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From the President

I am writing this column in early January as the snow is falling and we are ushering in 2013. The ringing in of this new year brings with it the anticipation of our biannual conference that the Conference Committee, chaired by Penny Rosen, has been developing and promoting for nearly two years. "Under One Tent" is going to be an awesome, intellectually stimulating conference!

Whether you are reading this column shortly before the conference or during, I am certain that you will be more than satisfied with the caliber of the meetings. From the plenary sessions to the break-out sessions, your intellectual appetites will be satiated, as the conference will afford you the opportunity to expand your clinical skills, deepen theoretical knowledge, pique your interest in research, and advance your expertise in complex issues related to ethics, trauma, race, gender, and sexuality, to name but a few. In addition, it's always fun to meet up with old friends and cultivate new friendships. I look forward to seeing you in Durham!

Anticipating our conference brought to mind the regional conference initiative that Cathy Siebold introduced during her presidency. In keeping with the AAPCSW's commitment to education and members' interest in smaller conferences between our biannual meetings, a proposal for regional conferences was developed and approved by the board of directors.

I hope that some of you will consider organizing a regional conference. In preparation of the meetings, AAPCSW will allocate funds of up to \$5000 to be loaned to local areas or regions for this educational endeavor. The intent of this project is to encourage regional programs of a smaller scale than our biannual conferences. Such conferences could be a day or a day and a half in length, would draw on local and national expertise, and would be aimed at attracting an audience from beyond the immediate local area.

No area or region embarked on this endeavor in 2012. Perhaps our conference in Durham will inspire members to investigate this opportunity and organize a regional conference in 2014. Preference will be given to proposals that are relevant to current issues and include social workers as the primary presenters.

If you are interested in applying for this funding, a completed application must include a conference theme, your previous experience, a local committee, area resources, and a budget. Don't let the application process scare you away. If this project interests you, Cathy Siebold and I will be happy to answer your questions and offer you guidance.

As the AAPCSW has continued to expand, there is a great deal of work that occurs within the organization, but we also collaborate with other professional organizations.



Karen E. Baker, MSW

Editor's Word

I am hoping to see all of you in Durham in March for our conference—"Under One Tent: Psychoanalytic Insights, Identities, and Inclusions." In addition to being at an exciting conference, we will be in one of the most beautiful and vibrant parts of the country. Whether it be food, sports, or intellectual pursuits, the Durham/Raleigh/Chapel Hill area has it all, including Southern charm. Thanks to Penny Rosen and her committee for planning and putting on this conference and to Bill Meyer and the North Carolina Psychoanalytic Society for hosting it!

Don't miss the interesting article by GAPS chair Dr. Pamela Trevithick about GAPS and the *Journal of Social Work Practice* (page 12). She will be joining us in Durham and I look forward to meeting her then. Thanks to Joel Kanter for asking Dr. Trevithick to write this article.

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—Karen Baker, Eileen Becker-Dunn, Anthony Gambuzza, Laura Groshong, Ellen Luepker, Bill Meyer, Susan Nadas, Lee Whitman-Raymond, Karen Redding, Penny Rosen, Judith Rustin, Allan Scholom, Diana Siskind, Madelon Sprengnether, and Dr. Pamela Trevithick. ■



Donna Tarver, MSSW

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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.
 - To promote and disseminate the understanding of psychoanalytic theory, research, and knowledge within the social work profession of and to the public.
 - To bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and conceptualizing psychoanalytic theory and practice within its broader social-political context.

American Association for Psychoanalysis in Clinical Social Work

AAPCSW

Tribute to Deborah Dale

William S. Meyer, MSW, BCD

If I were to think about contributions I've made to our organization, there is one that stands head and shoulders above all others and which no one else can lay claim to. I brought Deborah Dale to the NMCOP (which now, of course, is the AAPCSW). I met Deborah at Duke University and had the supreme good fortune of working with her as she provided administrative support for me and others in the Department of Social Work. Deborah is smart, kind, and conscientious, and has a warmth about her and a gentle sense of humor. As Marsha Wineburgh, one of our past presidents, also said, "Deborah is honest, intelligent, serious, reliable, and responsive."

To our dismay, but with our gratitude and understanding, Deborah, our incredible administrator, has left the AAPCSW after eighteen-plus years.

I invited some of the current and past AAPCSW leadership to share some thoughts about Deborah. Penny Rosen, our president-elect, said, "Deborah is gracious, modest, and very capable. She was very responsive to all of us—the board, area chairs, committee chairs, and members. She understood our organizational makeup. In addition to being our administrator, she was our archivist, an important role to have with our changing administrations. We could depend and count on her. In a way the organization was able to function because of her talents. She is a gem and will be missed."

Past-president Barbara Berger decided to play *Jeopardy*. "Who," Barbara asks, "is the person that for twenty years had the determination and fortitude to work collaboratively not only with a president who changes every two years but also with changing treasurers and dozens of area chairs, new and old? Who is the person who responded to the needs of a membership community growing by the hundreds every year? Who carried the organizational history? Who was the glue that kept a national membership association functioning in an efficient way? Answer: Deborah Dale. She has my eternal gratitude and appreciation for being by my side during my presidency, as well as before and after. She was truly the 'go to' person for us all and unselfishly gave a great deal to the AAPCSW (and the NMCOP before it). She was a behind-the-scenes person, but she was the person who made it happen the way we planned and discussed."

From Donna Tarver, our newsletter editor, and the entire AAPCSW Newsletter staff—Ashley, Diana, and Kelly—on behalf of all of our readers who have benefited unknowingly from the many contributions that Deborah has made to our publication for so many years: "Deborah is the consummate professional, and as happens with those who are really top notch in their fields, she is so good that you hardly even know she is there until you look back and realize that you really could not have done it without her. All that said, the thing that we most appreciate about Deborah is her good nature and consistent support, which made her such a delight to work with. We will miss Deborah—and we are grateful to have had her as a part of our team for these many years."

And, finally, from Karen Baker, our current president: "Deborah Dale has been an integral part of the AAPCSW for the past eighteen years. As long as I have been a member, Deborah has been the organization's administrator, keeping business running as efficiently as possible. I knew her only from a distance until I assumed my presidency last October. Then I got to know and appreciate Deborah all the more, since we had the opportunity to work closely together on such projects as MemberClicks, by-law updates, membership matters, and other administrative tasks. When I think of Deborah, I think of someone who is conscientious, patient, kind, respectful, and a bit of a perfectionist! No matter my requests, she was always responsive. Deborah quickly learned that I was not very computer savvy, but she was always a patient teacher. She took her work seriously, always striving for the best and making our documents look not only professional but pretty, too. Her sense of humor was a great asset and she and I shared a few good laughs together! I will miss Deborah and wish her all the best. Cheers!"

Deborah, thanks, especially from me. That I have been associated with your coming to the AAPCSW has put me in an undeserved positive light. We all can't thank you enough for your constant support. You know that we wish you well wherever your many gifts and talents may take you.

Fondly,
Bill Meyer

The Social Justice column arises from the passions of some of our committee members and the larger AAPCSW membership. The Committee on Social Justice is hoping that the column can be dialogic and conversational, that is, 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 (see 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: Allan Scholom, PhD, continues his discussion of managed care with a current essay on the topic.

Managed Care's Assault on Our Hearts and Minds

Allan Scholom, PhD

Presented at the 1997 American Psychological Association Annual Convention, Chicago, and originally published in Psychologist-Psychoanalyst 18, no. 2 (1998): 6–10. This version has been edited. Dr. Scholom's discussion will continue in the next issue of this newsletter.

To capture the atmosphere of our times, and create the climate for my talk today, I would like to quote Arthur Jensen, the Chairman of the Board of the Network in the 1976 movie, *Network*. He preaches to Howard Beale, the anchor man at the nightly network news, best known for his telling the audience to turn off their TV sets because they were being poisoned with lies, and to yell out the window, "I'm mad as hell, and I'm not going to take it anymore!" Imperious and self-possessed, Mr. Jensen intones:

You have meddled with the primal forces of nature Mr. Beale. There are no nations. There are no people. There are no Russians. There is no third world. There is no West. There is only one holistic system of systems, one vast interwoven, interactive, multivariate, multinational, dominion of dollars. It is the international system of currency that determines the totality of life on this planet. That is the natural order of things today. You will atone. There is no America. There is no democracy. There is only IBM, ITT, ATT, DuPont, Dow, Union Carbide, and Exxon. These are the nations of the world today. We no longer live in a world of nations and ideologies. The world is a college of corporations, inexorably determined by the immutable bylaws of business. The world is a business, Mr. Beale.

The matter I want to take up this morning relates to how our hearts and minds are assaulted for the purpose of serving the interest of those in economic and political power with an emphasis on managed care propaganda.

Alexander Carey, an Australian social scientist, in his

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.

essay “Changing Public Opinion: The Corporate Offensive,” observed that there had been three major phenomena in the twentieth century with regard to democracy: (1) The extension of the franchise to vote; (2) the growth of corporations; and (3) the growth of corporate propaganda to undermine democracy. Carey pointed to a strong correlation between the growth of freedom via voting and the need to coerce and control in order to prevent the public from doing something with its freedom. The Italian political theorist, Antonio Gramsci, in a similar vein viewed “cultural hegemony” or ideological authority as the alternative to force in controlling what people do. In other words, if you win the battle of ideas, the battle for hearts and minds, the stage is set to do what you want economically, politically, and socioculturally. Put another way, psychological control, as we know all too well, obviates the need for other forms of domination. In essence, in modern democracies power must be exercised in primarily non violent ways.

Thus, the battle for our hearts and minds become the crucial ones. In this sense there is a democracy of the mind and heart equally important to political and economic democracy. In the words of Noam Chomsky, our most cited living scholar,

When you can't control people by force, and when the voice of the people can be heard, you have this problem. It may make people so curious . . . that they don't have the humility to submit . . . and therefore you have to control what people think. And the standard way to do this is to resort to what in more honest days used to be called propaganda. . . . Various ways of either marginalizing the general public or reducing them to apathy.

Let us now turn to the question of how this has been playing out in the healthcare arena. To begin, let me offer my analysis of the cruel reality being constructed over the last two decades in health care. What we have seen over this period of time has been a corporate takeover of health care but what has been termed the “health industrial complex.” In essence, this amounts to health insurance companies, managed care companies, healthcare conglomerates, and large hospital chains. In light of the fact that health care is the largest industry in America, and prior to the 1980s had been more or less a “ma and pa operation,” the opportunity was there for the takeover. But how does such an enormously complex matter like this occur? There needs to be a mixture of circumstances and forces that come together. Among the circumstances were healthcare costs rising modestly above the inflation rate and an

economic climate that, given impetus by the Reagan administration, favored strongly large corporate interests and all but eliminated antitrust activity.

What was also needed was the creation of a *public mythology* regarding the situation in health care such that it was called a crisis, which allows for more extreme measures to address this so called crisis (as is now happening with Medicare and Medicaid). Finally, one needs a vehicle through which control can be achieved. In this case the vehicle became managed care, which in essence gives insurance companies and other so called payers virtually complete control over what services are paid for, who will get the services, and how will they be delivered. Thus, under the guise of cost control and in addressing the so called crisis in health care, what has really occurred is cost shifting (income redistribution) from the so called payers and insurers of health care to patients and professionals (employers and insurers paying less, people paying more and getting less).

The facts to support the cost shifting (transfer of wealth from most people to corporate interests) argument are rather plain. Healthcare costs are still increasing at a rate far greater than inflation, patient benefits are diminished, more services are being paid for out of pocket, and reimbursement to professionals are reduced, particularly in mental health. Thus, while consumption has not changed significantly, who pays and who profits has. I am not arguing that there is not a degree of unnecessary treatment or excessive fees, an aging population or expensive new technology, but rather that these costs are dwarfed by comparison to the huge expenditures involved in the non-service-delivery arena. More accurately, I would call these “system costs,” which are in essence the costs of (1) managed care; (2) insurance company bureaucracies; (3) advertising and marketing; (4) political influence; and (5) the profits of these health industrial entities and their stock holders. None of these “system costs” has anything to do with service delivery but they are an enormous part of healthcare expenditures. Undoubtedly, this amounts to 40–50 percent of every dollar since administrative costs alone account for more than 25 percent of spending.

To put this in context in the United States, we spend more than 45 percent more per capita, amounting to over \$1,000 per person more than is spent in Canada. Health care is 9 percent of gross domestic product in Canada and over 14 percent here. Canadians receive more physicians visits by a 2-to-1 margin than Americans do. Canadians on average have longer hospital stays by about 50 percent

and on aggregate more hospital days per capita than Americans do. Canadians have an equivalent number of operations including organ transplantation compared with Americans. In fact, Canadians have more organ transplants per capita than Americans. Canadians also live two years longer on average, have lower rates of infant mortality, and get faster access to health care. This is on top of the fact that Americans have the highest out-of-pocket healthcare costs in the Western world.

To further illustrate this, fifteen years ago there was little to nothing spent on advertising or marketing in health care, nor were there any healthcare stocks where profits were paid to stockholders who provide no health services or goods. As addressed in a recent article in the *New England Journal of Medicine*, administrative costs are the fastest growing sector of healthcare inflation and by the year 2020, at the current rate of growth, half of the healthcare budget will be spent on administration. As documented in a recent issue of the *American Journal of Public Health* from 1968 to 1993 there has been a 700 percent growth in the number of managers in health care (one hundred twenty-nine thousand to 1 million). Administrative personnel have increased from 18 percent to 27 percent of the healthcare work force while doctors and nurses have declined from 51 percent to 43 percent.

Time permitting, I could go on presenting the broad array of data (as documented in prior papers) that lead to the conclusion that the insurance/managed care industry not only is not the solution to the problem of high healthcare spending but also is primarily responsible for the escalation in healthcare costs. In essence, monies are being taken out of the healthcare system that were used for service delivery and transferred to corporations for profit. We need only look at the correlation between the rise of managed care in the 1980s and 1990s and the rapid increases in healthcare costs to conclude that the managed care system is at the center of what is wrong. This is a point which the noted healthcare economist Eli Ginsberg of Columbia University has recently asserted.

Clearly, I am stating a position based not only upon facts but also a point of view regarding how those facts are to be interpreted. Some of you, perhaps most, may

not see it in this way. This is certainly not a point of view offered in the popular media or by those in positions of power, either politically or economically. But let us assume that some of you do agree with me and we are not crazy; that our data, logic, and arguments are rational and coherent. Why then isn't the *New York Times* or *Washington Post* or a major television network clamoring for us to give interviews, to be spokespersons for this viewpoint? In essence, because this is a very dangerous point of view for people to have and for others to hear about. It would not serve the self-interest of those in power, either in the corporate world or in the government who functions primarily to serve their interest.

The insurance/managed care industry not only is not the solution to the problem of high healthcare spending but also is primarily responsible for the escalation in healthcare costs.

The influential journalist, Walter Lipman, in his book *The Manufacture of Consent* talks about the need to manage the public by a specialized class because common interests elude the populous. The media offer a technique of control to accomplish this. Reinhold Niebuhr, the noted theologian, in his work views rationality as belonging to an elite group because of the stupidity of the average man who follows not reason but faith. He calls for the creation of the “necessary illusions” and “emotion-

ally potent over simplifications” to achieve the required control by the elite over the stupid public. Business consultant P. Prakesch Sethi, in his book *Advocacy Advertising in Large Corporations*, advises clients not to change performance but to change public perception of performance through education and information. In other words, do not provide people with the health services they need, but rather convince them that it is wrong for them to expect them.

This point of view obviously runs counter to views of democracy that require free access to information, ideas, and opinions if we are to assert meaningful control over the political process and our daily lives. While most of us would agree with this view of democracy wherein we do have meaningful control over our own hearts and minds, counterviews were taking hold during the seventeenth-century English and eighteenth-century American revolutions. John Jay, one of the founding fathers, stated that people who own the country ought to govern it. Alexander Hamilton, called the people the “great beast” who of course needs to be tamed. Thus, this antidemocratic

current has a long tradition within democracies which today works in powerful ways through the media.

Beware of the “conspiracy of the masters”—the merchants and manufacturers being able to control state power for their own ends. This was not said by Karl Marx but by Adam Smith, who warned of the dangers we are now tragically being ravaged by. Smith realized that the division of labor taken to its limits will destroy human beings, turning them into creatures as stupid and ignorant as human beings can be, unless the government takes measures to prevent this. The corporation of today is precisely the entity that Smith warned about. Similarly, Jefferson despised the early stages of state capitalism that he observed, where government above all else serves the interests of large corporate entities.

Now we live in a world dominated by post modern, neoconservative/neoliberal ideologies which can be best characterized by the idealization of economic freedom or the market as being the solution for all problems that may befall humanity. The well being of the market, not people, comes first (market above all). In this view, the individual is entirely responsible for his economic and social fate. If you don't make it, it's your fault. In psychological terms, this is really a fancy version of blaming the victim. From a political viewpoint, it is more accurate to call this a neofascist ideology. Adam Smith recognized that for markets to work for all of the people there must be equality of *condition*, not just of opportunity. In other words, it makes absolutely no sense for anyone to believe that markets can work without there being some reasonable level of equality among people in terms of what they have, not what theoretically is available to them.

All of this provides for a climate wherein managed care can flourish in that all personal rights and choices by patients and practitioners are controlled by corporate entities. It is the freedoms of the insurance/managed care industry that are being protected by the government, not those of individuals nor those of practitioners. The rise of managed care is in reality an outgrowth of the post-World War II ideological effort by those in power to win the war of ideas and ideology, and thus dismantle the spirit and reality of the New Deal and of a government oriented toward individual rights. Betty Leyerle, in her book *The Private Regulation of American Health Care*, traces the rise of managed care from the early 1970s when the Jackson Hole Group teamed up with several large corporations to stave off national health insurance, which would have been a government guarantee of

healthcare equality of condition for all its citizens, and preserve health care as a domain for private profit.

But how does corporate America come to dominate our psyches and win the battle for our hearts and minds? A huge part of the answer of course is money. As of 1990, twenty-three large corporations own over 50 percent of the two thousand TV stations, eleven thousand radio stations, eighteen hundred daily newspapers, and eleven hundred magazines and twenty-five book publishers in the United States. Given the monopolistic trend of the 1990s this percentage is undoubtedly far higher today. There are also numerous well funded “think tanks,” foundations, and university chairs and institutes turning out books, pamphlets, articles, and position papers by the thousands, proselytizing for the corporate agenda.

To frame this in more practical terms, we have come to believe there was a crisis in health care because we are spending too much money and it is the fault of a hypocritical public and greedy professionals, and therefore we must cut services. But rarely, if ever, do we hear that we are spending too much money and it is the fault of a parasitic corporate middle man known as the managed care insurance industry, devouring our resources and lives for its profit, and that we need to get rid of it in favor of a more equitable, effective and compassionate system. As Linda McQuaig, points out in her book on the effort by corporate forces to dismantle the Canadian health and social services system, *Shooting the Hippo*, this is a consequence of the “way the media bombard us with a message until it eventually, through pure repetition, like the monotonous and incessant banging of plates, lodges in our heads, becoming a dull background noise, a kind of invisible yet inescapable fact of life. Anything else then comes to sound like a curious, off key whine. The sound rumbling through our heads tells us this is just the way things are and there is no alternative.”

Jay Gonen and Mary Coleman, in their essays in the *Journal of Psychohistory*, offer much insight into the recent media phenomenon known as infotainment, information as entertainment. The consequence of this is to increase people's perplexity or confusion since they do not see their self interest. The realistic meaning of the information becomes diluted within the context of entertainment. Immediate and infantilizing gratification occurs in place of real emotional communication capable of generating problem solving and maturation. It is against this backdrop that misinformation, lies, and propaganda can flourish.

In Noam Chomsky's propaganda model of the media, distraction or numbing is a crucial function for the mass media in effecting social control. Another way to look at this is to view the media, particularly television, as a substance to potentially be abused. In other words, TV viewing becomes a way of anesthetizing ourselves against the painful realities we feel powerless to do anything about. In Chomsky's propaganda model, the elite national media (*New York Times*, *Washington Post*, television networks) accomplish their task by selecting topics, framing issues, filtering information, and setting boundaries for debate. Thus, we do not get called by the *New York Times* because it is not in their self-interest to do so. To have national health insurance would result in the loss of huge advertising revenues and would move power away from large corporate entities like themselves. It also happens that there are several insurance company executives on their board of directors.

Let us now look at a few examples of the propaganda used in the healthcare world. Perhaps the biggest lie is that managed care is the *free market* solution, a term coined by Joseph Goebbels and quite relevant here. Nothing could be further from the truth. It may be a market creation in the tradition of Frankenstein, but it certainly has nothing to do with the free market. We have a system where employers and insurance companies are controlling both the supply and demand, not patients and professionals who would be making decisions if this were truly a free market. The fact is, large corporate entities—employers and insurance companies—have come to control our health care through money, power, and propaganda.

We are told that insurers and employers are the “payers” of health care, which in truth is preposterous. Insurers are expensive (40–50 cents of every dollar), unnecessary, parasitic middle men. Employers are merely taking money that is in fact employees' wages and diverting it to pay for premiums (and getting tax deductions for it as well). It is important to recall the history of employer-based health insurance, which started during World War II when workers won the right to have employers pay for health insurance since there was a freeze on wages (which would have risen substantially given the short labor supply). Yet the dishonest and self-serving notion that employers are paying for their employees' health care, seemingly as a consequence of their own largesse, remains largely unchallenged.

We are told that we are “providers” of services as if we are some sort of interchangeable vending machines.

Healthcare professionals have rigorous standards of training, competence, and ethics that are shamefully demeaned by the term provider. This serves a deprofessionalizing function, which is exactly what the insurance/managed care industry is seeking, so that professionals have less autonomy and control and lower incomes while they gain more control and more profit.

Lastly for today, but the list of newspeak could go on and on and include such terms as managed care, utilization review, quality assurance, integrated service delivery systems (a.k.a. oligopolies), is the notion of behavioral health as opposed to mental health and illness. How often had you heard the term behavioral illness, which sounds like it might be far more costly to treat than behavioral health? While some of us may have problems with the medical model, at least the term “mental” maintains and preserves the idea that something happens inside a person's head, that there is a mind that may be distressed. That there is indeed an inner world that defines the way a person is troubled. The notion of behavioral health reduces this to functions and so called concrete behaviors that have a pseudo scientific ring but really serve to de-personalize and thereby demean human suffering. This heartless redefinition of healthcare reality gives the insurance/managed care industry license to find treatment for such unimportant matters not “medically necessary” thereby increasing their profit and our pain.

On the other side of the coin, the fundamental questions of health care—*Is health care a right or a privilege? Who should control the system and make treatment decisions—employers and insurance companies or patients and professionals? Who should earn money from health care—anyone who can or just those that provide care?*—are never raised.

Before concluding, you may be wondering where psychoanalysis in particular fits into all of this. Certainly the managed care industry has obvious financial reasons for trying to destroy psychoanalysis. Clearly, we have been under assault in the popular and the elite media (see Frederick Crews articles in the *New York Review of Books*) for some time. But, there are reasons that go beyond money that permit (and in a sense require) the managed care/insurance industry and others to attack us.

In this regard, much has been written about the nature of psychoanalysis as a theory and clinical practice devoted to human emancipation and freedom. Freedom, as discussed earlier, is a rather dangerous state of affairs to those in power. They really can't be having people acting on their real self-interest.

There is, however, another aspect of psychoanalysis that is perhaps even more perilous. This involves the notion of ideology or worldview. Psychoanalysis is not merely a theory of personality and clinical practice; it also embraces a way of viewing the world, a frame of reference, an organizing set of values, and a morality, all of which suggest conduct in the world. It is thus, inherently political. As psychoanalyst and theorist Victor Wolfenstein writes in *Psychoanalytic Marxism*, “We must interpret the world in order to change it.” Being a theory of “false consciousness” armed with the tools to achieve greater true consciousness, psychoanalysis is dangerous indeed to the postmodern neoconservative/neoliberal or neo-fascist market ideology, which requires that people do not question much, much less really use their minds. Put another way, to have a set of humanistic values placing individuals first is in anathema to the imperatives of the corporate market. After all, the requirements of the global economy transcend all human needs.

What then are we to do? First of all we must raise our own consciousness about these matters. We are in the business of helping people come to know reality—their own and the world. Let us turn our attention to ourselves in this regard. This leads us to the second direction, which is to find ways to reach out into the world, to be, in the words of the English analyst Andrew Samuels, a “therapist of the world” (not martyrs!). We are already moving in this direction, although we may not as yet, as a profession, quite view it as such. By this I mean, the movement toward relational viewpoints that I would see as a transformation toward becoming more activist (and helpful) clinicians. As we recognize the mutual influence present in the therapeutic experience, in a sense we become more politically aware. Thus, we are clearly becoming more mindful of our place in the therapeutic encounter. Hopefully this will evolve into a better understanding of our place in the world.

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in this regard.

With particular reference to the media, we need to join with those many honorable, decent journalists, reporters, commentators, filmmakers, and so on in communicating about psychoanalysis in real terms. By this I mean, that psychoanalysis is at heart an endeavor rooted in the potency of history. It is grounded in the belief that development matters, that what we experience throughout our lives really does give rise to who we are and that it really is worthwhile to know as much as we can about ourselves. These are not ideas that most people would find hard to believe. Yet we are often viewed as a bunch of arcane eccentrics, preoccupied with peculiar ideas about sex, out to destroy family harmony and exploit patients, among other things.

While we cannot escape some responsibility for this image of ourselves coming to be, neither need we terminally wring our hands or minds about it, for there is much we can do. While I do believe managed care will not long survive (which was the subject of another paper), in the final analysis it may provide us with some additional impetus to further transform ourselves in these directions. If so, we will have done what we are daily working with our patients to do—to learn the truth about ourselves and the world and to act with this in our hearts and minds. ■

Allan Scholom, PhD, is a clinical psychologist and psychoanalyst. He is the secretary of the board of the Chicago Center for Psychoanalysis and chair of the Professional Affairs Committee, on the faculty of the Institute for Clinical Social Work, and the founder and chair of the Illinois Coalition of Mental Health Professionals and Consumers. Dr. Scholom has published and presented extensively on issues relating to the interface of psychoanalysis and politics. He has been in private practice in Chicago for over thirty-five years.

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The Non-Linearity of Play in the Psychoanalytic Treatment of Children

Alan J. Levy, PhD; Dean, Institute for Clinical Social Work

There has been a good deal of recent work in explaining the therapeutic action of play in psychoanalytic child psychotherapy (Frankel 1998; Barish 2004; Bonovitz 2004; Altman et al. 2002; Levy 2008, 2009, 2011a, 2011b; Levy and Frank 2011). However, the essential role that chaos plays in analytic play therapy requires greater attention. Play contains an admixture of enactive and verbal elements, and because of its immediate, action-oriented nature, it may be more difficult to register and reflect upon interactive shifts in self-states that signal chaotic periods in the therapeutic dyad (Levy 2008, 2009).

Many contemporary analytic writers base psychoanalytic treatment upon non-linear dynamic systems theory (NDLST), also referred to as complexity theory and as chaos theory (Coburn 2002; Galatzer-Levy 2002; Miller 1999; Palombo 2007; Seligman 2005). A primary principle of NDLST is that in complex systems such as the human psyche, parts self-organize into ordered patterns without a predetermined code (Thelen and Smith 1994). Shore (2003) notes that self-organization must occur in interaction with another. This approach views human development mainly as resulting from discontinuous changes in organization rather than from incremental changes. Development is best characterized as a process of organization, disorganization, and more complex reorganization (Levy 2009).

Developmental change stems from the chaos that results when complex systems such as human personalities and therapeutic dyads must move from an obsolete organization to one that is more flexible and adaptive to new internal and external conditions (Goldstein 2007). The nature of change is not certain before it occurs, but the new organization always depends upon the state of the system prior to the change and can be understood in retrospect. The inherent variability of development means that there are different pathways to achieve a particular develop-

mental change (Thelen 2005; Thelen and Smith 1994; Tyson 2002). The point is that perturbations are necessary for development of new organization.

When a system is in a sensitive state, that is, on the edge of chaos, relatively small changes can have large effects. Thus, chaos may increase the flexibility of dynamic systems. The therapeutic relationship may be seen as a system that can amplify tendencies that shift the system in one direction or another, and new adaptive processes may then become self-reinforcing (Seligman 2005). As Schore (2003) states, "As the patterns of relations among the components of a self-organizing system become increasingly interconnected and well ordered, it is more capable of maintaining a coherence of organization in relation to variations in the environment" (266). Therefore, paradoxically, moving to the edge of chaos promotes systemic integration, adaptability, and coherence.

By opening the therapeutic dyad to experience dissociated and relatively unformulated self-states, therapy moves the patient from dischaotic functioning to the edge of chaos (Bromberg 1998, 2006; Stern 1997, 2010). Elsewhere I have stated that play provides security and safety while also challenging therapist and patient to find new ways of engagement and organization of experience (Levy 2011b). The elements of play thus encourage the therapeutic dyad to function on the edge of chaos, because it fosters regulation of the patient while it also facilitates new and more flexible means of relational engagement.

Winnicott (1958, 1971) stated that play itself is therapeutic and that everything

appears in playing. How is this so? In order to answer this, we need to apply non-linear dynamic system theory and thinking about the nature of enactments. It is well established that a characteristic of complex systems is that its subsystems are nested within the larger system (Levin 2000; Piers 2007). At subsystemic levels, this organization is self-similar to that

Working with Children, Adolescents, & Their Parents

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Karen E. Baker, MSW



of the larger system. In this way, the therapeutic relationship between therapist and child reflects properties of other relationships (actual and object relations) in a child patient's life. Changes engendered in psychoanalytic play therapy thus may create a cascade that may ripple through the child's life. Believe me, it is essential to understand this, especially when a parent asks you why it is that "all you do" is play with their child.

The therapeutic relationship that is negotiated between therapist and child organizes the context in which developmental change may occur. That is, changes within the therapeutic dyad as a result of chaotic engagement through play more or less affect a child's functioning beyond the dyad, and the relationship can also effect inner reorganization. Through play, re-organization of psychological process and content proceeds as rigid patterns appear in the relationship and the dyad struggles to find novel ways of relating. Paradoxically, the emergence of new structures and processes resulting from this reorganization occurs within a context that contemporaneously preserves the integrity of the system even as it reorganizes itself.

In order to further this discussion, I need to examine the phenomenon enactment in analytic treatment. One may say that an enactment occurs when patient and therapist unconsciously recruit their subjective predispositions to feel and respond in certain ways by behaving in a manner that elicits an emotional reaction that confirms transference fantasies (Ivey 2008). During enactments, the interaction between therapist and patient inevitably loses its playful quality (Bromberg 2006). Enactments involve the collapse of the linkage between object and subject, between a sense of the self/other nexus as essentially social and the self as isolate (Benjamin 1998). The loss of the capacity for play also results in the inability of both parties to regulate self-states (Harris 1996). During enactments the essential quality of play as a creative medium is lost along with the collapse of the potential space (Winnicott 1971).

Enactments are inevitable within play and disrupt its smooth functioning. In the framework that I put forth, enactments themselves are by-products of play, and they signal that the therapeutic dyad is becoming chaotic. It follows that the loss of play as a metaphoric medium simultaneously arises from and results in the appearance of dissociated self-states. During these periods, old, inflexible, and dissociated self-states potentially may be engaged in new ways. Slochower (1996) asserts that "to

the degree that, an analytic enactment can be worked out by the patient-analyst pair, these events may in fact represent crucial treatment moments that ultimately become a catalyst for forward movement" (26). Rather than viewing these periods solely resulting from empathic failures necessitating repair by the therapist, enactments entail interactive engagement, wherein both parties struggle with rigid, dissociated material permeating their relationship and together find new ways of being and of being with one another. In this framework, play and its disruption depend upon what had already occurred within the therapeutic relationship, and it provides opportunities to engage relatively inaccessible self-states actively, on multiple experiential levels, thereby permitting developmental change to occur.

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GAPS and the *Journal of Social Work Practice*

In 1984, a group of social workers interested in working with psychodynamic ideas set up GAPS (Group for the Advancement of Psychodynamics and Psychotherapy in Social Work) and the *Journal of Social Work Practice* (JSWP). Since that time, GAPS has promoted therapeutic, psychodynamic, and systemic perspectives and the importance of relationship-based approaches in social work.

This therapeutically oriented perspective is central to the editorial policy of the JSWP, which is owned by the GAPS membership. This ISI-ranked, peer-refereed journal is published four times a year, under license, by Taylor and Francis (Routledge). The journal has a wide international readership, and in September 2013 a special edition edited by Susan Bliss (Molloy University) and Brian Rasmussen (University of British Columbia) will focus on papers from North America. At present, the GAPS benefits include the following:

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As the chair of GAPS, I am currently exploring with our publishers the possibility of reducing the subscription fee for members of the AAPCSW. I hope to know the outcome of our negotiations when I attend the AAPCSW conference in March 2013.

I look forward to seeing some of you in Durham, North Carolina.

With best wishes
Dr. Pamela Trevithick

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Non-Linearity of Play, continued from page 11

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My Girls: A Story of Survival and Togetherness in the Inner City

by Graham Danzer; NASW Press, 2011; paperback, 306 pages; \$39.95

Reviewed by Elizabeth Glass, LCSW

My Girls: A Story of Survival and Togetherness in the Inner City is a compelling book and aptly named, due to Graham Danzer's use of "storytelling" to bring the lives of the middle school girls in his therapeutic group into stark relief for the reader. In the first chapter we are introduced to the author, who is a graduate social work student, and to the nature and purpose of the group he will be discussing. This is a group of six young African American girls from an inner-city neighborhood that is riddled with all of the harsh realities that poverty brings to a community: violence, objectification of women, neglect, abuse, drug abuse, gang warfare, and lack of resources, safety, and security for families and individuals. In addition, the girls had very little contact with white people, and when they did, it was mainly with (unsympathetic) police or teachers. The purpose of the group for these traumatized girls was to provide a safe place for them to develop trust and thus to be able to share some of the uncertainty and despair that they carried around internally on a daily basis.

The second chapter is a review of attachment theory. Danzer provides brief overviews of Freudian and attachment theories that underpin his training and education, including the work of John Bowlby, Mary Ainsworth, and Mary Main and Judith Solomon. He highlights studies that demonstrate the effects of abuse and neglect on the infant's ability, or lack thereof, to attach to caregivers and later to most people in their lives. In the practice section of this chapter, using David Wallin's writings Danzer discusses the challenges that the patient and therapist face in building trust when attachment and attunement have been severely compromised during a patient's formative years. He lays the foundation of an understanding of the challenge for this therapist and his cotherapist in building trust and a sense of togetherness with a group of abused and neglected girls (neglected both by their families and their socioeconomic

circumstances) who are deeply in need of emotional connection and safety.

The third chapter of *My Girls* is on trauma, and again a brief overview is provided on what characterizes trauma and the theory of trauma. Danzer touches on the neurobiological, psychological, and behavioral effects of trauma. He explains the rationale behind group therapy as an important treatment method for repairing the trust that has been broken in the lives of traumatized people. He believed that the girls in his group would have the opportunity to learn that others have suffered the same hurts and help them to feel less isolation and shame.

In chapters 4 through 9, Danzer begins to divide the chapters along various weeks in which the group met, thus he covers week one, eight, twelve, twenty-one, twenty-four, twenty-eight, and the final meeting, or "Graduation Day." He organizes these chapters interestingly: Each chapter starts with documentary-style windows into the various girls' lives. He vividly depicts their experiences (in first person), demonstrating a keen ability to imagine their lives on a moment-to-moment basis. In rereading parts of this book to better understand Danzer's use of this technique, I realized that he was able to do this as effectively as he did by also spending time outside of the group, in the places that were available to him, in order to learn more about the larger community and the lives of these girls, that is, the schoolyard before school, the school hallways during the day, and so on. Danzer explains his motive both for learning more about the girls from outside the group setting and for using the "storytelling" in his chapters

as "a way to raise awareness of the terrible conditions that poor inner city children must contend with as they grow up and to show the profound need for our society to address these harsh inequities." His depictions are very

See *My Girls* on page 16

Book & Film REVIEWS

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Diana Siskind, MSW

Far From the Tree: Parents, Children, and the Search for Identity

by Andrew Solomon; Scribner, 2012; hardcover, 976 pages; \$37.50

Reviewed by Glenn Wolff, LCSW

There are few things more humbling than parenting. Much of it has to be learned on the job through simple trial and error. And what works for one child often doesn't work for your next one.

Far from The Tree: Parents, Children, and the Search for Identity, a great new book by Andrew Solomon, delves into the many tricky complexities of parenting on the edges. Extreme parenting, if you will. I'd like to start with a very popular fable about parenting, cited in *Far From the Tree*:

When you're going to have a baby, it's like planning a vacation trip to Italy. You buy a bunch of guide books and make your big plans. The Coliseum. The gondolas in Venice. You learn some handy phrases in Italian. It's all very exciting and after months of anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!? What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland. The important thing is that they haven't taken you to a horrible place. It's just a different place. So you must go out and buy new guide books. And you must learn a whole new language.

Yes, it's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you begin to notice that Holland has windmills . . . and Holland has tulips. Holland even has Rembrandts.

But if you spend your life mourning the fact that you didn't get to Italy, you may never get around to enjoying the special and lovely things about Holland. (Adapted from *Welcome to Holland*, by Emily Perl Kingsley)

This fable is specifically about parenting a child with a disability. But in a more muted way, it's also about parenting anyone. Our children are never quite what we expect them to be.

As Andrew Solomon puts it on the opening page of his book, "Parenthood abruptly catapults us into a permanent relationship with a stranger."

Most parents can agree with Solomon when he says that he hadn't met anyone who didn't, at some point, look at his or her child and think, "Where did you come from? Who are you?" Parents can't help but expect the apple to fall not far from the tree. But what happens when that

apple does fall far from the tree, as Solomon's book title suggests? Solomon says most parents tend to prize, value, or encourage those aspects of their children that they can relate to, and tend to undervalue or discourage those aspects they don't. It's human nature, I guess.

Solomon points out that sometimes apples fall a couple of orchards away and sometimes they fall on the other side of the world. In those cases, what's a parent/tree to do?

He offers three general guidelines: (1) Figure out not what is going to make you happy but what might make your child happy. (2) Figure out whether your child's "qualities" are changeable or immutable, and then don't try to change things that aren't changeable. (3) The most fundamental thing is to give your child a sense of wholeness and coherence.

Solomon says one mother told him, "If you'd asked me if I would like to give birth to a lesbian dwarf, I probably wouldn't have checked that box. But she's Anna and she's the cornerstone of our family and I'm so glad that she managed to climb the slope of her life with so much grace."

Solomon thinks that's key. To admit that perhaps the child you have is not what you were looking for, but then ask yourself how you can give this child of yours a feeling of coherence and confidence.

In his massive and impressive book, Solomon looks at ten "exceptional" categories of children, including children who are deaf or dwarfs or prodigies, who have autism or schizophrenia, who are conceived in rape or who commit crimes.

The parents who raise these kids grapple with the most extreme versions of issues parents everywhere deal with. As Solomon puts it, having "exceptional" children tends to exaggerate parental tendencies, so that those who would be bad parents become awful parents and those who would be good parents become extraordinary. ■

Glenn Wolff, LCSW, maintains a private practice in Stamford, CT, and specializes in treating preadolescent and adolescent boys and men at midlife.

New Professionals Listserv

The New Professionals Committee is starting an additional listserv geared toward the needs of new professionals. This is just one of the upcoming new initiatives to better serve our membership. If you are interested in being added to the listserv, please contact Cole Hooley at colehooley@gmail.com. Interested in the New Professionals Mentorship Program? Contact Sally Fine, 402.330.4014. ■

My Girls, continued from page 15

evocative and effective in bringing their lives into clear focus for the reader.

In chapters 4 through 9, Danzer gives himself a section and then provides snippets of the group session. Here he is attempting to show his own process and how the group then deals with what the girls bring in, both in content and in their interactions with each other and the two cotherapists. In each chapter he reviews a theoretical perspective that highlights how he sees the girls changing through their experience of being in this group. Danzer is open about his emotional reactions to the girls, to his coleader, and to himself. Frequently he adopts the language of the girls as he shares his thoughts and reactions. At times, this reveals his youthfulness and newness to the field, but Danzer is clearly not trying to hide this about himself. Although the book is very rich in its detailing of these girls' lives and their community in an invaluable way, I did find myself wanting to have more of a window into the group sessions themselves as a way to witness the therapeutic work in more depth. Having said that, Danzer has done an excellent and important job of helping us to bear witness on the lives of these young girls (and their community) and to the terrible and emotionally damaging conditions that they live in every day. His success in building a sense of togetherness for these girls by his caring and therapeutic work with them comes through as the book draws to a close. This book would be an imperative read for anyone working with inner-city communities and youth. ■

Elizabeth Glass, LCSW, is a psychoanalytic psychotherapist in private practice in NYC. She worked for many years in psychiatric social work as a clinician, a supervisor, and an instructor, and worked in communities similar to the one described in the book.



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CSWA Summit Meeting

Janice Berry Edwards, PhD, MSW

October 6, 2012, the Clinical Social Work Association held a summit to bring together national leaders from the clinical social work societies to focus on trends and important issues that are affecting the clinical work of practitioners nationally. There was much discussion regarding the changes and implementation of the new CPT codes, the electronic health records, and the concept of health/medical homes. Laura Groshong provided a very informative and helpful discussion regarding these up and coming urgent and current changes (CPT codes).

The issues that were outlined by the CSWA leadership were the impact of potential bias in insurance companies toward evidence based practice and reimbursement for short term practice and electronic health care records which will go into effect January 2014. There also was discussion regarding the concept of health homes, which will have an impact on how health care is delivered. The current trends in social work education present with alarming concerns, which were also discussed. There are a growing number of Social Work education programs that are shifting from having designated clinical practice track as an option for concentration in the MSW education program. The trend appears to be one in which the selection is limited, and only a direct or macro practice option for program concentrations are offered. In addition, the proliferation of the online degree programs and courses offered are of concern to many members of the clinical social work societies. Given the many issues that are surfacing and the potential impact of these issues, involvement of social work educators was discussed as an important component of our next steps.

It was clear from these discussions in the summit that we must become involved and join in the national discussions about mental health care in the United States as well as work together with CSWA, who are our advocates, for the role that clinical social workers have in the provision of health and mental health care. CSWA is offering a reduced membership rate of \$100 to AAPCSW members. ■


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Area Representatives' Corner

Connecticut

Reported by Penny Rosen, LCSW, BCD-P, President-Elect

We are pleased to introduce Susan Freyberg as the new AAPCSW area chair for Connecticut. Susan received her MSW and DSW degrees from Adelphi University and her psychoanalytic training from the New York School for Psychoanalytic Psychotherapy and Psychoanalysis. She started her career at the outpatient department of St. Vincent's Hospital in Harrison, NY, and now has a private practice in Stamford, CT, and Rye Brook, NY.

Susan has reached out to the members in Connecticut, and as their needs become known, she will plan educational/study group activities. We look forward to hearing more about this development. ■

Massachusetts

Reported by Susan Bokor Nadas, LICSW, Area Chair

Professor Joan Berzoff, MSW, EdD, spoke to a full house of clinical social workers on Sunday, January 13, for the Boston area chapter. Her topic, "Psychodynamic Work with Vulnerable and Oppressed Populations," is also the focus of her 2011 book, *Falling Through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations*. It clearly generated a lot of interest in using a psychodynamic approach to working with the clients we see in our diverse work settings.

Joan discussed how to use psychodynamic theory to understand more compassionately what can look like antisocial or disturbed behavior, recognizing the social, cultural, and economic factors that influence our clients' lives. She made a well-developed and powerful case for thinking about our clients' inner lives, with particular attention to overextended, under-resourced mental health clinics, hospitals, and prisons. Joan drew from a variety of psychoanalytic theories to impress upon us the value of thinking about how each client's biopsychosocial experiences influence them and their individual psychological experience. As social workers, we can remain committed to practicing psychodynamically in settings where we serve the disenfranchised, and can be mindful of internalized social stigmas that influence the lives of our clients. Joan's talk initiated an interesting and

thoughtful discussion following her presentation.

Brunch was served and set the tone for an informal networking opportunity, and many reconnected with old friends. Several of Joan's former students from Smith College School for Social Work attended and were pleased to have the opportunity to learn from her once again. Since the Boston area chapter is new, it was great to see so many people attend and express interest in the AAPCSW! ■

Rhode Island

Reported by Lee Whitman-Raymond, PhD, MFA, Area Chair

A brunch event was held in the fall. We had ten participants, and Lou Rothschild gave a very interesting presentation. We have a terrific spring event coming up, with George Hagman presenting on the role of creativity in analysis. The talk has just been approved for 1.5 CEs. ■

Greater Washington DC / Baltimore

Reported by Joel Kanter, MSW, LCSW-C, Area Chair

On November 10, 2012, the DC area chapter of the AAPCSW cosponsored the Second Annual Alice Kassabian Memorial Conference with the Greater Washington Society for Clinical Social Work (GWSCSW). This conference memorializes Alice Kassabian, a member of both the AAPCSW and the GWSCSW, whose leadership in clinical social work emphasized the integration of psychological and sociocultural factors. The theme of the conference was "Falling Through the Cracks: Psychodynamic Practice with Vulnerable Populations," reflecting the title of keynote speaker Joan Berzoff's recent volume of the same title. Following the keynote address, breakout groups with Dr. Berzoff, William Meyer, and Joel Kanter addressed concerns involving death and dying, low-income postpartum mothers, and persons with severe mental illness. ■



Member News . . .

Margaret Arnd-Caddigan, PhD, LCSW, North Carolina chapter, has just published the first of two articles on her research on intersession-imagined conversations. The article, “Imagining the Other: The Influence of Imagined Conversations on the Treatment Process,” appears in *American Journal of Psychotherapy* 66, no. 4 (October 2012): 331–48. The second of the two articles, on negative countertransference and imagined conversations, appears in the January 2013 issue of *Journal of Integrative Psychotherapy*.

Karen E. Baker, MSW, and Jerrold Brandell, PhD, BCD, coedited a new book, *Child and Adolescent Psychotherapy and Psychoanalysis: One Hundred Years After “Little Hans”* (Routledge, 2012). This book was originally published as a special edition of *Psychoanalytic Social Work*.

Eileen Becker-Dunn, LCSW, graduated her adult training in psychoanalysis at the Western New England Institute for Psychoanalysis in May 2012. Eileen’s graduation essay, titled “Food for Thought,” examines the uses and limitations of abstinence in the treatment of an eight-year-old



girl with a pre-oedipal eating disturbance. The essay challenges the view that abstinence and keeping the treatment completely symbolic is the way to establish the transference and its ultimate working through. Responding affirmatively to direct requests from some children, particularly those with early feeding disturbances, is crucial to estab-

lishing the analyst as a new object and the development of the therapeutic alliance. Measured gratification does not inhibit the neurotic elements of the transference from emerging. Eileen is currently preparing her essay for publication and is in her third year of child analytic training. She chairs the Symposium at the Western and continues as an assistant clinical professor of psychiatry at Yale, where she supervises, teaches, and coordinates psychoanalytically informed case conferences at the Cedarhurst School in New Haven.

Janet R. Faust, PhD, LCSW, will be the conference moderator for the 52nd Annual Clinical Conference of the International Conference for the Advanced Professional Practice of Clinical Social Work (ICAPP), to be held in Reykjavik, Iceland, July 24–27, 2013, on the topic “The Individual in the Family and the Family in the Individual.” ICAPP is an international clinical social work organization that sponsors annual conferences all over the world.

Laura Groshong, LICSW, conducted an hour-long webinar on December 11 and December 27 called “Changes to the 2013 Psychotherapy CPT Codes.” She has created seven documents for the Clinical Social Work Association that give information on different aspects of the CPT code changes, which can be found on the CSWA website.



Esther Amini, LCSW, is both on the faculty of NYSPP and in private practice. She is also a published author. Her stories have appeared in *Barnard Magazine* and the *Jewish Week*, and one will soon appear in the April 2013 issue of *Inscape Literary Magazine*. Two of her stories were part of the show “Saffron and Rosewater,” recently performed in Los Angeles at the Fowler Museum. This show consists of stories written by five Iranian/Jewish/American women and will be coming to Manhattan in the fall. Esther hopes AAPCSW members will be able to attend; she will share with us more, once date and venue are confirmed.

Judith Logue, PhD, ACSW, cochaired a “Business of Practice” workshop at the American Psychoanalytic Association meeting on January 16. She is also participating on the health panel at the Division 39 spring meeting in Boston, April 24–29. This year’s topic, “The Therapist Is Ill,” will focus on what happens when the therapist is faced with a life-threatening illness, including transference, countertransference, and reality issues. Last August, at the APA annual meeting in Orlando, Judith presented the Division 51 Skill-Building Session “Sexual Feelings in Therapy—Handling a Hot Topic.” This upcoming August, Judith will participate on another APA panel in Hawaii, for Section III (Women, Gender, and Psychoanalysis) of Division 39, about powerful men and their affairs from

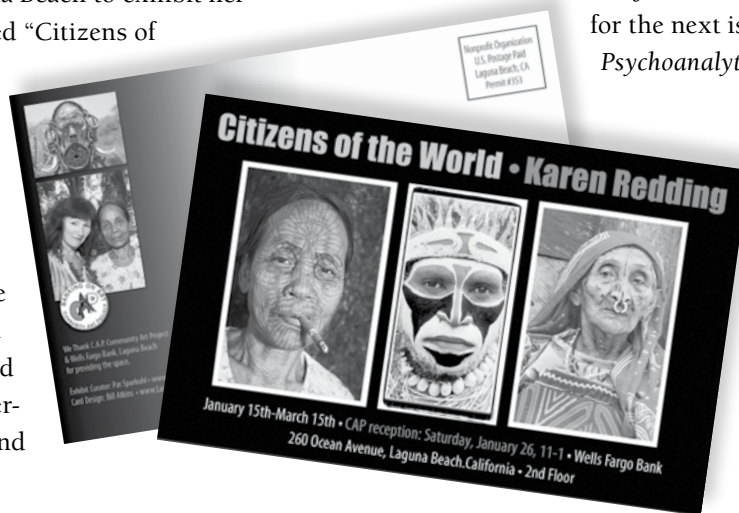
the female perspective. She is currently working on a paper with Marilyn Metzl on this topic for the IAPSP conference in October.

US Senator Al Franken (D-MN) and his wife, Frannie, jubilantly hosted an event in Minneapolis on January 11 to celebrate November's election outcomes—including new requirements under the Affordable Health Care Act that insurers must offer mental health services, Minnesota's opposition to the restrictive "Marriage" and "Voter ID" amendments, and re-election of Amy Klobuchar (D-MN) to the US Senate. Franken shared his 2013 agenda, requesting early support for his 2014



re-election campaign. "More mental health services, not more guns in schools. We prevent violence when people can get earlier mental health services," Senator Franken said. He noted that he is determined to carry forward the efforts of his friend US Senator Paul Wellstone (D-MN) to ensure increased access to mental health services. Senator Franken is shown here with **Ellen Luepker**, LICSW, LP, BCD, and Ellen's granddaughter, Lucia Luepker (6), and Lucia's tortoise, which Lucia contributed to help Al's re-election campaign.

Karen Redding, PhD, LCSW, has been asked by the Community Arts Project of Laguna Beach to exhibit her photography work. The show, titled "Citizens of the World," opens January 15 and will continue until March 15. "It's quite an honor," Karen says, "as well as an opportunity for me to integrate (more and more) my clinical and artistic presence." She will also be selling a catalogue that will display some of her work and which also includes a foreword expressing her influences and interests. More information can be found at www.karenredding.com.



Jeff Savlov, LCSW, recently joined the firm Relative Solutions, which consults to enterprising families (families who share ownership and management of operating businesses or share nonbusiness wealth, such as real estate, investments and trusts) across the United States. It is a niche organization with many people from the psychotherapy world involved.

Cathy Siebold, DSW, has an upcoming publication in *Psychoanalytic Social Work* titled "Featured Review—Trauma and the Complexity of Internal and External Experience: A Brief Review."

Madelon Sprengnether, PhD, published her paper "Freud as Memoirist: A Reading of 'Screen Memories'" in *American Imago: Psychoanalysis and the Human Sciences* 69, no. 2 (Summer 2012): 215–39. She presented "Ghosts and Ancestors: Reflections on Melancholia and Mourning" as a keynote address at Flinders University, Adelaide, Australia, at a conference titled "The Paradox of Melancholia: Paralysis and Agency," on June 22, 2012.



Lee Whitman-Raymond, PhD, MFA, is continuing to coteach a class at Simmons College School for Social Work on her long poem "The light on our faces," which is about an in-depth, intensive psychotherapy. She has also just had two poems accepted for the next issue of the journal *Psychoanalytic Perspectives*.

... and New Members

Anthony Gambuzza, PsyD: "I want to introduce myself as a new member to AAPCSW. I am a clinical psychologist who has more than thirty years of experience in the field of mental health. I have a practice in New York City and Westchester County and recently moved to Fairfield, CT, where I am looking to open a new practice and network with other clinicians. I specialize in family and couples therapy. I have trained psychoanalytically and in structural and Bowenian family therapy. I utilize an eclectic style and bring humor, sensitivity, and accountability to my treatment of individuals, adolescents, and couples."



Denni Liebowitz, LCSW, presented her paper "Family Ghosts, Unmourned Losses, and the Generational Impact of War" at the Coalition for Clinical Social Work meeting at the San Francisco Center for Psychoanalysis on April 4, 2012. She will also teach "The Impact of Trauma on the Development of Self" at the Psychotherapy Institute, Berkeley, CA, in March and April 2013.

John C. Espy, PhD, LCSW, is the author of *Eat the Evidence: A Journey through the Dark Boroughs of a Pedophilic Cannibal's Mind*, due out in April (Karnac Press, 2013), which follows Nathaneal Bar Jonah, a serial pedophile and murderer, from birth to death on a torrent of mayhem. Compiled from hundreds of hours of interviews and more than a hundred thousand pages of court documents, the book attempts to take the serial perpetrator into the psyche of the reader, to experience a portion of the psychic primitiveness used to ensnare his victims. John has been practicing psychotherapy for the past thirty-five years. He was supervised by R. D. Laing for many years and conducted a weekly supervision group with Sheldon Kopp. He has worked extensively in the area of primitive and psychotic personalities and has interviewed more than twenty serial murderers and pedophiles in the United States and Europe as part of his research on the manifestation of malignant projective-identification. His current practice focuses primarily on clinical and forensic consultation and long-term treatment. He was previously a

neurotoxicologist with NASA and has taught at numerous universities throughout the United States. Dr. Espy is also a long-standing member of the American Academy of Psychotherapists and the northwestern United States group moderator for the International Neuropsychoanalysis Society.

Rebecca Harrington, LCSW, will present her paper "Friend Request: The Analytic Frame Revisited" at the upcoming conference "Instructions Not Included: Shifts in Culture, Shifts in Psychoanalysis," sponsored by the Psychoanalytic Psychotherapy Study Center (PPSC) in New York City.

Judith Rustin, LCSW, announces the publication of her new book, *Infant Research and Neuroscience at Work in Psychotherapy: Expanding the Clinical Repertoire* (Norton, 2013). According to the Norton catalogue, "By decoding the scientific data, this book explains how recent findings



from brain and infant research can expand a clinician's understanding of the therapist-client relationship and, in turn, improve how therapy is done." The book has received glowing reviews by Beatrice Beebe, PhD, and Kenneth A. Frank, PhD, and will also be reviewed in a future edition of this newsletter.

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From the President, continued from page 1

In my previous newsletter column, I informed you about the Psychoanalytic Consortium and the ACPEinc. This time I would like to inform you about the Clinical Social Work Association (CSWA), whose mission includes legislative advocacy and practice-related alerts.

In the fall of 2011, Kevin Host and Robin McKenna, current president of CSWA, contacted me to discuss their concerns regarding clinical social work and their interest in planning a summit meeting in Washington DC. The purpose of the meeting was to bring together clinical social work groups to discuss important issues that impact the field of social work and our clinical practices. This meeting took place in October. The topics for discussion included the erosion of psychodynamic education in the schools of social work and the erosion of insurance reimbursements including Medicare, as well as other matters related to ObamaCare. Janice Berry Edwards, assistant professor at Howard University, served as AAPCSW's representative at the meeting. Please see her article on page 17 or a more detailed report on the meeting.

Our committees continue to evolve and are vital to AAPCSW. Recently, Cole Hooley (NY) joined the New Professionals Committee and is in the process of working with Sally Fine and Penny Rosen to reach out to new professionals within AAPCSW. He has several creative ideas and is eager to develop new initiatives that would benefit our members who are new professionals. These include a listserv for new professionals as well as expanding the mentoring program. Stay tuned for further updates.

If you are a new professional, please do not hesitate to contact Sally Fine (swfine@cox.net) or Cole Hooley (colehooley@man.com). They welcome your ideas!

By now everyone is well aware that we have been upgrading our website by using a membership program called MemberClicks. The program is designed and intended to make your membership renewal process more efficient. Over the past seven months since implementing the system, I can safely say this has been a learning experience for all involved. For some, using the new system has been a breeze, while for others it has been frustrating. I appreciate everyone's patience, perseverance, and willingness to seek assistance from Barbara Matos and colleagues. As we continue to work out the glitches and further familiarize ourselves with MemberClicks, the process will become much easier. We all feel better when we master something!

See you in Durham! ■

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