depiction of the flowering of sexual, social, intellectual, and political awareness in adolescence chilling:

In moving away from family as the major objects of affection, and in abandoning identifications with parents, adolescents may show a variety of patterns: identifications with (and imitation of) a range of peers and adults; sexual experimentation and/or a hyper moralistic stance; obsessive involvement in idealistic or intellectual pursuits and/or egocentric hedonism. (PDM, 214)

This is life with the blood drained out of it, along with most everything else that makes life worth living, even for trouble adolescents. It is so removed from experiential reality that profound distortions creep in that seem reasonable on the surface, but are appallingly distorted if you reflect on them. Do the authors really believe that adolescents, even troubled ones, “abandon” identifications with parents? Certainly we as parents can feel that way at times, but Fairbairn would suggest that the problem usually has more to do with loyalty to bad objects. Stark sexual experimentation and hypermoralism are two

unappealing poles, but they hardly capture the complexity and depth of how most adolescents, again, even troubled ones, experience their sexual feelings. And “obsessive involvement in idealistic or intellectual pursuits and/or egocentric hedonism”? Sounds like college to me.

The point is that, troubled though these adolescents may be, what the PDM descriptions fail to capture are adolescents trying, and yes, sometimes failing, even collapsing in the effort to apply their intelligence, feelings and desires to live meaningfully in an often crazy, violent, disappointing and painful world.

For the authors of the PDM, the healthy outcome of the temporary struggles of adolescence is a “stable, dignified and respectful” adult. Thank God the world is not crazy, violent, disappointing, and painful for us!

In this respect, the PDM is socially and politically conformist, at least as much a political document as a psychiatric one. Its aim, I surmise, is to align psychoanalytic practitioners with the politics of health care delivery and medical insurance. Because of the widespread anxiety

See Diagnosis, Epistemology & Politics on page 18

**There is nothing at all rigorous
in the loosely constructed
and highly speculative claims
that are used in the PDM
to rationalize its diagnostic
conceptualizations.**

Mentalization & Reflective Functioning: Old Wine in New Bottles in Child Treatment

Theresa Aiello, PhD, LCSW

Mentalization is one of the most innovative treatment models to have emerged on the clinical scene today. Peter Fonagy, Anthony Bateman, Mary Target, and Howard and Miriam Steele are among many who have moved into the development of mentalization and reflective functioning concepts. Fonagy and many others have been working on an integration of these concepts into treatment of both children and adults.

Fonagy has described mentalization as a psychoanalytic model within developmental psychology. Fonagy and Target (1998) observed that a need for change existed in existing psychoanalytic models for treatment of children. In the past, children referred for analysis typically had to be psychologically quite well integrated, with an ability to form relationships, be motivated for assistance, have superior intelligence, have a supportive environment, and not have developmental deficits. Fonagy and Target questioned why children who are so well endowed would need the considerable attention that an analysis would offer. As a result of a paucity of evidence-based research, Fonagy and his colleagues at the Anna Freud Centre have been examining the treatment for children who are not so fortunate and who have experienced trauma, violence, chaotic living situations, and ruptured or disorganized attachment, as well as children who have difficulties with hyperactivity and attention or learning problems. In short, this represents the population of children that most child therapists see frequently in treatment.

Mentalization is a function that arises from attachment security. Howard and Miriam Steele have categorized mentalization as the “sense that individuals have minds that mediate their experience of others and the world beyond.” Reflective functioning is the operationalization of the mental capacities that form the basis by the mother’s or mothering caregiver’s ability to carry a

representation of the child as a separate individual with his or her own desires, intentions, and affective states that are different from the mother/caregiver’s own, in short, experiencing the infant as a separate individual with the capacity for developing an identity of his or her own. The mother/caregiver who can observe changes in the baby’s affect and mother/caregiver’s own “re-presentation” of those states either by way of words or play will help the infant develop the capacity for self regulation. Eventually, the baby will develop mentalizing capabilities of his or her own (Steele and Steele 2010). Fonagy posits that mentalization is “intimately related to the development of both the agentive and the representational aspects of the self (Fonagy et al. 2002, 3).

Mentalization and reflective function are connected to several earlier concepts from the psychoanalytic literature. For example, Wilfred Bion’s concept of “containment”; Donald Winnicott’s “good enough” mother, “holding environment,” and “capacity for concern”; W. R. D. Fairbairn’s discussion of experiencing oneself through the mind of the caregiver; and Heinz Kohut’s emphasis on the importance of mirroring affect are deeply relevant to the development of mentalization. From the attachment literature, John Bowlby’s emphasis on providing a secure base and Mary Main’s writings on intergenerational transmission of attachment are important to mentalization and reflective functioning.

A psychological sense of self is derived through “the perception of one’s self in another’s mind as a thinking, feeling being.” Miriam and Howard Steele further state that “repeated instances of contingent, marked affective mirroring produce a sense of agency, knowable and regulated affective states, self regulation, and eventually, the ability to mentalize about others” (Steele and Steele 2010). Mentalization essentially is a reformulation

Working with Children, Adolescents, & Their Parents

The *Newsletter* welcomes your submissions pertaining to child and adolescent practice, as well as to working with their parents. Submissions should be 800–1000 words and e-mailed to the column

editor (kembaker1@comcast.net) as an attached Microsoft Word file. Next submissions deadline is April 15.

Karen E. Baker, MSW



of attachment theory. This capacity, the sense of self, of one's impact on others and the ability to read other's affect and intent is a requirement for further attachment and for self and mutual regulation. It is also the basis for a sense of agency: that one is capable of affecting others. Fonagy (2001) has suggested that in psychoanalysis, the one theorist who may come closest to what Fonagy and colleagues are witnessing is Edith Jacobson, who has put forth a model of self and object representational units.

Fonagy and Target (2000) hypothesize that mentalization develops as result of the child's experience of having his emotional states reflected upon. Fonagy suggests that a "crucial therapeutic aspect of psychoanalysis—for both children and adults—lies in its capacity to activate people's ability to find meaning in their own and other people's behavior" (60).

Therapists can enhance the mentalization and reflective functions by focusing on current, mental states that assist the child in understanding how he feels by labeling and verbalizing feelings descriptively and by responding with empathy. This is of primary relevance for children, who have a defective mental representation of self and other and who have poor frustration tolerance, low esteem, and lack of coherence in their experience of outer world. These children often have internalized and organized their experience around aggressive parental figures that are rejecting or aggressive or depressive. This can lead to inflexible, controlling behavior.

Treatment strategies for the therapist would include the therapist being extremely conscious of her own and her client's affective states. As in other forms of child treatment, the therapy can only truly succeed if parents are involved. Parents need help in learning to mentalize: in giving value to their child's experience of reality, in learning to "read" the child's inner experiences, and in repairing misattunement (Rexwinkel and Verheut-Pleitner 2008). Clearly, parents often have had difficulties in their own experience of mentalization and reflective functioning. A parent lacking in reflective functioning skills will often be impatient with the child. Marja Rexwinkel and Annelies Verheut-Pleitner (2008) give the following example: When a child has been out with his parent all day and is exhausted, he may have a temper tantrum. A parent who is unable to put himself in the child's place can see the child's behavior as a personal attack: "You're terribly ungrateful. You've been the centre of attention all day, why are you pestering me now?" (70). Utilizing reflective functioning, the parent could reason this out: "He had

a temper tantrum in the supermarket [behavior] because he was so tired and hungry [physical state] and I had been walking around with him all day and he had had enough of it [child's mental state]" (ibid.). In a mentalization-based model of treatment, the building of a working relationship with parents is paramount, so that parents "feel they are understood and taken seriously" (76).

Verheught-Pleiter (2008) offers an example of mentalization in infancy: "When a mother assumes that her child's crying means that the child's nappy needs to be changed, in fact she is acknowledging the child's experiences and interpreting them as a need. The mother picks up the baby and accompanies her actions with words—for example, she says, 'I think you would like a nice clean nappy'; She relates her contact with the child to the child's experience, and in this way she contributes to the affective representation of the child's primary experiences" (44).

In treatment, Verheught-Pleiter suggests the following principles:

- The therapist is a new relationship but not a parental substitute
- Use of great empathy (for example, demonstrating that you understand what it feels like if no one understands you)
- Limits set to contribute to the child's safety
- With differences of opinion, the therapist must emphasize that she is "trying to understand."

Stanley I. Greenspan (1997) has suggested that therapists help the child achieve a state of calm, work on the child's ability to make contacts, work on limits and the beginnings of intentional behavior, and stimulate preverbal interactions that allow the child's sense of self to begin to establish itself (cited in Verheught-Pleiter 2008).

Mentalization and reflective functioning models have integrated the findings of attachment research with object relations and self psychological concepts and with cognition. Although at times mentalization can sound like earlier psychodynamic models of treatment, this model has quantified the importance of reflection and its integration to provide a coherence of thinking that springs from mentalization as a newer form of treatment. This can require long-term treatment that isn't always possible in social service settings and clinics today. To that end Pasco Fearon, Fonagy, and Target, along with John Sargent, Laurel Williams, Jacqueline McGregor, and Efrain Bleiberg, have also developed a short-term model: short-term mentalization and relational therapy (SMART), an integrative family therapy for children and adolescents (Fearon et al.

See *Mentalizing & Reflective Functioning* on page 11

Emotional Muscle: Strong Parents, Strong Children

by Kerry Kelly Novick and Jack Novick; Xlibris, 2010; 292 pages; \$19.99.

Reviewed by Diana Siskind, LCSW

The Novicks begin this book by revisiting their own experience of becoming parents and describe the learning curve that parenthood induced. Being thoughtful and reflective people, they approached parenting with the high level of intelligence that we have come to expect in their professional work. Strange as it might seem, that is often not the case. So many thoughtful, reflective, and intelligent people can function well in a variety of social and professional situations, but when that baby arrives something often happens and they become flooded by uncertainty and find themselves unable to summon the emotional and intellectual resources that are available to them in other areas of their lives. Fortunately the Novicks were able to hold on to their intelligence, and their powers of observation and reflection, thus sharpening their ability to be attuned to their children.

Many years ago, before I became a psychotherapist or a mother, I noticed a book in a bookstore with a title that so surprised and intrigued me that I bought it on sight. It's sitting on my desk right now, next to the Novicks' book. That book is *Don't Be Afraid of Your Child*, by Hilda Bruch, MD. Why, I wondered, would anyone be afraid of his or her child? Little did I know at the time that working with parents who are afraid of their children would become a major area of my professional work. This is an interest that I've share with the Novicks for many years, and there are not many of us practicing psychoanalyses and psychoanalytic therapy who have paid enough attention to that large and growing group of parents who are in fact afraid of their children. Or, I could turn that around and say that a large group of people who very much want to have children discover upon having them that they are afraid of being parents. These are the parents who have not developed the emotional muscle necessary to raise strong children, children with self-esteem and confidence, children

with strength of character, courage, and kindness who grow up to be satisfied productive people.

How often do you hear these goals in your consulting room when parents have come to see you about their child? I find it very rare for the parents who consult me to have those lovely goals for their children. Usually they come because they can't seem to manage the ordinary demands of bedtime, meals, getting ready for school in the morning, and other such routine matters without serious tension, tears, and fighting. Of course if you asked them they would say that they would like their children to grow into productive and satisfied people, but that isn't even on their radar. Raising children is so difficult for some parents that they cannot think much beyond the crisis of the moment and the battle that will follow.

It is a pleasure to read about the high standards the

Novicks set for parents and children because it is so rare for adults who are parents of young children to have such healthy and optimistic standards for their children, and having such goals and knowing that they can be within reach is in itself a powerful message. For instance, their book refers to a dimension in the approach to raising a child that "nurtures [the] child's character, offers wellsprings of happiness, promotes learning and fosters friendship" (14).

The book describes in detail, supported by interesting vignettes, how emotional muscle can be fostered from birth on. The subject is presented in language that is equally suited to parents, grandparents, and professionals on any level who work with parents and children.

The concept of "emotional muscle" is an antidote to the pervasive permissiveness that for the past several decades has dominated the way children are being raised. Child therapists and teachers of young children have been well aware of the damage done by homes without structure or expectations, homes where praise is constantly dished out thus having

Book & Film REVIEWS

I welcome suggestions for books to be reviewed, and if you have a chapter in an edited book, please send me the book and we will review it.

If you are interested in reviewing books or films, please send me your name and e-mail address.

You can reach me at dwsiskind@aol.com.



Diana Siskind, MSW

neither meaning or value. Inauthentic praise is always a signal that something has gone amiss. It is usually a maneuver meant to placate, used by parents who are in fact afraid of their children and have abdicated their role of creating a holding environment for their children, an environment that keeps them safe by providing strong parents. The Novicks are very clear in their discussion of how, when reasonable expectations are met, children can feel the satisfaction of a job well done, which fosters confidence and a sense of mastery, which in turn allows children to develop their own emotional muscle. A job well done doesn't really require praise, but if authentic praise is offered, it is a way the parent can share in the child's satisfaction.

After the introduction, the book begins with "Babies and Their Parents Building Emotional Muscle," and follows with a chapter each for one-year-olds, two-year-olds, three-year-olds, four-year-olds, and five-year-olds.

It is very helpful that each chapter covers a year of early childhood. It brings to the reader's attention how the development stage of a child might change the meaning of a statement or action on the part of the child and in turn

Mentalizing & Reflective Functioning, continued from page 9

2006). SMART attempts to choose the essential components of mentalization and reflective functioning skills in application to specific relationships within the family, utilizing the therapeutic relationship.

For the purposes of the article I cannot do adequate justice to a fairly complex model, one that is still evolving and being tested. Many of the concepts outlined in this all-too-brief summary of this complex model of treatment may seem like old news. What is significant about mentalization-based treatment (MBT) is that psychodynamic content, attachment theory, and evidence-based research have been forged to create a dynamic model, extending the scope of psychoanalysis and developmental paradigms, a model that is undergoing examination in its effectiveness. The lack of evidence-based research in the psychoanalytic and psychodynamic worlds has long been a critique from many quarters in mental health. The evidence from attachment research has fundamentally empowered object relations and self psychology theorists to assist in creating a model that now can be examined empirically. ■

Theresa Aiello, PhD, LCSW, is an associate professor at New York University, Silver School of Social Work.

See Mentalizing & Reflective Functioning on page 15

require a response from the parent that is suitable to the child's developmental stage. The fact that the Novicks are psychoanalysts adds great depth to this book. They are very gifted at using sophisticated psychoanalytic concepts in a writing style that is easy to grasp by the nonprofessional reader while not appearing simplistic to the professional reader. Consequently, this book is of great value to a large readership that includes anyone interested in the early years of life, in how children develop, and how to promote healthy development. At the same time this book pays equal attention to parents, including those who suffer from chronic anxiety and uncertainty both being a manifestation of being afraid of their child and being afraid of their own aggression for a variety of reasons, including not feeling entitled to use it or not feeling confident that they can regulate it or other reasons that make aggression seem dangerous.

Emotional Muscle not only gives parents permission to be authoritative with their children, it actually recommends it by giving great weight to the fact that parents have more knowledge of the world and more life experience. Of course being authoritarian requires a measure of aggression—an area of conflict for some of these parents. While it is going to take more than the granting of permission or even a recommendation to empower the conflicted parent, one can hope that reading such a sensible book might be very helpful in getting that parent to recognize the conflict and to seek professional help in order to free some of that healthy and essential aggression, and that would be a good and necessary step in the direction of developing "emotional muscle."

Parents so often ask to have a book recommended that might help them become better parents. Most parenting books lack the necessary depth and complexity, but in writing this book the Novicks have accomplished all one would wish for. A clear, well-written book, full of interesting vignettes, with a powerful point of view backed up by sophisticated concepts is just what has been sorely needed, and now it has arrived. Recently, while visiting for the weekend my friend Joyce Edward (well known to many members of AAPCSW) read the book, and when she finished, said, "This is a really fine book. I'm going to order it for my granddaughter, who is expecting her first child." ■

Diana Siskind, MSW, is the author of several books, including Working with Parents: Establishing the Essential Alliance in Psychotherapy and Consultation. Her private practice is in New York City.

Area Representatives' Corner

Southern California, Los Angeles

Reported by Joan Rankin, PsyD, LCSW, Area Chair

On September 24, 2011, we were pleased that Ellen Ruderman, PhD, PsyD, presented our Fall Reflection Series, titled "The Consultation Group Experience: Tools for Enhanced Learning and Application in Analytically-Oriented Practice." This interesting and useful program noted the challenges and rewards of private practice and the utility of forming peer consultation groups. Dr. Ruderman suggests that since private practice can feel isolating, at times a clinician may be faced with dilemmas that require help from a peer group with a consultant leader to achieve a clarity that is in the best interest of the patient. Three wonderful case illustrations were presented.

On November 12, 2011, Pat Sable, PhD, presented a pertinent and interesting program on pets, titled "The Pet Connection: An Attachment Perspective." Dr. Sable noted convincing evidence that emotional ties people form with their pets have a profound effect on their psychological and physical health across the life cycle. Generally considered members of the family, companion animals provide a sense of comfort and connection that increases positive feelings such as happiness and pleasure and reduces feelings of loneliness. The recognition and implications of these benefits for social workers were discussed, such as the value of therapy animals to many populations that social workers treat.

We all enjoyed the discussion that followed, which was lead by Susan Kelejan, an equestrian horse trainer and equine therapeutic instructor specializing in equine therapy with American Vets at Shadow Hills Riding Center in Ojai, California. She also teaches equine therapy with children on the autism spectrum. She is hoping to work toward an MSW at USC. Susan informed us of the attachment systems of horses that mirror their owners, rather than those of cats or dogs, who attach in a more human-like way, seeking and offering comfort.

On February 11, 2012, AAPCSW and CWCSW again hosted Carole Bender, JD, LCSW, who presented a program on law and ethics, titled "Providing Mental Health Services Legally and Ethically in the Age of Cyberspace." The program offered an exploration of ethical and legal issues of privacy, confidentiality, self-disclosure, and dual relation-

ships. The workshop also reviewed the following areas: scope of practice and competence, professional standard of care, privileged communication, reporting laws, and record keeping. Digital technology and the world of social networking are entering our treatment rooms in a variety of ways, for example, e-mail and text messaging between clients and psychotherapists, Internet therapy sessions, patient-targeted Google searches, and invitations from clients to become our "friends" on Facebook, Linked In, Twitter, or other social networking sites. Our professional Code of Ethics was developed before the "Age of the Internet," and this presentation explored the legal and/or ethical issues in this brave new world of social networking. The workshop was both informational and interactive, utilizing different scenarios and small-group discussion.

Carole Bender, JD, LCSW, a licensed clinical social worker and an attorney, is former director of the UCLA Department of Social Welfare's Center on Child Welfare, and is a member of the field faculty. She is past president of the California Society for Clinical Social Work and chairs the society's Standards and Ethics Committee. Ms. Bender has presented training on law and ethics to mental health professionals at conferences and training hospitals as well as in agency settings. She has held adjunct clinical faculty teaching appointments at the USC School of Social Work, the UCLA School of Medicine, and the Department of Psychiatry and the Albert Einstein College of Medicine Department of Psychiatry.

On April 21, 2012, Wendy Smith, PhD, will present "The Journey Forward: A Developmental, Relationship-based Approach to Working with Vulnerable Youth Leaving Foster Care." Effects of maltreatment on development and attachment will be considered, along with effects of foster care on adolescent identity development. The presentation will integrate dynamic systems theory; child and adolescent development, including infant brain development; and attachment theory to provide a multidimensional practice model for working with vulnerable youth leaving state systems of care. ■



Northern California

Velia K. Frost, LCSW & Rita Karuna Cahn, LCSW, AREA CO-CHAIRS

Our major goal for our local chapter has been to offer a safe group setting where therapists can openly share experiences, have candid discussions on rarely discussed topics, and develop new and original ideas—a unique space for thinking and feeling together.

We are gratified that a number of our members have used the group meetings as a container for fostering their creativity, and have successfully brought their ideas to the larger community. Rita Cahn's paper "Bearing Witness in the Middle East" was recognized at the AAPCSW conference, where she was honored. Jill Horowitz's insightful paper on contemporary psychoanalysis and clinical social work was published in the *Clinical Social Work Journal*, and Velia Frost's paper "Tensions of Marriage: Love, Cooperation, Capitulation Annihilation" will be published in the March issue.

Our three presenters for the 2011–2012 year address the intersection of patient and therapist, with sensitivity, self-reflection, knowledge, and profound clinical acumen.

On October 15, 2011, Betsy Cohen, LCSW, presented her evocative paper titled "Welcoming Eros into Analytic Therapy: Handling Our Difficulties with Eros in the Relationship." Her presentation aimed to help us "to open up our connection to our patients, to become less fearful of Eros in the analytic space, both in our patients and our own erotic feelings as well as fear of boundary violations." Her work stimulated a lively and rich discussion of the too rarely addressed erotic transference and countertransference. Participants shared clinical challenges they had faced and welcomed the opportunity to gain clarity and support.

On March 30, Elizabeth Simpson, LCSW, will present her work "Losing Contact: Countertransference Responses to an Anorexic Patient." She will describe her experience of treating a patient who put herself at the edge of physical and emotional survival over a six-month period. In her paper, Ms. Simpson states that "facing fear is a powerful psychological task; one which must be experienced, tolerated and metabolized emotionally and intellectually."

In June, Mary Tennes, PhD, will present "Fateful Intersections: The Uncanny in the Therapeutic Relationship." Mary writes, "Although Freud approached the topic with some trepidation, the uncanny lies at the heart of

See Area Reps' Corner on page 14

NC Area Chapter Workshop— "Role Reversal in the Parent/Child Relationship": Impressions of a Graduate Student in Social Work

Kristine Pelletier-Garcia, reporting from North Carolina

"Cool, hip, open-minded, and fair." Hard to argue with such positive attributes, right? That is unless you have come face-to-face with a parent or parents who have just used those four evocative words to describe their parenting style. Thanks to Diana W. Siskind, MSW, and her enlightening presentation at the Fall 2011 workshop, "Role Reversal in the Parent/Child Relationship: The Impact of Extreme Permissiveness on Child and Adult Development and on Married Life," I was provided with a clearer picture of what has been described as the "erosion of parental authority."

As an MSW student, ready to graduate and anxious to delve into the world of families with young children, I found this presentation thought provoking and stimulating. There was not a second of hesitation as Mrs. Siskind jumped right in with a description of a new type of parenthood currently being observed everywhere, including elevators, parks, and buses. From that moment on, I was carried into a world where children live in extreme rule-less, unstructured environments. A place where parents believe that for the young to develop their own creativity, children must make their own decisions, and where parents assure others that they would never pressure their child to do something they did not want to.

Now, you might be wondering what impact this might be having on the child, and on the parents' relationship. The extreme-permissive world parents have created is one stripped of safety for growth and development, and is held together by minimum expectations for the child, who inevitably follows a trend to selfishness. And as this trend continues and develops as the child grows older, she is denied the capacity to regulate her own moods which leaves the child to "seesaw between helplessness and creativity."



See Impressions of a Graduate Student on page 22

psychoanalytic theory and practice.” In this presentation, we will “explore how psychoanalysis has grappled from the start with the mysterious intersections that constitute uncanny moments and how revisions in theory and technique have led us into new clinical territory in which the uncanny provides a window into a reconceptualization of our notions of self and of the field in which we are working.”

We look forward to these presentations and are confident that we will have some interesting and original ideas to share in the next newsletter. ■

Minnesota

Reported by Beverly Caruso, LICSW, Area Chair

This past fall, our chapter sponsored a series of ten seminars on clinical supervision, presented by Ellen T. Luepker, MSW, LICSW, LP. Participants valued the opportunity to receive psycho-dynamically oriented training in clinical supervision. Due to continuing requests from clinical social workers in our area, we will repeat this seminar series February 15–May 2, 2012.

We also presented our traditional Sunday evening seminars, starting in the Fall with a presentation by

Hilde Gasciorwicz titled “Pornography: Implications for Attachment.” Susan Schultz followed with a seminar on infant/child parent psychotherapy. We viewed and discussed the brilliant and intense film *Black Swan* in late January. And we are pleased our chapter member Kathleen Fargione will present her work and paper in March, titled “Climbing the Waterfall: The Recovery of an Adolescent from Autistic Retreat.” Our season will end with an encore session by Mary Ann Miller on Jungian theory and practice. We are pleased that our last three years of conferences have attracted new clinicians to our group. We are hoping to offer another conference in Fall 2012. ■

New York

Submitted by Penny Rosen, MSW, BCD-P, Area Chair

On Saturday, March 31, 2012, the AAPCSW New York chapter is holding a regional conference from 8:45am–1:30pm (see page 19). Four panelists will address separate topics on the main theme, “Transitions and Anxieties in Today’s World”:

- Diana Siskind, MSW LCSW, presents “The Kids Are Not All Right”: The impact of extreme parental permissiveness on child and adult development and on family life.
- Deborah F. Glazer, PhD, presents “From Dyad to Triad”: Navigating the transition from LGBT couple to parenthood.
- Renee Goldman, LCSW, presents “Psychoanalysis Later in Life”: A clinician’s perspective as analyst and patient
- Todd Essig, PhD, presents “Technologically Mediated Intimacies”: From telephone sessions to Internet peep-shows

Judith Rosenberger, PhD LCSW, will be the moderator of the panel. Each presentation will be followed by a dialogue among the panelists and audience. Penny Rosen is conference chair. Members of the conference planning committee are Janet Burak, Michael De Simone, Ellyn Freedman, Roslyn Goldner, Dianne Heller Kaminsky, Sanda Bragman Lewis, Barbara O’Connor, Louis Pansulla, Myrna Ram, Roberta Shechter, Diana Siskind, Carol Thea, and Judith Weiss. More program and registration information is listed on www.aapcsw.org. CEUs are offered. We hope many of you will join us. ■

**AAPCSW Member Discount for
Professional Liability and Office Insurance
with CPH & Associates**

visit www.aapcsw.org and click on Professional Links

CPH specializes in professional liability insurance for mental health professionals

**AAPCSW Member Discounts
for Books and Journal Subscriptions**

See insert or visit www.aapcsw.org
and click on Books & Journals

Journals include *Psychoanalytic Social Work*, *Smith College Studies in Social Work*, *Clinical Social Work Journal*, *Eastern Group Psychotherapy Society Journal*, *the Annual of Psychoanalysis*, *Contemporary Psychoanalysis Journal*, *Psychoanalytic Quarterly*, and *Journal of the American Psychoanalytic Association*

References

- Fearon, Pasco, et al. 2006. "Short-Term Mentalization and Relational Therapy (SMART): An Integrative Family Therapy for Children and Adolescents." In *Handbook of Mentalization-Based Treatment*, edited by Jon G. Allen and Peter Fonagy, 201–22. London: John Wiley and Sons.
- Fonagy, Peter. 2001. *Attachment Theory and Psychoanalysis*. New York: Other Press.
- Fonagy, Peter, and Mary Target. 1998. "Mentalization and the Changing Aims of Child Psychoanalysis." Symposium on Child Analysis, Part 11. *Psychoanalytic Dialogues* 8, no. 1: 87–114.
- Fonagy, Peter, Gyorgy Gergely, Elliot L. Jurist, and Mary Target. 2002. *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.
- Fonagy, Peter, and Mary Target. 2000. "Mentalization and Personality Disorder in Children: A Current Perspective from the Anna Freud Centre." In *The Borderline Psychotic Child: A Selective Integration*, edited by Trevor Lubbe, 50–64. London: Routledge.
- Greenspan, Stanley I. 1997. *Developmentally Based Psychotherapy*. Madison, WI: International Universities Press.
- Rexwinkel, Marja J., and Annelies J. E. Verheugt-Pleiter. 2008. "Helping Parents to Promote Mentalization." In *Mentalizing in Child Therapy: Guidelines for Clinical Practitioners*, edited by Annelies J. E. Verheugt-Pleiter, Jolien Zevalkink, and Marcel G. J. Schmeets, 69–90. London: Karnac.
- Steele, Howard, and Miriam Steele. 2010. Conference lecture and PowerPoint notes, New York University Silver School of Social Work, February 16, 2010.
- Verheugt-Pleiter, Annelies J. E. 2008. "Treatment Strategy." In *Mentalizing in Child Therapy: Guidelines for Clinical Practitioners*, 41–67.

American Psychoanalytic Association Members Select Mark Smaller as President-Elect

Press Release from APsaA

New York, NY—Mark D. Smaller, PhD, was elected by the American Psychoanalytic Association membership to serve as president-elect from June 2012 until June 2014, at which time he will assume his role as the 66th president of APsaA; his presidency will last until June 2016. Dr. Smaller received his bachelor's degree from the University of Michigan in Ann Arbor and his master's and doctorate degrees in social work from the University of Chicago. He trained in child, adolescent, and adult psychoanalysis at the Chicago Institute of Psychoanalysis, from which he graduated. He is on the faculty of the Chicago Institute for Psychoanalysis and the Institute for Clinical Social Work. Dr. Smaller is the first social worker to be elected president in APsaA's 100-year history. In addition to his private practice in Chicago and Saugatuck, MI, Dr. Smaller is the founding director of the Analytic Service to Adolescents Program, an in-school treatment and research project at Morton Alternative High School located in Berwyn, IL; he has also founded a similar program called Great Expectations at Saugatuck High School.

Dr. Smaller has served APsaA in a number of leading roles: as chairman of the Committee on Public Information, the Committee on Social Issues, and the Committee on Foundations. In 2008 he received the American Psychoanalytic Association's Distinguished Service Award. Dr. Smaller is a former director and current trustee of the Neuropsychoanalysis Foundation, located in New York.

As he looks forward to his term in office, Dr. Smaller describes his commitment to moving psychoanalysis beyond the office setting: "We need to raise public awareness of the value of psychoanalysis as an effective treatment method and introduce the application of psychoanalytic ideas and practices into our communities where people can benefit from them directly." ■

The American Psychoanalytic Association is a professional organization of psychoanalysts with approximately 3,300 members. The Association is comprised of psychiatrists, psychologists, social workers, educators, researchers and students who have an interest in psychoanalysis and psychoanalytic therapy. For more information, visit www.apsa.org.

New Benefit for AAPCSW Members • PEP

Psychoanalytic Electronic Publishing (PEP • www.pep-web.org) is a fully searchable digital archive of classic psychoanalytic texts. It is free to browse the archive and to access lists of texts and abstracts, but you must subscribe in order to be able to read complete texts online.

AAPCSW now offers the PEP subscription to our members for \$80 per year.

Members can opt-in four times a year.

Please contact Deborah Dale, deborah.dale@aapcsw.org, for the next enrollment date.

In Memoriam...

Alice Kassabian

I first met Alice Kassabian at a National Academy of Practice dinner. I was enthralled not only by Alice but by her two sons and her husband who accompanied her. It was a surprise to go to a professional gathering and find such a delightful group of non-social workers. I spent more time talking to them than I did with my colleagues that night. It was this glimpse of her family that first impressed on me how unique Alice was.

Not surprisingly, Alice was modest. A few years after our first meeting, I had the opportunity to invite Alice to present at an AAPCSW conference. Alice was known for her work on the Armenian genocide and its traumatic impact. Alice was excited to present and humbled that she would be on the podium with a number of non-social-work experts. I told Alice that I was thrilled to have another social worker taking a place of prominence in the field of trauma. Alice's work for those who don't know about it was on the role of women in sustaining and mitigating the trauma of families who had survived the genocide. Alice was a credit to feminism.

I didn't get to know Alice well, but in my experiences with her, I found her to embody what many of us value about social work. She was open and interested in others. She was a warm and loving woman, who raised a large family and took a position of leadership in social work education and practice. She did it all, and she did it in a way that was never obvious. Alice will be missed by me and by many from our social work community.

~ Cathy Siebold, DSW

Eda Goldstein, DSW

Last year when I was writing an article for the *Clinical Social Work Journal*, I started with a title that seemed apt to my paper, which was about exploring patients' responses to disclosure. "To Tell or Not to Tell" was the beginning of the title at that time. A play on a phrase of Shakespeare's, true, but as I also came to find out, a play on a paper of Eda Goldstein's that also dealt with the topic of disclosure. I knew of Eda's paper (1997) from an earlier reading, but it had receded into my preconscious. A reviewer of my paper reminded me of Eda's piece. At the time, I thought of writing to Eda to share my experience of imitating her without knowing it. I believed that she

would be pleased, and see it as a tribute to her influence on my thought. Like much of life, time passed and I didn't write the note. It was a several months later that I read of Eda's untimely death.

Eda Goldstein's influence on social work practice and scholarship cannot be overstated. I first became aware of Eda's work in the late 1980s, when I began teaching social work students. Borderline personality disorder was a popular diagnosis, and many clinicians bemoaned the difficulty of treating patients who were considered to have borderline personality features. Others wrote in a way that seemed somewhat blaming of the victim. Eda's writings captured the interpersonal and intrapsychic struggle in a way that made this phenomena seem more human. She demonstrated the trauma that underlies the difficult dynamics that are at work with patients who we might consider "borderline."

Her first book, titled *Ego Psychology and Social Work Practice* (1984), is still a master work on understanding ego psychology as a theory and as a useful tool for understanding ego defenses and functioning. As someone who has taught an ego psychological perspective for years, I have experienced the increasingly negative attributions that are applied to ego psychology. Eda's work alters many a student's negative opinions of the value of ego psychology. Reading Eda's work, they don't have to refute it because it was impenetrable, as some writing about ego psychology can be. Instead they are able to consider it along with many other ways of thinking about how and why we do what we do. Her book on borderline personality (1990) continued to elaborate her thinking about how to understand and help such patients. As many have said before me, her writing is accessible and makes the theory useful in practice. Eda's contributions to the literature continued throughout her career. Her work on object relations, self psychology, the experience of being gay, facing mid-life, disclosure, and the importance of relationship are all important contributions to our field.

A celebrity in social work academia, Eda was also a generous colleague who wanted others to achieve. When I first met Eda in 1993, I was expecting to be kept in my place as a junior academic. I was a little in awe of this woman who could write so eloquently. My experience of Eda was quite different. She was friendly and helped me feel at ease. She could have been any colleague meeting me for the first time, rather than a brilliant thinker who had contributed much to social work knowledge and

See In Memorium on page 17

Member News

Deborah Agrest, LCSW, presented her paper titled “Serving Time” at the IARPP Annual Conference, “The Legacy of Stephen Mitchell,” on March 2, 2012.

■ **Monica Blauner**, LCSW, has been appointed assistant clinical director at the Sexual Recovery Institute in Los Angeles (<http://sexualrecovery.com>). SRI is an outpatient sexual addiction and nonviolent sexual offender treatment agency. Since moving to Los Angeles from New York, she has been working in the Department of Psychiatry at Cedars-Sinai Medical Center. She will continue to maintain her private practice.



What's Your News?

Write, or e-mail: Ashley Warner, MSW, BCD
Assistant Newsletter Editor
85 Fifth Avenue, Suite 934, New York, NY 10003
awarnerlcsw@gmail.com

In Memoriam, continued from page 16

scholarship. I again had the pleasure of getting to know Eda when she served as the co-chair of the AAPCSW Study Group. Eda was masterful at running the group. She could establish an agenda and help us stick to it. As one who has participated in many working groups, I appreciate a leader's ability to keep us on task or leave us feeling something was accomplished by meeting.

As a member of the study group for AAPCSW, one of Eda's goals was to help less senior colleagues publish works that would aid in their own tenure and promotion process. Anyone who has held a faculty position knows that not everyone is helpful to newer faculty. Although Eda is not alone in her efforts to mentor earlier career academics, she was generous in using her writing ability and relationships to help others. This same helpful, generative stance continued even after her retirement from NYU. When asked to come and evaluate a new doctoral program, she welcomed the opportunity and was supportive and helpful in her advice to the program director.

Daniel Buccino, MSW, BCD, from Baltimore, was a discussant (with remarks titled “Your Stories or Your Games? Choose One, Lose the Other”) on the panel “Can We Talk? Relational and Lacanian Psychoanalysts on the Brink of Conversation,” chaired by Barbara Tholfsen, at the Annual Conference of the Association for the Psychoanalysis of Culture and Society, on November 5, 2011, at Rutgers University.

■ On October 1, 2011, a ceramic installation by **Marnette Doyle**, MSW, LICSW, titled “Rock-A-Bye Baby,” was displayed at the North West Alliance for Psychoanalytic Study's Potential Space Art and Performance event in Seattle, WA. This work was inspired by her recent experience of being pregnant while maintaining a psychoanalytic psychotherapy practice, and Thomas Ogden's article “On Holding and Containing, Being and Dreaming.”

■ **Madelon Sprengnether** has published “Psychoanalysis and Literature,” in *Textbook of Psychoanalysis*, 2nd. ed., ed. Glen O. Gabbard, Bonnie Litowitz, and Henry F. Smith (Arlington, VA: American Psychiatric Publishing, 2011), 507–21. She also presented the paper “Freud as Memoirist: A Reading of ‘Screen Memories’” for the History of Psychoanalysis Discussion Group, APSaA, on January 12, 2012.

These less-well-known aspects of Eda's participation in social work demonstrate to me a woman who wanted to help whether she was in the limelight or not.

A scholar from early in her career (before becoming a faculty member at the NYU Silver School of Social Work), Eda participated in research at the Cornell Medical Center in Westchester. She was an experienced clinician both in agencies and private practice. She was a brilliant and eloquent writer and a skilled clinician. Her influence will continue. She will be missed.

~ Cathy Siebold, DSW

References

- Goldstein, Eda. 1984. *Ego Psychology and Social Work Practice*. New York: Free Press.
- . 1990. *Borderline Personality: Clinical Modes and Techniques*. New York: Guilford.
- . 1997. “To Tell or Not to Tell: The Disclosures of Events in the Therapist's Life to the Patient.” *Clinical Social Work Journal* 25, no. 1: 41–58.

many feel about the increasing economic marginalization of psychoanalytic practice, the PDM is likely to appeal to practitioners across the psychoanalytic spectrum who share the economic and professional anxiety that accompanies our culture's dominant political classes' abandonment of its commitment to equitable economic arrangements, democratic political institutions, and the emotional well-being of our people.

But for relational analysts, mind is not a materialist entity that can be located in physical space. While it is accepted that the brain plays a necessary role in mind, the mind, unlike the brain, is not contained in an individual's skull. It is an experience that exists on a non-material plane and is constituted not only by its biological substrate, but by the network of social relationships and the symbolic webs of meaning that comprise language, culture, and society. Contemporary relational psychoanal-

ysis is distinguished from an organic/brain defect approach precisely in that it is a psychological and social rather than a medical and biological theory of mental disorder.

What I feel we need to develop are ways of conceptualizing and categorizing human distress that are consistent with our contemporary and pluralistic relational models, and which account for the cultural and political contexts in which we live and thrive, or in which we are diminished and suffer. The PDM is rooted in psychoanalysis's past and the internally focused world of ego psychology. But because we are irrevocably theorizing, researching, and practicing in a social, pluralistic, multicultural world, the PDM cannot be our future. ■

Gary Walls, PhD, has spent the last 24 years involved in clinical work as a private practitioner and in scholarly and educational activities at two schools of professional psychology in Chicago as well as at the Institute for Clinical Social Work in Chicago. His main area of clinical interest is in contemporary relational psychoanalytic approaches to psychotherapy. He has also pursued interests in the epistemology and politics of psychology, publishing many articles and papers, including critical evaluations of managed care, the so called evidence-based therapy movement, and the political implications of psychotherapy. His papers include "The Curious Discrediting of Psychoanalytic Outcome Research" (1999), "The Normative Unconscious and the Political Contexts of Change in Psychotherapy" (2006), and "Meaning or Medicine: The Future of Psychoanalysis in the Professional Schools of Psychology" (2006).

**AAPCSW Continuing Education:
Earn CEUs* Online**

Go to psychoanalyticce-credit.com

*CEU credits are approved for most states—
see the website for information regarding your state.

TherapySites.com
Websites for Therapists. Made Simple.

Special Offer:
**AAPCSW Members get three months free
with six-month commitment**

Webhosting and e-mail service
Search engine optimization
Unlimited technical support

Go to Professional Links at www.aapcsw.org

References

- American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Washington, DC: American Psychiatric Association.
- Brothers, Leslie. 2001. *Mistaken Identity: The Mind-Brain Problem Reconsidered*. Albany: State University of New York Press.
- Goldstein, Kurt. 1963. *Human Nature in the Light of Psychopathology*. New York: Schocken Books.
- Koch, Sigmund. 1999. "Psychology versus the Psychological Studies." In *Psychology in Human Context: Essays in Dissidence and Reconstruction*, edited by David Finkelman and Frank Kessel. Chicago: University of Chicago Press.
- PDM Task Force. 2006. *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
- Schore, Allan. 2007. "Psychoanalytic Research: Progress and Process." *Psychologist-Psychoanalyst* 27, no. 1: 12–14.

Transitions & Anxieties in Today's World

Saturday, March 31, 2012

The Allen-Stevenson School, 132 East 78 St (bet. Lex & Park), New York

8:45—9:30am ■ Registration & Breakfast

9:30am—1:30pm ■ Panel Presentation & Discussion

Program Each presentation will be followed by a dialogue among the panelists and audience **Moderator:** *Judith Rosenberger* ■ *Diana Siskind* **The Kids Are Not All Right** The impact of extreme parental permissiveness on child and adult development and on family life ■ *Deborah F. Glazer* **From Dyad to Triad** Navigating the transition from LGBT couple to parenthood ■ *Renee Goldman* **Psychoanalysis Later in Life** A clinician's perspective as analyst and patient ■ *Todd Essig* **Technologically Mediated Intimacies** From telephone sessions to Internet peep-shows

■ **Todd Essig PhD** William Alanson White Institute, and New York Medical College; Past Editorial Boards, *Contemporary Psychoanalysis* and *JAPA*; Author, *Managing Mental Wealth*, Forbes.com; Private practice, NYC ■ **Deborah F. Glazer PhD** Parent Center, William Alanson White Institute; Co-editor, *Gay and Lesbian Parenting*; Private practice, NYC ■ **Renee Goldman LCSW** Institute for the Study of Psychotherapy, and NY School for Psychoanalytic Psychotherapy and Psychoanalysis; Private Practice, NYC ■ **Diana Siskind MSW LCSW** Institute for the Study of Psychotherapy; Author, *Working with Parents: Establishing the Essential Alliance in Child Psychotherapy and Consultation*; *A Primer for Child Psychotherapies*; Private practice, NYC ■ **Judith B. Rosenberger PhD LCSW** Prof, Silberman School of Social Work at Hunter College; Editor, *Clinical Social Work Practice with Diverse Populations: A Relational Approach*; Private practice, NYC

REGISTRATION FORM

Name.....
Address.....
Phone E-mail

Regular ■ \$95

Graduate students, psychoanalytic candidates ■ \$65*

Please make check payable to NIPER** and mail with this form to Penny Rosen, 165 West 91 Street, Suite 5H, New York, NY 10024 ■ For more information contact Louis Pansulla, loupansulla@aol.com / 212.633.8070

*with documentation **National Institute for Psychoanalytic Education & Research, educational arm of AAPCSW

AAPCSW

American
Association
for Psychoanalysis
in Clinical
Social Work

Local Conference

Conference Chair:

Penny Rosen MSW LCSW BCD-P

Committee:

Janet Burak LCSW

Michael De Simone PhD LCSW

Ellyn Freedman PsyD LCSW

Roslyn Goldner MSS LCSW

Dianne Heller Kaminsky MSW
LCSW BCD

Sanda Bragman Lewis LCSW

Barbara O'Connor MSW LCSW

Louis Pansulla LCSW

Myrna Ram MSW LCSW

Roberta Shechter DSW

Diana Siskind MSW LCSW

Carol Thea MSW LCSW

Judith Weiss MSW LCSW

www.aapcsw.org

CEUs
offered!

for, required more, not less, attention, commitment, and interest from clinicians. They are us, only in more pain and with fewer effective coping skills.

We can all work with the insight-oriented, introspective, contained patient, but it is Jeff's work that helps further our commitment to and success with those who are not so easily engaged, not so easily affected or transformed. The more distancing and help-rejecting the patient, the more Jeff worked to understand how to make meaningful contact and foster engagement. Their negative therapeutic reactions were the start, not the end, of efforts to engage and understand. I watched as he read and reread papers until the essential clinical message or technique emerged. He used relationship, attachment, and interpretation as fulcrums, as leverage points, to promote and effect change. Jeff helped us see that these cases needed our clarity as well as our capacity to see beyond their manifest enactments and see what they were capable of, just as George Frank saw in Jeff what Jeff himself did not initially see or embrace.

Exploring the concepts of Klein, Fairbairn, and other British and American object relations theorists, with their exquisite understanding of pre-oedipal development, pre-oedipal fixations, pre-structural transferences, and pre-oedipal character structures, as well as their descriptions of the vicissitudes of the psychotherapy relationship with these less-than-neurotic patients, provided Jeff with better ways to conceptualize the nature of how individuals who lacked full self and object constancy were apt to interface with psychotherapy in chaotic, aggressively tinged, help-rejecting ways that often resulted in negative therapeutic reactions, acting out, and premature terminations. What these theorists did not, however, sufficiently elucidate were clear ways to fully apply their concepts to the clinical work.

Klein helps one to truly grasp the nature of primitive ideational and ego states, while Fairbairn offers a radically different way of conceptualizing psychic structure and development, yet Jeff still wanted to find a better bridge from theory to practice, one that could be used to apply Fairbairn's ideas to the vulnerable patients we work with.

Fairbairn, one of Jeff's favorite theorists (if not the favorite), provided him with an elegant endopsychic structure of paired self and object units, that is, central ego and ideal object, libidinal ego and exciting object, and anti-libidinal ego and rejecting object. Jeff understood that Fairbairn was detailing an almost religious battle

between libidinal and anti-libidinal forces in a closed internal psychic system. Fairbairn believed that the term *salvation* was a more apt designation than that of cure for the patient's subjective experience of his need to be rescued from the bad object" (Seinfeld 1990, x). Jeff began to appreciate that the battlefield was the therapeutic relationship, as "the patient and therapist enduring the travails of the therapeutic journey often resemble Odysseus and his crew forced to outwit the demons, sirens, witches, and Cyclops threatening to thwart the long journey" (ibid., ix). But the need for a bridge remained.

Why is a bridge needed? For Jeff, the answer was quite simple. Like Freud, Jeff saw that a significant therapeutic attachment was a necessary condition in order to make a therapeutic difference. Freud described this necessary attachment as the patient's capacity to form transference, but he limited to neurotics the capacity to form a full, strong, stable, useful one. The less-than-neurotic, as well as the psychotic, patient, for Freud, could not be helped by his technique.

But Jeff, like most object relations theorists, saw that the less-than-neurotic patient does manifest transference, yet it can lack the stability and endurance of the one formed by neurotics. It exists, but is different. To be effective, the therapist must find the means to recognize, establish, and stabilize the transference, so that one has the Archimedean fulcrum to work therapeutically. Essentially, the less-than-neurotic patient, like the neurotic one, needs help, but requires alterations in technique in order to ably engage in the work. "The patient is conflicted between his loyalty and fear of the bad object and the longing to enter into a good object relationship that will promote separation from the bad object" (ibid., x).

The bridge Jeff discovered between the ideas of the object relations theorists and the cases he wanted to treat more effectively was the work of Harold Searles, specifically Searles's phases of therapeutic contact. Searles described four phases of patient-therapist interaction. The sequential phases are (1) out-of-contact, (2) ambivalent (pathological) symbiosis, (3) therapeutic symbiosis, and (4) resolution of the symbiosis (1961, 254–83).

Through Searles's ideas, Jeff finally had a way to track and interpret the unfolding of the patient's early levels of object relations as they were enacted within the transference-countertransference of the treatment situation. There was now a language with which to actively struggle with the patient (using interpretation) to move him or her from out-of-contact to fuller therapeutic contact, all the time

employing Fairbairn's endopsychic concepts to understand and to use to interpret to the patient in the battle around the bad object's determined effort to reject good object ties. Only with full contact could the transference become pivotal enough to allow for fuller therapeutic work, which to a great degree also had the potential to change the way in which the patient understood how he or she had constructed an internal world to fight off knowing him or herself. Remembering and reflecting could now replace the patient's inordinate reliance on acting out. A good external object could then be internalized and further changes occur in the patient.

Since the nature of these relationships is the ultimate source of both symptoms and deviations in character, it becomes still another aim of psychoanalytic treatment to effect breaches of the closed system which constitutes the patient's inner world, and thus to make that world accessible to the influence of outer reality." (Fairbairn 1958, 380)

In this thoughtful, considered, methodical, step-by-step manner Jeff successfully built a bridge from theory to practice, based on the ideas of the British and American schools of object relations theory and Searles's phases of therapeutic contact, creating an approach, a methodology, that offered the less-than-neurotic patient a treatment opportunity that pivots on relationship and relatedness. His approach can potentially turn psychic chaos, anguish, and an over-reliance on acting out and enactment into a meaningful dialogue between the patient and therapist, but especially between the patient and him- or herself. As a result, the bad internal objects can be transformed through a therapeutic relationship, which in its heart and soul is an old, honored, and respected social work value. Jeff, in his unique way, helped us rediscover and refine what has been central to social work theory and practice since our beginning: the informed use of relationship to promote, compel, and support change.

I am now at the conclusion of my tribute to Jeffrey Seinfeld. Writing this piece has been deeply cathartic, allowing me another opportunity to commit to paper what he and I used to spend countless hours discussing, which in a way has meant for me that while writing this piece Jeff and I had a chance to again chat. It feels good. My attention to Jeff's early work will hopefully have the effect of focusing us on what has always been an essential part of clinical social work: dealing with and being available to the vulnerable, including, or especially, those whose acting out conceals their essential psychic pain and

emotional vulnerabilities. Jeff's legacy internalized and identified with can hopefully be as Freud wrote that "the shadow of the object fell upon the ego" (1917, 249), transforming a loss into an identification. We can all potentially benefit as clinicians to remember not just the man, but also his contributions to our efforts to make a difference. At the end of the day, Jeff's contributions are humanistic, reflecting intrinsic social work values. ■

Robert S. Berger, PhD, is an adjunct associate professor at the NYU Silver School of Social Work and maintains a private practice in Manhattan and Riverdale, New York.

References

- Anderson, Laurie. 1999. *Songs and Stories from Moby-Dick, 1999–2000*. October 5, 1999. New York: Brooklyn Academy of Music.
- Fairbairn, W. R. D. 1952. *Psychoanalytic Studies of the Personality*. London: Routledge and Kegan Paul.
- . 1958. "On the Nature and Aims of Psychoanalytic Treatment." *International Journal of Psycho-Analysis* 39: 374–85.
- Freud, Sigmund. 1917. "Mourning and Melancholia." In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914–1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237–58. London: Hogarth.
- Searles, Harold. 1961. "Phases of Patient-Therapist Interaction in the Psychotherapy of Chronic Schizophrenia." In *Collected Papers on Schizophrenia and Related Subjects*, 254–83. New York: International University Press.
- Seinfeld, Jeffrey. 1990. *The Bad Object*. Northvale, NJ: Jason Aronson.
- . 1991. *The Empty Core*. Northvale, NJ: Jason Aronson.
- . 1993. *Interpreting and Holding: The Paternal and Maternal Functions of the Psychotherapist*. Northvale, NJ: Jason Aronson.
- . 1996. *Containing Terror, Rage, and Despair: An Object Relations Approach to Psychotherapy*. Northvale, NJ: Jason Aronson.
- . 1998. "A Calling." In *Why I Became a Psychotherapist*, edited by J. Reppen. Northvale, NJ: Jason Aronson.
- . 2003. *A Primer on the Negative Therapeutic Reaction*. Northvale, NJ: Jason Aronson.
- Sendak, Maurice. 1962. *Pierre: A Cautionary Tale in Five Chapters and a Prologue*. New York: HarperCollins.
- Shakespeare, William. 1605. *King Lear (The New Folger Library Shakespeare)*. New York: Simon and Schuster.

From the President, continued from page 1

director. Plenary speakers are being considered and the Call for Papers has gone out (see the pull-out catalog). Be sure to mark your calendar.

It is not possible to think about our educational aims without applauding our dedicated area chairs, who offer rich and scholarly programs in their states. As president-elect it was a pleasure to work with them and to learn from them. As president, I will continue to support their efforts and collaborate with Penny Rosen, who as president-elect will work closely with the area chairs supporting their endeavors and striving toward the expansion of new areas.

This takes me to our organization's important committee work. I am pleased to inform you that Jerry Floersch has been appointed as our new Research chair. Jerry is the program director for Rutgers Doctorate Program in Social Work. He is in the process of developing ideas that would lead to the possibility of our members becoming more involved with research through clinical case study research. Stay tuned for future updates!

All of you are aware that as president-elect I aspired to expand the scope of our organization to include the work of children and adolescents in a more explicit manner. The Child and Adolescent Practice Committee has been established and I intend to continue to chair this committee. It is my hope to engage in new and exciting projects over the course of the next two years. Currently the committee is in the process of conducting a survey that will help in determining the committee's priorities and projects. We are interested to learn more about our members' experience and interests in working with children and adolescents. The survey results will be compiled shortly and I look forward to reporting the results to you. We appreciate your participation in the survey, since it will help us move forward in our endeavor to better serve your needs and interests.

I am looking forward to working closely with all the committee chairs, helping them to sustain and expand their presence within the organization.

Finally, but no less important, we could not be such a thriving organization without John Chiamonte, our Membership chair; Joel Kanter, our listserv moderator, and Donna Tarver, our newsletter editor. Under John's stewardship our membership has grown to 897 members. I know that John would love to see us reach 1000 members by the end of the year. I am confident that we can achieve this! Joel has produced one of the most interesting

and compelling interactive listservs. Donna has been our stalwart newsletter editor, and together with assistant editor, Ashley Warner, she creates a professional and fabulous newsletter of which all of us can feel proud. I'm looking forward to continuing our work together.

There is so much happening in our organization that I can feel my enthusiasm mounting as I write this first column. It is such a pleasure to begin my tenure as president of the AAPCSW. I am privileged to work with a board of directors that includes Penny Rosen, Cathy Siebold, Kim Sarasohn, Judith Batchelor, Bill Meyer, Wendy Winograd, and Barbara Berger, as well as the committee chairs and area representatives who are talented, dedicated, and invested in advancing clinical social work and psychoanalysis. My success as president will be the result of our collective efforts. ■

Impressions of a Graduate Student, continued from page 13

As for the parents' relationships, in the married couple the marital connection is replaced by the co-parenting connection. And as neither parent demonstrates a willingness to accept authority, and both appear afraid to make unilateral decisions, a cohesive relationship becomes difficult to maintain. The frustrated parents that sought out therapeutic consultation did so due to the child's failure to meet external expectations rather than because of their permissive parenting style.

As I walked away from the workshop, my mind was filled with Mrs. Siskind's words as she described the ideal parenting relationship as a "profound blending of love and work," where both the child and the parent need a holding environment. I found myself thinking back to her discussion of the parents' need to feel connected to their children in a secure form, and her description of the parental ego ideal as the protector and teacher who fosters an environment for growth. What a privilege and honor it was, as a graduate student and future clinician, to meet Mrs. Siskind and attend her compelling presentation. I can only hope another opportunity will present itself soon. ■

Kristine Pelletier-Garcia is a third-year part-time student at North Carolina State University. "Role Reversal in the Parent/Child Relationship: The Impact of Parental Permissiveness on Child and Adult Development and Married Life," was presented by Diana W. Siskind, MSW, with Elissa Baldwin, LCSW, discussant, October 1, 2011, at the UNC School of Social Work, Chapel Hill, for the North Carolina Area Chapter of AAPCSW.

2012 Membership Form

Please PRINT legibly

Last Name _____ First Name _____
Degree(s)/Credential(s) [preferred directory listing, e.g., PhD, LCSW, BCD, etc.] _____
Office Address _____
County _____
Office Phone _____ Office Extension _____
Cell Phone _____ Fax _____
E-mail Address _____
Website _____
Home Address (optional) _____
Home Phone (optional) _____
Mailing Address (if other than office) _____
Graduate School Attended _____
Post-Graduate Training _____

Which address(es) should we use in the printed membership directory? Office Home Both Neither
May we include you in our website membership directory? Yes No, only include me in the printed directory
(Name, credentials, office address, office phone, and practice areas only; If you check neither box, we will assume "Yes")
May we include your e-mail address on the AAPCSW listserv? Yes No
(If you check neither box, we will assume "Yes")

Practice Areas

Please indicate options below that reflect your practice

What is your client population? Check all that apply.

Infants and/or Children (IN/CH) Adolescents (ADO) Young Adults (YAD) Adults (AD) Older Adults (OAD)

In which of the following practice areas do you have special interest? Check all that apply.

Chemical and other addictive behavior (AD/O) Disordered eating and body image (D/OE) End-of-life care (EOL)
 Critical incident stress debriefing (CISD) Forensic evaluation and treatment (FOR) Mediation (MTN)

With which modalities do you work? Check all that apply. Individual (I) Group (G) Couple (C) Family (F)

Membership Category

Please make check payable to AAPCSW, or go to www.aapcsw.org to pay by credit card

Membership runs from January 1 to December 31. Members joining by March 31 will be included in the current year's printed membership directory.

- Full - \$75 (Any clinical social worker with master's or doctoral degree)
- General - \$75 (Members of other mental health disciplines; all rights and privileges of full membership except the right to hold office on national executive board)
- New Professional - \$55 (MSWs within three years of graduation; this reduced rate may be used for two years)
- Retiree - \$55
- Student - \$15 (Full-time MSW, DSW, or PhD student in an accredited program; include copy of student ID with application)
- Candidate - \$30 (Include name of institute with application; this reduced rate may be used for two years during training)
- Friend - \$55 (Any person who supports the aims and purposes of AAPCSW but is not a mental health professional; entitled to all rights and privileges of general membership with the exception of voting and holding office)

Optional Contributions

- A tax-deductible contribution of \$_____ is enclosed to support NIPER—National Institute for Psychoanalytic Education and Research. (Make check payable to NIPER, or go to www.aapcsw.org to pay my credit card)
- A contribution of \$_____ toward the funding of national advocacy for clinical social work (Federal Legislative Activities) is enclosed. (Make check payable to AAPCSW, or go to www.aapcsw.org to pay my credit card)

Mail this form and dues/contribution to: Deborah Dale, AAPCSW Administrator, 4834 Highgate Drive, Durham, NC 27713 (deborah.dale@aapcsw.org)

PSYCHOANALYTIC ELECTRONIC PUBLISHING (PEP)—PEP (www.pep-web.org) provides online access to a number of psychoanalytic journals from the late 1800s until 2005. Included with the PEP are Freud's *Standard Edition* and other well-known books. PEP subscriptions are annual and are paid to AAPCSW. You will be assigned an ID and password. (Access to PEP is restricted to the subscriber; no shared access and no distribution of the material.) Make check payable to AAPCSW in the amount of \$80 and send to the address above, or go to www.aapcsw.org to pay by credit card.

Questions? Contact: John Chiamonte, LCSW, AAPCSW Membership Chair, 908.918.1192, johnlcsw1@verizon.net



American
Association
for Psychoanalysis
in Clinical
Social Work

Join online at
www.aapcsw.org
and pay by credit card

NEW

2012–2014 AAPCSW Board of Directors

Executive Committee

President

Karen E. Baker, MSW
kembaker1@comcast.net ■ 734.996.8185

Past President

Cathy Siebold, DSW
csiebolddsw@gmail.com ■ 917.209.3324

President-Elect

Penny Rosen, MSW, LCSW, BCD-P
rosenpmsw@aol.com ■ 212.721.7010

Secretary

Judith Batchelor, PhD, BCD
Voglebat@aol.com ■ 734.761.1100

Treasurer

M. Kim Sarasohn, MSW, PhD
mksarasohn@gmail.com ■ 212.873.2694

Member-At-Large

Wendy Winograd, MSW
wendywinograd@gmail.com ■ 201.919.0108

Area Chair Rep for Large Areas

William Meyer, MSW, BCD
william.meyer@duke.edu ■ 919.681.6840

Committees

2013 Conference

Penny Rosen, MSW, LCSW, BCD-P
rosenpmsw@aol.com ■ 212.721.7010

Child & Adolescent Practice

Karen E. Baker, MSW
kembaker1@comcast.net ■ 734.996.8185

Consortium Liaison

Barbara Berger, PhD
bbergerphd@sbcglobal.net ■ 312.346.7757

Diversity-Otherness

Golnar Simpson, PhD
golsimpson@verizon.net ■ 703.356.3033

Education / CE

M. Kim Sarasohn, MSW, PhD
mksarasohn@gmail.com ■ 212.873.2694

Hospitality

Carol Thea, MSW, LCSW
cstheal@aol.com ■ 212.861.3308

Myrna Ram, MSW
mramlcsw@aol.com ■ 212.755.3202

International Education & Membership

Richard Karpe, MS
RJKarpe@worldnet.att.net ■ 212.777.0035

Membership

John Chiaramonte, MSW
johnlcswl@verizon.net ■ 908.918.1192

New Professionals

Sally Fine, MSW, MA
402.330.4014

Newsletter

Editor

Donna Tarver, MSSW
dftarver@sbcglobal.net ■ 214.691.2171

Assistant Editor

Ashley Warner, MSW
awarnerlcsw@gmail.com ■ 212.561.1729

Public Relations

Penny Rosen, MSW, LCSW, BCD-P
rosenpmsw@aol.com ■ 212.721.7010

Karen E. Baker, MSW
kembaker1@comcast.net ■ 734.996.8185

Adriana Passini, MS, LCSW
adriprk@aol.com ■ 212.505.3588



American Association for
Psychoanalysis in Clinical Social Work
5924 Royal Lane, Suite 216
Dallas, TX 75230

Research

Jerry Floersch, PhD, LCSW
jerry.floersch@gmail.com ■ 216.346.3469

Social Responsibility / Social Justice

Jennifer Tolleason, PhD
Jentolleason@comcast.net ■ 802.651.7670

Speakers Bureau

Nancy Perault, MSW, LCSW
nkperault@nc.rr.com ■ 919.490.1996

Study Group

Ellen Ruderman, PhD
eruderman@aol.com ■ 818.784.7090

Technology

Richard Karpe, LCSW, BCD
rjkarpe@worldnet.att.net ■ 212.777.0035

Administrator

Deborah Dale
deborah.dale@aapcsw.org ■ 919.206.4160

Lists/serve Moderator

Joel Kanter, MSW
joelkanter@yahoo.com ■ 301.585.6126

Advisory Board

Arizona

Florence Rosiello, PhD
FRosiello@aol.com ■ 928.203.9821

Northern California

Velia Frost, MSW
Vkf1@mac.com ■ 415.387.9991

Rita Karuna Cahn, MSW
ritakaruna@mac.com ■ 415.751.7004

Southern California

Los Angeles Chapter

Joan Rankin, PsyD, LCSW
rankinballon@ca.rr.com ■ 310.815.9565

Orange County Chapter

Karen Redding, LCSW, PhD
kredding@mac.com ■ 949.715.7007

Colorado

Cathy Krown Buirski, LCSW, BCD-P
ckBuirski@aol.com ■ 303.388.7267

Illinois

Judith Aronson, PhD, LCSW
judith.aronson@gmail.com ■ 847.475.3883

Diane Leamy, PhD
d.leamy@comcast.net ■ 708.341.1627

Massachusetts

Susan Bokor Nadas, LCSW
sbnadas@gmail.com ■ 617.999.8458

Michigan / Ohio

Karen E. Baker, MSW
kembaker1@comcast.net ■ 734.996.8185

Minnesota

Beverly Caruso, MSW
bevcaruso@gmail.com ■ 612.374.2618

Elise Sanders

Elise Sanders, MSW
emswenson@aol.com ■ 612.210.2501

Nevada

Marilyn Palasky, LCSW, PhD
mhhlv@cox.net ■ 702.324.8416

New Jersey

Wendy Winograd, MSW
wendywinograd@gmail.com ■ 201.919.0108

New York

Penny Rosen, MSW, BCD-P
rosenpmsw@aol.com ■ 212.721.7010

Membership Liaison

Janet Burak, MSW, LCSW
jburak3@nyc.rr.com ■ 212.362.1866

Albany Area Membership Liaison

Danita Hall, MSW, LCSW
danita.hall@verizon.net ■ 518.439.9599

North Carolina

Terrie Baker, MSW, LCSW
tsb123@mindspring.com ■ 919.990.1227

William Meyer, MSW, BCD
william.meyer@duke.edu ■ 919.681.6840

Rhode Island

Lee Whitman Raymond, PhD, MSW
leewhitman-raymond@msn.com ■ 401.729.7542

Vermont

Jennifer Tolleason, PhD
Jentolleason@comcast.net ■ 802.651.7670

Greater Washington DC / Baltimore

Sarah H. Pillsbury, DSW, BCD
Psarah@aol.com ■ 202.332.9473

Membership Liaison

Susan Marks, MSW, LCSW
surobbin@comcast.net ■ 703.533.9337