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American Association for Psychoanalysis in Clinical Social Work

Winter 2018

newsletter

From the Co-Presidents

Jerry Floersch, PhD, MSW | Jeffery Longhofer, PhD, MSW

In 2018 we will focus on developing and implementing a long-term strategy for membership recruitment and retention. And at the March 2018 Executive Board meeting, to be held in New Brunswick, New Jersey, recruitment and retention will be at the top of our agenda. With William (Bill) Meyer, former AAPCSW president, we have produced a pilot recruitment project for the 2019 biennial meeting in Durham. With Bill's support we will test a recruitment strategy in North Carolina. And with a generous donation from Natalie Peacock Corral, we will subsidize graduate student and new professional memberships in North Carolina. Also, our graduate students at Rutgers are creating a database (using *Psychology Today* Therapist Finder and Facebook) to identify clinical social workers in North Carolina. With these data we will prepare social media announcements and AAPCSW advertisements, all aimed at connecting clinical social workers in North Carolina to AAPCSW. With a social media strategy, *Newsletter* articles, and local North Carolina meetings and workshops leading up to the 2019 meetings, we hope to produce a deeper audience for the meetings and connection to AAPCSW.

And if this strategy increases new membership, we will follow with a retention strategy; this plan will aim to keep new members involved beyond the single, two-year membership cycle. If successful in North Carolina, we will repeat the strategy at subsequent biennial meetings in different regions where we have the potential to recruit and retain new members. These strategies, alone, however, will not be enough. We need ideas, so please reach out to us, especially before we meet in March to discuss these important initiatives. Feel free to send ideas to Jeff Longhofer (jeff.longhofer@gmail.com) or Jerry Floersch (jerry.floersch@gmail.com).

AAPCSW must prioritize long-term recruitment and retention strategies. For example, Joel Kanter has led a project with colleagues in San Francisco to honor Selma Fraiberg (see pages 16–17). We're hoping that this meeting will attract new members and engage existing members in new ways. The Fraiberg conference is a wonderful example of the kinds of programs we need to promote and mount in the year between the biennial meetings. And we need to focus these efforts in regions where we have the potential to develop existing organizational capacity and recruit new members. On the agenda for the March board meetings is a discussion of how to stimulate local regional chapters and individual members to use our website and social media to connect to our educational mission. How

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editor'sword

Donna F. Tarver, MSSW



Instead of my usual column I want to introduce the letter I received from Joel Kanter when I queried him about how he had developed the interest that led him to spearhead the upcoming San Francisco conference in recognition of Selma Fraiberg's 2018 centenary. When I received his response (see facing page) and learned that his interest grew out of research for an AAPCSW conference paper on "psychoanalytic social work heroes," I began to muse about and marvel at the enormity of the influence that AAPCSW has had on individuals like Joel and thereby on psychoanalytic education, writing, theorizing, and clinical work, as well as on the countless numbers of patients whose lives our members and friends have touched over these last years. It is truly awe inspiring what we have accomplished, and our current goals to extend our outreach and broaden our mission to include more programming in the years between our biannual conferences are exciting and doable. The Fraiberg conference (see pages 16–17) and the what has become an annual New York conference (see page 15) are but two important examples of how we can accomplish, and are accomplishing, these new initiatives. My thanks and tremendous respect to Joel for his curiosity, persistence, and scholarship, and particularly for reminding us where we have come from—it is this understanding of beginnings, history, and development that makes our approach unique and gives it the power to affect the lives of the individuals that we treat. (We also publish in this issue part 3 of Joel's series of articles on Selma Fraiberg; see page 4.)

The *Newsletter* welcomes readers' letters, articles, and opinions on topics of the day and clinical issues; book and film reviews; notices of or reports on conferences; and news of interest to our membership. We encourage members 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 of the *Newsletter*—Carl Bagnini, Jerrold Brandell, Jay Einhorn, Sharon Farber, Joel Kanter, Jeffrey Longhofer, Jerry Floersch, Christie Hunnicutt, Bill Meyer, Marilyn Palasky, Penny Rosen, Madelon Sprengnether, and Wendy Winograd.

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The Inspiration behind a Conference

Joel Kanter, MSW, LCSW-C

The following letter from Joel Kanter was written in response to my query about what led him to develop the conference “The Magic Years of Selma Fraiberg: Clinician, Researcher, Writer” (see pages 16–17).

—Donna Tarver, editor

In 2013, I began my study of Selma Fraiberg’s life and work. It started as part of a presentation on “psychoanalytic social work heroes,” which highlighted James Robertson (“A Two-Year-Old Goes to the Hospital”), Clare Winnicott, and Fraiberg, for the 2015 AAPCSW conference. I’d long admired Fraiberg—having read *The Magic Years* as an undergrad and some of the infant mental health papers (“Ghosts in the Nursery”) in the 1980s—but frankly I’d never studied her in any detail. But I learned about her work with blind infants and read a bit of her other work in preparation for this talk.

Then in 2015, I learned about her archives at the University of California medical school in San Francisco and decided to stop by for a day after attending a family wedding on the West Coast. The archives were fascinating; there were twenty-three boxes of materials, and I spent a day delving into three or four of the boxes. Fraiberg had extensive files of her voluminous writings and correspondence. There were unpublished manuscripts dating back to her undergrad days in Detroit, drafts of published work, and correspondence with publishers and a wide array of social work and psychoanalytic colleagues around the world. I copied as much as I could and went home and read much of it, learning more about the wide breadth of her career. I had no idea how diverse her writings were: more than twenty analytic articles in PEP-Web, many more in social work and other mental health journals, dozens in mass media publications for parents, and an array in literary magazines. It became clear to me that Fraiberg was arguably the most talented literary stylist to emerge from American psychoanalysis, let alone social work.

As I delved further into this work, beginning interviews with an array of colleagues, students, and relatives, the story of Fraiberg’s professional development as a social worker and psychoanalyst also began to emerge. I’ve written about this in several

articles in the AAPCSW newsletter, with a third to be published soon. [Editor’s note: See “Selma Fraiberg’s Magic Years,” Spring 2017; “Selma Fraiberg’s Unconventional Psychoanalytic Education,” Fall 2017; and “Selma Fraiberg on the Art of Child Therapy,” this issue.]

I also began to fully appreciate the impact of Fraiberg’s work in the thirty-seven years since her premature death in 1981. *The Magic Years* has been in print continuously since 1959, has sold more than a million copies, and has been translated into eleven languages. Fraiberg’s intervention strategies with blind babies have reshaped the developmental arc of these children throughout the world. And the infant mental health field has continued to be impacted by the treatment models she developed; “Ghosts in the Nursery” has been cited more than two thousand times.

These important and lasting contributions have all required Fraiberg’s integration of social work and psychoanalytic perspectives. In her work, she always attended to the intrapsychic, interpersonal, and sociocultural dimensions of the issues she addressed. Whether in her clinical work with infants and children or in her writings to the larger community, Fraiberg always attended simultaneously to the pragmatic realities of children and families and to the deep psychological issues that impact us all.

In doing so, she exemplifies the unique value that psychoanalytically informed social work can contribute to a wide array of human situations.

As such, I am so pleased that AAPCSW and the Sanville Institute have joined together to cosponsor the forthcoming conference on March 24 in San Francisco to honor the centenary of Fraiberg’s birth (March 8, 2018). We have some wonderful speakers who have been directly influenced by Fraiberg. Alicia Lieberman was a postdoc fellow in Ann Arbor with Fraiberg and became one of the world’s foremost authorities in infant mental health. Mike Trout was in the first cohort of community trainees in Michigan trained in infant mental health and went on to become the founding president of the International Infant Mental Health Association.

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Selma Fraiberg on the Art of Child Therapy

Joel Kanter, MSW, LCSW-C

When Selma Fraiberg emerged as a respected child analyst in the early 1950s, presenting a paper on child analysis to Anna Freud and authoring four articles in *Psychoanalytic Study of the Child* (Kanter 2017; Fraiberg 1950, 1951a, 1951b, 1952a), she was also involved in teaching and practicing in more conventional social work settings. On the basis of session frequency and other parameters, Fraiberg clearly differentiated this work from her child analytic practice that she described in the analytic journals. In her clinical practice with school-age children, her brilliance in applying psychoanalytic concepts to settings apart from the analytic consulting room foreshadowed the infant mental health interventions that became the capstone of her career. Unfortunately, Fraiberg's work with older children has been eclipsed by her infant mental health contributions. In this article, I highlight several writings of Fraiberg's that address what she described as "casework" but that we would now refer to as child psychotherapy

In a pair of 1952 articles titled "Some Aspects of Casework with Children," Fraiberg (1952b, 1952c) conveyed her ideas about agency work with children with a literary flair and playfulness that achieved fruition in the 1959 publication of *The Magic Years*.

Winking at the reader, she introduces us to the child client:

There is a certain type of client who creates special problems in the administration of social agencies and in the interviewing situation. The client seems totally unable to comprehend the function of a social agency. He frequently creates disorder and chaos in the waiting room. Often he talks loudly and shrilly, demanding numerous attentions, and has been known to look boldly over the shoulder of a typist as she transcribes confidential reports. In the initial interview with the caseworker, this client states more or less positively that he has no problem

and he does not know why he has come to the agency. Further difficulties are encountered when it appears the he cannot sit in a chair for more than five minutes. He tends to concentrate on irrelevant matters like the operation of the venetian blinds, the counting of squares on the asphalt tile floors, the manipulation of paper clips into abstract forms. (Fraiberg 1952b, 374).

Fraiberg evocatively describes the physical setting of such interventions:

We shall see the child in a room which is inviting to children but which can be equipped at modest cost. There will be paper and crayons, a few dolls or puppets from the dime store, some toy cars for the little boys, perhaps a small fire engine. The space under my desk has served at various times as a house, a garage, a fire station, a prison, a burial place for treasure, a secret hideout for robbers, and a refuge for a sulking client. It is practical and economical. Dart games, guns and other such weapons are found to be quite unnecessary. . . . The aggressive urges in children rarely require these accessories. It is also noticeable that every boy comes equipped with a built-in sound track for machine guns and bazookas; there is no need to strain the agency budget for lethal weapons that are only poor imitation of a little boy imitating a lethal weapon. The cost of equipping such a playroom as this is probably under two dollars, including the space under the desk but not including a doll house. (376)

Recognizing that the therapist can hardly be a passive observer of the child, Fraiberg describes the initial dialogue:

We introduce ourselves to the child. We size him up—as he does to us—and we wonder,

“What shall we say to him?” There are several gambits we can follow, all of which in my own experience lead into blind alleys. If we ask him whether he knows why he has come to see us, he will most certainly say “no.” If we ask him to guess, he will probably say, “I don’t know.” . . . We can easily guess the trouble. Children hate being questioned. Furthermore, not one of these questions can be answered honestly until our youngster knows just what sort of person we are. If we give him time he will find out what he wants to know about us. And his interviewing technique, while devious and oblique, is remarkable in many ways. The junior interviewer can find out more about us in fifteen or twenty minutes than we can find out about him in the same amount of time. Let’s see how he does it.

Jimmy is 7. He is referred for diagnostic study and planning by his school. He is reluctant to go to school; he is unable to read although he has average intelligence. The caseworker, after introducing herself, invites him into her office and suggests he have a look around if he likes. . . . He picks up a toy fire engine on which one of the parts is broken. “Jeez,” he says with some effort at indignation, “who broke your fire engine?” Now this is really a very good question to test the reactions of adults under stress. Clearly this junior psychologist is not interested in “who” broke the fire engine, but in what happened to the guy who broke the fire engine. . . . Why tell this lady anything about the troubles in school if these revelations lead to a lecture, a bawling out, or threats? (377–78)

In these 1952 articles, Fraiberg applies her understanding of ego psychology in describing the treatment of several children ages ten to twelve. She notes that Ellen, an underachieving foster child, was afraid that “her aggression might cause her to lose those loved foster parents as she had lost others” and transformed “these tendencies into their opposite,” expressing “exaggerated love” for the social worker (379).

Fraiberg also uses ego psychology to understand Eddie’s problematic adaptation to his sister’s death. The agency staff collaborates with the school and camp and learns that Eddie “was capable of strong attachments to the adults in the camp [and]

showed a lively interest in camp activities” (380). In this situation, Eddie was evaluated as a child with a “basically intact ego” and individual therapy was not recommended. Instead, using an “environmental” model, the staff worked with Eddie’s parents to help them “come to grips with their own feelings about the death of a loved child and their responsibility to the living children.” When the parents recognized the impact of their mourning on the children, they brought about important changes in the home environment and in their relationship to [their son].” Eddie changed from being a “listless and fretful member of the family” to becoming “an independent, even boisterous, youngster.”

Fraiberg’s 1961 article “Psychoanalysis and the Education of Caseworkers” offered three more case examples of children ages eight to eleven years. In the case of Margaret, an eight-year-old girl with school phobia, her difficulties were addressed by parental consultation instead of individual therapy. The social worker helped the mother understand her daughter’s dread of school that, given her good behavior at home and the absence of conscious dangers at school, reflected a more complex intrapsychic conflict. Fraiberg hypothesized that Margaret’s “hostile impulses (were) projected outward and experienced as coming from the outside” (208). When the mother began to appreciate these defensive maneuvers, she became comfortable allowing her daughter “to express feelings of anger when this was appropriate” (209). Soon after, the phobia receded, and Margaret returned to school without conflict.

After Fraiberg moved from Michigan to New Orleans in 1959, she coordinated a project with the New Orleans Children’s Bureau and the Tulane University School of Social Work to offer clinical services at the Protestant Children’s Home, a residential facility surrounded by “high iron fence” that cared for dependent and neglected children (Fraiberg 1962a). The agency and social work interns offered individual and group therapy. Fraiberg consulted with the staff from both the Children’s Bureau and the facility and treated one eleven-year-old boy, George, in weekly individual therapy. Her report of her treatment of George is perhaps the most complete report of her treatment in an agency or institutional setting. To illustrate Fraiberg’s clinical technique and theoretical perspective, I will describe this case report in greater detail.

Fraiberg's Treatment of George

When George was nine years old, his father disappeared and his mother became depressed. Overwhelmed by caring for her children, George's mother sought "temporary" assistance in caring for her children. Before placement, George had been described as "very stubborn and aggressive and subject to stormy outbursts of temper." In this first months in the facility, he "presented the full battery of his behavior problems" but gradually "gave up his fighting and his bullying and became a rather passive and tractable child" (20). He had "become whiny" and shared "constant complaints of being beaten up by the bigger boys and of having his own toys destroyed by them." However, the boys in his group reported that George would destroy toys his mother had sent and "would then accuse other children of having broken them." He also ate "voraciously"—he was forty pounds overweight when Fraiberg met him—and often wet the bed several times each night.

Fraiberg described her initial impression: "When I first saw George he was an obese sluggish youngster with a round pink face. He never smiled. His nails were bitten to the quick. His speech was mushy, indistinct—devoid of affect."

Initially George presented as "affable, superficially friendly, garrulous, and yet he was completely uninterested in the new caseworker" (20). Relationships with caseworkers and facility staff were "important only for providing need satisfaction and protection, any members of the staff could substitute for any other." During these early months, Fraiberg reported that George "never showed any interest in [her] or curiosity about [her]." He clung to a fantasy that his placement was simply because of his mother's temporary financial concerns and that she would eventually bring her children home. When his mother failed to keep her promise to visit, George responded without any affect.

Recognizing George's defenses, Fraiberg reported that she used "every good opportunity" to give him "permission to feel and to show him omissions of justifiable feelings of anger or disappointments." His conflicts regarding aggression were highlighted by a "mild fight" with another boy. In the session that followed, he alternated "between restrained fury at the enemy and fear that he would be sent away to a correctional institution." George expected

that any aggression would lead to his being "sent away." At the same time, he was afraid of "the destructive power of his rage." Fraiberg began to help George "see that he was really afraid of his own feelings, that the anger inside was so strong at times that he feared that if it came out he might really hurt someone" (21).

Gradually, the strength of these defenses diminished as George worked through these issues with Fraiberg:

Once when I felt he was struggling with hostile feelings toward me I asked him what he thought would happen if he should feel angry toward me and tell me. . . . Without a moment's hesitation, "Why you would go away!" He said this with such conviction that I could tell him now that I thought that this fear was connected with a real happening in his life, that this must have been the way he felt when mother placed him in the home. I said that all children are afraid that if they are naughty or have angry thoughts mother or daddy might go away and leave them, and I said that when children are placed away from home they can't help but feel deep inside that maybe it was because of something they had done or because they had been naughty. (21)

As the session continued, George struggled with an array of feelings:

Sometimes he was in tears or close to tears . . . [and] I encouraged him to talk more about mother and father and his feelings about placement. Was it possible, I asked, that even when a child loved his parents he might feel some anger toward them, too, for disappointing him. With this George turned away so that I might not see his tears, and in a voice full of fury he said "Sometimes I think I'm gonna be in this place for four more years and never going [home]." (22)

Soon after the session, George's behavior began to change significantly. He began to fight back when challenged by the other boys, and at times it was "difficult to keep the fighting under control." Fraiberg helped George share his aggression in the therapy sessions instead of acting out. She also was in close communication with the housemother and the director of the facility, helping them respond to

George's aggression with "a firm and non-punitive approach." In several weeks, the aggression subsided, but now George became worried about people dying and the whereabouts and survival of his parents.

Fraiberg recognized how difficult it was for George to express even mild hostility toward his parents, noting that "the child who is separated from his own parents" experiences his "hostile and destructive wishes" as "more dangerous than for the child who still has his parents. . . . The physical presence of the parents is a reassurance against the danger that the loved person may be harmed or destroyed by the child's own bad wishes" (23).

Subsequently, George became very affectionate for the first time with his housemother, clowning in the dormitory by "playing baby," crawling "from one end of the room to the other." Positive attachments now also developed with his group leader and the facility director.

"George's ambivalence toward mother become accessible to us with the full strength of the powerful feelings involved," Fraiberg observed. "He no longer consoled himself with the fantasy that his mother was going to take the children back" (24).

As we worked through the ambivalent feelings toward mother, George showed considerable growth in all areas of his life. . . . after eight months of treatment we all observed that George had become a happy child. . . . George had demonstrated his capacity to make new love attachments and . . . his relationship to his mother had grown freer. . . . He was able to handle his relationships with the other boys . . . with confidence and without undue aggressiveness. . . . There was now real pleasure in school and in learning. (25)

Fraiberg continues the article by sharing a brief report on Brian, a ten-year-old severely depressed boy in the same facility but treated by a colleague. Again, the focus of the treatment is on empathizing with the child's defenses against his array of affects and on the emerging transference. In Brian's case, there was no overt evidence of a strong positive transference in the treatment sessions. "Yet the passive and lethargic little boy began to come alive and began to communicate with adults and other children," Fraiberg writes. "There was no question that the tie to the caseworker had meaning[,] . . . yet many hours were spent in almost complete silence" (26-27).

Fraiberg recalls a later session in which Brian "refused to leave, buried his head in his arms and burst into tears." Without discussing his feelings, he returned to the next session in a hostile mood and "for the first time put his rage into words": "He didn't want to see the caseworker. . . . He wished she weren't his caseworker. He wanted to be left alone. . . . He accused the caseworker of liking other boys . . . better than she liked him, and he burst into tears [and then] ran out of the room" (27). Only after Brian could express grief and rage and longing in transference to the caseworker was he able to express his positive feelings and enter into a relationship.

Reflecting on these cases, Fraiberg noted:

A child who has once experienced ties to the original object—however ambivalent these may have been—can recover the possibility of making new attachments through a therapy directed toward reviving affects and working through the experience of loss. As we should expect, the method will not have any usefulness in those cases where the child's inability to at-

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tach himself derives from failure to establish meaningful human ties in the earliest stages of ego development. (28)

Fraiberg also discussed the importance of the child's "substitute parents" (either foster parents or residential staff) as the child in care initially manifests transference reactions; "old conflicts are revived in the new setting." While this may lead to a period of acting out and testing, Fraiberg cautioned about an "invisible" process in which the child settles down and makes an "adjustment" at the expense of, as in George's case, "ego restrictions and loss of capacity to make new ties" (29).

Discussing this article in correspondence with a Dutch colleague, Fraiberg (1962b) expanded on her thoughts about children who have experienced loss and separation:

I do not know either how a child can be brought to understanding of his parents' rejection of him. To be perfectly frank, I think any child under adolescence who fully acknowledged the fact that he was rejected by his parents would

have no incentive to develop. If he needs to preserve some small part of a fiction for himself regarding his parents' love for him, I would think this should be necessary. In the case of George . . . it was enough for him to recognize his mother's ambivalence toward him and to recognize his own ambivalent feelings toward her without coming to the harsh and terrible truth that his mother did not love her children.

. . . When a child in an institution or foster home has regained the possibility of loving and has attached himself to foster parents, he can face (though not completely) his parents' rejection of him because he has a substitute. But in the absence of . . . an attachment to the substitute, I do not know how a child can give up any part of a fantasy regarding his own parents because he would feel utterly abandoned and without hope.

You asked if one could ever go beyond the limits of "benevolent neutrality" that Freud asks us to observe (with these children). I think that practically speaking when we child ana-

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lysts are dealing with neglected and unloved children we find ourselves giving more on the “educational” side out of necessity and because humanely we cannot do otherwise. . . . In the absence of such support from the environment a heavy burden is put upon the therapist and the transference. I do not think one can “analyze” a love-starved child’s need for love any more than one can “analyze” a starving man’s need for food. In such cases we should not consider analysis as a primary need of a child but (rather the primary need is) an environment that provides the child with a possibility of forming attachments. Only after this has been achieved can analysis proper be instituted.

Although Fraiberg never refers to the contributions of either Clare or Donald Winnicott, her position on the centrality of holding environments is congruent with their views of the therapeutic needs of deprived children (Kanter 1990, 2009). Effective clinical work must emerge from a foundation of environmental support and this support often requires the consultative efforts of trained clinicians. Like the Winnicotts, Fraiberg always valued the social work perspective of attending to the needs and concerns of the child’s network members alongside any individual contacts with the child, a perspective that was integral to her infant mental health interventions.

However, Fraiberg also attended carefully to the ego defenses involved for each child, defenses that would often prevent a child from using available environmental support. The case material presented here illustrates her empathic attention to these defenses before attending to the underlying affects and drives.

As D. W. Winnicott (1984) shared in what was perhaps his last public lecture: “Rather quickly I learned that the therapy was being done in the institution, by the walls and the room, . . . by the cook, by the regularity of the arrival of food on the table, by the warm enough and perhaps warmly colored bedspreads” (221–22). Fraiberg would certainly concur with the essence of Winnicott’s emphasis on the importance of environmental provision, but she would argue that the child may also need therapeutic help to enable him or her to metabolize the essential nutrients that the environment offers.

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The Big Sick

FilmNation, 2017; written by Emily V. Gordon and Kumail Nanjiani; directed by Michael Showalter; 120 min.
Reviewed by Marilyn H. Palasky, PhD, LCSW

I knew I wanted to write a review of *The Big Sick* when I heard an interview with the two leads that was so engagingly original in ways that seemed emotionally truthful. This is what I listen for when patients talk in session—some truth they might hear for the first time when they speak it to me. *The Big Sick* was written by Kumail Nanjiani, a stand-up comedian, and his wife, Emily Gordon, a former therapist and author of the self-help book *Super You* (really, in real life), who wanted to make a romantic comedy about how they met and married. Judd Apatow produced this film, after working on the script with the couple for three years. Apatow wrote *The 40-Year-Old Virgin* in 2005 and eighteen episodes of *Freaks and Geeks* for television in 1999. In fact, I just watched all eighteen episodes of that wonderful television series, and I have to remark that the love scene in *The Big Sick* is reminiscent of one episode in *Freaks and Geeks*. Clearly, the similarity has to do with shared social work values about innocence and sickness that he wants all of his audiences to understand.

I left the movie theater with some curiosity about how I was feeling, since I was sure it was meant to be a feel-good film, and Apatow is a master at casting his idiosyncratic characters from the warmly empathic light of our collective unconscious. I love his comedy, his sense of what's deeply funny and psychologically true. However, unresolved feelings caused me to reflect: "Why don't I know more about Emily, his wife?" In the couple's interview about the movie, Emily clearly stated that she'd had a hospitalized breakdown after working with adolescents as a therapy intern. This is a particular kind of big-sick-burnout, a liability of the mental health profession, to which those of us in psychodynamic psychotherapy practice pay very close attention.

We, the moviegoers, didn't learn more about the wife because Nanjiani and Apatow turned the prom-

ise of a perfectly good "chick flick" (in which a woman learns about avoiding breakdown, finding true love in relationship, and committing to marriage) into a movie that is more about the man. Sadly, understanding this resolved my curious feeling: the promise of the interview was not in the delivery of the movie. Once again, the woman is a device, an object to move the plot along to resolution for the man. To tell you how I came to this, I have to give you a spoiler alert if you read further.

Two promises made in the interview but left out of the film caused my unresolved feeling. First is the "cause and cure" of the big sick. As mature mental health practitioners, we pay very close attention to signs of "burn-out" (which I consider synonymous with the idea of a big sickness). Cause: Learning one's limits seemed to be the cause of Emily's breakdown. As of yet un-self-aware, a new professional might not know the limits of her mental, physical, and emotional work. Unsupervised, she reaches her limit in severe illness, which asks for the cure when she is put into a voluntary coma, the big sick. Cure: We don't know, at first, if she will recover, but we do know that Nanjiani tells her he loves her while she's in a coma, and, evidently, she hears him and it cures her. Not exactly the work of two objects relating in the usual sense, since one was unrelated in a coma and the other was talking a love cure, so it seems.

Second, there is further unrelatedness in this movie project that I find antithetical to healthy living. It has to do with my own forty-eight years as a working member of Screen Actors Guild (SAG), and why I much prefer the experience of working in the mental health field. It was only as I began to write this review that I came to realize the actress in the film is not his wife, Emily Gordon, who gave the interview about her experience with her husband. The woman in the film is actress Zoe Kazan. Emily the wife stated in subsequent interviews that it was dif-

difficult to script her husband's onscreen love object as his sidelined offscreen wife. As I considered my discomfort, I realized that the dynamics of making the movie stirred up memories of my own failed marriage. Like Emily Gordon, sidelined in the creation of the movie, I unwittingly let myself be sidelined and replaced by other women as my husband succeeded professionally in the performing arts while we were failing miserably in the domestic arts. Ultimately, he left his home, his wife, and his twelve-year-old son. I experience my life story in small parallel—as an actress replaced and as a wife replaced.

Now, for the Apatow device of the coma, which he uses both in the movie and the television series. In the series there is a “coma scene” in which an adolescent bully comes into the hospital room of the Geek that he has put into anaphylactic shock (by secreting a handful of peanuts into his lunch to see if his peanut allergy was real). The bully makes an impassioned address to the Geek in his coma state by saying, “Please don't die. I don't want to go to jail.” The Geek makes it through, coming out of the coma

and later telling the bully that he heard every word and he's going to expect respect for not dying. In the movie, the girlfriend in the coma, ostensibly from working too hard, also hears the promises made by her boyfriend to love and honor her if she comes out of the coma. She does. One might label Apatow's coma monologues as a new form of “hospital object relations.”

It took several days after seeing the movie (some things are delicious to mull over) for the slow dawning to come that there are mostly indirect connections being made between people. This is how I build transference with a new patient in my practice—indirectly—because some of them come with such a fragile sense of self, such a weak ego, that I match the tone and timing of their speech so I can match their affect. Clinically “less direct contact” might include a question that starts with “I'm curious . . .” or “I was just wondering . . .” If I were to speak directly from my own thoughts and feelings with my own tone and timing, it might be too direct, too jarring or off putting. I work to practice keeping

Book Reviews

Psychoanalytic social workers are writing more and more books! Following is our new system for handling reviews:

- When you have written a book you wish to have reviewed or have read a recently published book that you feel would be of interest to our members, please send the book title and a sentence about the subject of the book to the Book & Film Review Editor, Wendy Winograd (wendywinograd@gmail.com).
- Copy Barbara Matos, our administrator, on the e-mail (barbara.matos@aapcsw.org) and send the book to her. She will keep records of all books received. Once she receives the book, we will choose a reviewer, and Barbara will send the book to the reviewer.
- If you have a colleague in mind as a reviewer of your book, please let us know. We are always interested in adding reviewers to our list.
- Reviews should be four to six double-spaced pages. The book title and publisher should appear at the top of the page followed by the reviewer's name. At the end of the review, the reviewer should include a sentence or two about themselves.
- The review should then be sent to Wendy so she can read it. She will then send the review to Newsletter Editor Donna Tarver for publication in the *Newsletter*. We review only books; we do not review book chapters or articles.



- On some occasions, a film relevant to our field may be reviewed, and if you see such a film and would like to review it, please write directly to Wendy.

We thank all the authors and reviewers who have made such excellent contributions to the *Newsletter* over these many years.

Wendy Winograd, MSW • Book & Film Review Editor • wendywinograd@gmail.com

our transference relationship clear as their statements are reflected back to them without judgment or agenda. For instance, when the couple meets for the first time in the movie, she has heckled him in his comedy set and he decides to tell her right afterwards that she was disturbing (direct). She replies that she was “interacting positively” (indirect). Like light that bends, curves, and reflects more facets than usual, there is an innocence and a freshness in this film; all the characters are built in ways that are recognizably indirect and emotionally rather primitive.

I don't want to leave out the confluence of the couple's parents, so I'll say that her parents (the actors in the film are Holly Hunter and Ray Romano) make me want to see it again for the pure refinement of their acting skills: the way she hides behind a coffee cup or bolts out of a chair spitting expletives; the way he yawns and grunts out the words he does want to say or the way he seems to contract inside his skin with the feelings he doesn't want to have. The actors of the Pakistani parents (Susham Bedi and Rahul Bedi) are listed in IMDB without photographs, leaving me curious to know the reason for this. For now, I'll just urge you to see the film in the light of your own unrepresed unconscious. Whatever that may be, you'll have a good laugh.

Post Script: It is remarkable to me that, just as I submit the final revision of my review of *The Big Sick* to the APCSW Newsletter, I am faced with the real-life challenge of working with those in severe and immediate trauma in the aftermath of the Las Vegas mass shooting. It feels very private, since I think the press and city administration will tend to spin the whole experience in a way that keeps the tourists coming. My personal experience is shaped in part by my experience of 9/11. In New York, I immediately went into rescue mode, with little care for my own limits (making me into a FEMA victim who felt I had to leave town). That has tempered the boundaries of the help I am willing to offer in Las Vegas, and yet the current tragedy has anchored me, thoroughly, to the workers in this town, leaving me nowhere I need to go but here.

I had my first patient traumatized from the event at 7:00pm last night. I was careful and very self-aware as she began to speak of the horror in her body. I could feel it, but it was once removed, since I had promised myself to look for the signs of classic trauma in her speech and behavior and identify them to her as we proceeded, slowly, in soft-spoken fragments. Her trauma was coma-like—very frozen

continued on page 14

there is
more
than
one way

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2019 National Conference Update

Penny Rosen, MSW, BCD-P, Conference Chair

A successful conference in 2017 propels us to move on to planning the next conference. On its own merit, the title—*Intrigue, Insight, Inquiry*—should pique your interest. Save the date and join us in Durham in 2019.

Its mission statement is as follows: “In these multilayered and challenging professional times, how can we sustain excellence in clinical theory and practice? Our challenge is in safeguarding core values—individual dignity, respect for diversity, social justice advocacy—as we embrace innovations in psychoanalytic knowledge. Holding this complexity in mind, the conference aims to provide a space to explore the human condition in health and illness. We will view these ideas in relation to clinical experience, based on understanding the intersection of the inner and outer world. We will also continue to build our legacy for the next generation. Join us in our efforts at facing our challenges, and promoting depth and breadth in our insights about contemporary clinical practice.”

Our plans for the conference are shaping up. Thus far, we have lined up several plenary speakers: Samoan Barish, Steve Kuchuck, and Jonathan Shedler. Others will be announced soon.

Samoan (a past president of AAPCSW) will give the plenary presentation “On Considering Regrets: If I Could Turn Back Time.” It will highlight time—past, present and future—as filtered through the prism of our regrets. She will address the multiple functions our regrets serve, the variable attitudes we bring to them, and the ways we can work with them in space and time.

Other sessions will include presentations by Joan Berzoff (“Sitting with Suffering in Long-Term Relational Psychotherapy”); Elizabeth Corpt “The Patient’s Private Sense of Time and Timing: When Is

It Resistance or Insistence?”), Laura Groshong (“Tarasoff Revised: The Clinicians’ Duty to Warn and Duty to Protect”), Kerry Leddy Malawista (“Beginnings in Therapy and Literature”), and Shoshana Ringel (“The Role of History and Culture in the Long Term Treatment of Childhood Trauma”).



March 28–31, 2019
Durham, NC

Intrigue • Insight • Inquiry Through Today’s Psychoanalytic Lens

Panels will include presentations by these AAPCSW committees: Diversity & Social Action (Golnar Simpson, Chair), Child & Adolescent (Karen Baker and Wendy Winograd, Co-chairs), New Professionals (Cole Hooley, Chair), and Graduate Education (Margaret Arnd-Caddigan and Mario Starc, Co-chairs). “When Trauma Is in the Culture: Psychoanalytic Reflections on Group Identity, Embodiment, and the Environment” will be the focus of a panel chaired by Brian Ngo-Smith and including Daniel Farrell, Scott Graybow, and Sarah Oliver.

This is only a very small sampling of the program. Many more presentations and events will be offered. More updates will follow, which I hope will hold your interest until we meet in 2019.

The deadline for the Call for Papers is March 10, 2018. See page 19 for more information and submission guidelines or visit www.aapcsw.org.

child&adolescent

Working with children, adolescents, and their parents? The *Newsletter* welcomes your articles pertaining to child and adolescent practice. Contact kembaker1@comcast.

Karen E. Baker, MSW • Child & Adolescent Column Editor



Webinar, May 8, 2018, 1:00 to 2:00 pm ET

Managing Clinician Burnout: An Inter-Professional Case Presentation & Discussion

A part of the Veterans Health Administration Patient Care Services Grand Rounds series, in conjunction with the American Association for Psychoanalysis in Clinical Social Work (AAPCSW)

AAPCSW members and other non-VA registrants will be invited with a registration link to this VHA Training

Purpose: Through a case presentation and roundtable discussion, we will show how these concepts—transference, countertransference, working alliance—provide useful and easily applicable ways to overcome clinical impasses and address ethical dilemmas and painful feelings (on the part of both patients and clinicians) that are hallmarks of clinician burnout. These concepts enable us to link the internal with the external phenomena affecting patients' lives while enriching the ability of clinicians to reflect on their professional use of self.

PRESENTERS

AAPCSW Members: Kathryn Basham, PhD, LICSW; Nancy Meyer, MSW, LICSW; Michele Rivette, LMSW, BCD

VA: Harold Kudler, MD, DFAPA

ORGANIZERS

AAPCSW Members: Penny Rosen, MSW, LCSW, BCD-P; Scott Graybow, PhD, LCSW

VA: Harold Kudler, MD, DFAPA—VA Acting Asst. Deputy Under Secretary for Health for Patient Care Services; Laura Taylor, LSCSW—VA National Director, Social Work/Care Management and Social Work

Find more details online:

**[www.aapcsw.org/events/2018/
managing_clinician_burnout.html](http://www.aapcsw.org/events/2018/managing_clinician_burnout.html)**

For further information and registration link contact Scott Graybow, scottgraybow@yahoo.com, or Penny Rosen, rosenpmsw@aol.com

From the Co-Presidents, continued from page 1

should we use webinars, for example? Blogs? How do we get new members involved in the biennial meetings, either as presenters or on the planning committee?

We must inspire new and current members to take ownership of the organization and shape it for our century. There are many and difficult challenges. Will managed care and the insurance industry control how the public views and uses psychotherapy? How do we keep conversations focused on psychoanalytic theory and practice? There are deep concerns about how we address social justice, for our members and our patients. How do we connect psychoanalytic ideas (dignity, respect for self and others, importance of relationships, trust, and authenticity) to injustices like discrimination and extreme poverty? Answers to these questions require our full attention and constant deliberation, and when we disagree we must find ways to stay engaged.

Finally, we're pleased to announce that Alex Samets has agreed to head an AAPCSW task force on writing, with a special interest in writing for new and younger members of AAPCSW. Alex is a psychotherapist in private practice in Baltimore, Maryland. She holds an MSW from Smith College School for Social Work and an MFA from Sarah Lawrence College. Alex was a social work fellow at the Menninger Clinic in Houston, Texas, and has research and practice interest in diasporic legacies of collective trauma and in trauma experienced in fraternity-based contexts. Alex teaches social work and social welfare policy at the University of Maryland Baltimore County.



The Big Sick, continued from page 12

and dissociated. There was a moment or two in which her narrative seemed to fly up into a hysterical tone, but keeping my calm was easy, and it seemed my vow to stay grounded and aware helped her to come back quickly into the room with me. It comes to me now: this dynamic work keeps me continually learning how to relate to the unrelated. Could this be the reason I wanted to review *The Big Sick*?

Inspiration behind a Conference, continued from page 3

And Lenore Terr was a psychiatric resident and fellow at the University of Michigan; her exposure to Fraiberg's teaching inspired her subsequent career specializing in extreme childhood trauma. Further, three AAPCSW members, Beth Kita, Rebecca Mahayag, and Christina Papanestor, will offer a fresh look at Fraiberg's classic *The Magic Years*, in light of their current experiences as mothers of young children.

Obviously, San Francisco is a long way for many, and, because of this, we are planning to video the conference so others can view the proceedings in the future. But if you *can* join us, that would be great. We also appreciate your sharing the information about the conference to interested colleagues of all disciplines who might be interested in participating. More important, take another look at Fraiberg's contributions and consider how it can inform our work today as psychoanalytic social workers.

—Joel Kanter

See pages 16–17 for the conference “*The Magic Years of Selma Fraiberg: Clinician, Researcher, Writer*”



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AAPCSW New York Area presents

DISILLUSIONMENT & HOPE IN CLINICAL PRACTICE

Saturday, May 12, 2018, 9:30–1:30

at the Nightingale Bamford School, New York, NY

4 Panelists:

CRAYTON ROWE

Disillusionment as Evidence of Positive Growth in Patients with Psychological Disorders

SANDRA SILVERMAN

Past Trauma Evoked by Present Times: Impact of the Socio-Political on Clinical Work

BORIS THOMAS

And Where Are You From? Intersectional Identities and Geographic Relocation

GEORGE HAGMAN

New Models of Bereavement and Mourning, and Their Application to Our Understanding and Treatment of Communal Grief

Michael De Simone, Moderator

4 CE Contact hours offered

National Institute for Psychoanalytic Education and Research in Clinical Social Work, Inc. is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0022.

Conference is sponsored by NIPER, educational arm of AAPCSW.

Conference Committee: Penny Rosen (Chair); Janet Burak; Michael De Simon; Margaret Fitts; Ellyn Freedman; Danita Hall; Scott Graybow; Dianne Kaminsky; Richard Karpe; Debra Kuppersmith; Jenny Kurland; Adriana Passini; Lance Stern; Carol Thea.

For more information and registration—

**[www.aapcsw.org/events/2018/
disillusionment_and_hope.html](http://www.aapcsw.org/events/2018/disillusionment_and_hope.html)**



Celebrate the centenary of the birth of Selma Fraiberg

The Magic Years of Selma Fraiberg: Clinician, Researcher, Writer

9am–5pm, Saturday, March 24, 2018

6 CE credits for LCSWs, MFTs & Psychologists

San Francisco State University

Seven Hills Conference Center, 1600 Holloway Ave., San Francisco, CA 94132



Selma Fraiberg's integration of social work and psychoanalysis had a profound impact on infant mental health, child development, psychoanalysis and the larger community. Beginning with group work with disadvantaged children and an unconventional psychoanalytic training, Fraiberg's interventions with blind children, her groundbreaking innovations in infant mental health and her prolific writings—including her classic works, The Magic Years and Ghosts in the Nursery—have left a lasting legacy.

REGISTER at www.sanville.edu/selma

Discounts for Sanville community members, AAPCSW members, new professionals, and students.
Lunch included.

9:00am–9:15am: Introduction

The Sanville Institute, AAPCSW, and Lisa Fraiberg

9:15am–10:30am: Selma Fraiberg, Her Life and Work
Joel Kanter, MSW, LCSW-C

Based on archival research and interviews with a diverse array of colleagues, trainees and relatives, this presentation will review Fraiberg's professional training in social work and psychoanalysis, her early clinical work with children's groups, her emerging psychoanalytic expertise, her diverse literary contributions and her important clinical research on blind infants and at-risk infant-mother dyads. The lasting impact of her contributions will be summarized.

10:30am–10:50am: Coffee Break

10:50am–12:00pm: Ghosts and Angels in the Nursery: The Lasting Impact of Selma Fraiberg's Legacy
Alicia F. Lieberman, PhD

Selma Fraiberg taught us to create a holding environment where the clinician enables parents and baby to feel safe to experience the full range of their emotions, to explore how the past is coloring the present, and to build enjoyable new ways of relating to each other. Her most influential contribution involved the understanding of the intergenerational transmission of psychopathology from the parents' childhood fear and pain to their attributions to their baby in the here and now. This talk will highlight her continued influence and the new applications of her thinking in current infant mental health practice.

12:00pm–1:15pm: Lunch

1:15pm–2:10pm: Selma Would Never Have Called It Mindfulness, But That’s Exactly What She Showed Us
Michael Trout, MA

Is infant mental health a strategy, or a way of being with? This keynote will consider the origins of our field, which was originally fueled by a deep scientific and psychoanalytic curiosity about the nuances of infant-parent interaction, the meaning of early experience, the remarkable transferences between parental early experience and relating to the child in the present. What is most important to us, now? What would Selma say? She taught us mindfulness without ever using the then-unknown word. She taught us the bliss of modesty and not-knowing, of attunement, of following, of holding. She required the discipline of self-knowing, and resulting self-regulation.

2:10pm–3:00pm: Reflections on *The Magic Years* by Clinician-Mothers Today

Elizabeth (Beth) Kita, PhD, LCSW
Rebecca Mahayag, MSW, LCSW-C
Christina Papanestor, LCSW, BCD

Three clinicians who are also mothers of young children will reflect on their reading of Fraiberg’s classic *The Magic Years* as it impacts their current parenting experiences.

3:00pm–3:20pm: Coffee Break

3:20pm–4:10pm: Selma and Me: Master Teacher and Trauma-obsessed Trainee

Lenore Terr, MD

From 1964 to 1966, Terr attended Fraiberg’s Continuous Case Conference on child treatment at the University of Michigan Children’s Psychiatric Hospital as well as presentations on Fraiberg’s research on blind babies. She will share her recollections about these interactions, discussing how she absorbed Fraiberg’s ideas and methods as she pursued her research on childhood trauma.

4:10pm–5:00pm: Video of Selma Fraiberg and concluding panel with Lisa Fraiberg and presenters

5:00pm–5:30pm: Wine and Cheese Reception

About the Presenters

Joel Kanter, MSW, LCSW-C: Faculty, Institute for Clinical Social Work; Distinguished Practitioner, National Academies of Practice; Author, *Face to Face with Children: The Life and Legacy of Clare Winnicott*.

Elizabeth (Beth) Kita, PhD, LCSW, is a clinical social worker in San Francisco, California. She completed her MSW at UC Berkeley and her PhD at Smith College School for Social Work. Beth has worked within the California Department of Corrections and Rehabilitation for the past 15 years providing mental health treatment both in prison and on parole. Beth also has a private practice in Hayes Valley, teaches in the MSW program at UC Berkeley, and is Chairperson of the Coalition for Clinical Social Work.

Alicia F. Lieberman, PhD, is the Irving B. Harris Endowed Chair in Infant Mental Health; Professor and Vice Chair for Faculty Development at the University of California, San Francisco, Department of Psychiatry; Director of the Child Trauma Research Program at Zuckerberg San Francisco General Hospital.

Rebecca Mahayag, MSW, LCSW-C, is in private practice in Rockville, Maryland. She received her MSW from the University of Maryland and is a graduate of the *Modern Perspectives in Psychotherapy* at the Washington Center for Psychoanalysis. She currently serves on the board of the American Association for Psychoanalysis in Social Work.

Christina Papanestor, LCSW, BCD, received her MSW from the Smith College School for Social Work, and was awarded post-graduate fellowships by Stanford University and the American Psychoanalytic Association. She completed advanced training in psychoanalytic psychotherapy at the San Francisco Center for Psychoanalysis, and maintains a private practice in San Francisco where she works with adults and couples.

Lenore Terr, MD: Clinical Professor of Psychiatry, University of California, San Francisco, Winner of the Ittleson, McGavin, and Marmor Awards, American Psychiatric Association; Author of *Too Scared to Cry*, *Unchained Memories*, and *Magical Moments of Change: How Psychotherapy Turns Kids Around*.

Michael Trout, MA: Director, Infant-Parent Institute; Founding President of the International Association for Infant Mental Health.

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CEUs will also be provided by the AAPCSW, a national social work organization whose CEUs are recognized by the Boards of Social Work in many states.

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Deadline March 10, 2018

Guidelines for Papers, Panels, Workshops, and Essays

The Conference Committee invites submissions related to the theme. Papers may reflect but are not limited to the following:

- The complex and intriguing mind
- The clinical implications of the intersection of the inner and outer worlds, including race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, ability, religion, and age
- Internal and external psychic turmoil as it emerges in the therapeutic process
- Trauma and its evolving theories
- Psychoanalytic interventions and applied psychoanalysis as it illuminates today's politics and economics
- Group, family, or couples therapy
- Clinical processes throughout the life span
- Historical perspectives and debates in psychoanalysis
- The application of scientific findings—neuroscience, technology—to the clinical work

Please include

- Cover sheet: (a) Name, address, phone number, fax number, e-mail for each author, co-author, or panelist, (b) title of paper, (c) two–three sentence abstract summarizing core ideas of presentation, and (d) two educational objectives that state what the audience will learn. The statement reads: "After attending the presentation, participants will be able to . . ."—using "measurable" active verbs such as: describe, define, identify, discuss, explain, list, apply, demonstrate, analyze, assess, compare, critique.
- A brief professional biographical statement, listing your name, credentials, 1–3 affiliations, 1–3 book publications or topics of papers, geographical area of practice, etc.

Presentation Categories

- Case study/clinical paper: Include a copy of the full paper with no biographical or identifying data. Presentations will be approximately 25–30 minutes each, maximum 15 pages (approximately 3,600 words), double-spaced, 1.25 inch margins, with no smaller than 12-point font.
- Panel (90 minutes): Panels consist of two or more presenters. Include a prepared paper (if any) or 300-word abstract for each presenter, describing how the discussion will be structured, the overarching theme and specific focus. Allow time for discussion among the presenters and between the presenters and the audience.
- Workshop (90 minutes): Workshops should consist of didactic and practical or experiential components for 2 or more presenters. Include a prepared paper (if any) or 300-word abstract for each presenter, describing how the workshop will be structured, the overarching theme and specific focus.

E-mail submissions to: aapcsw@gmail.com Please have the subject line of your e-mail read: AAPCSW 2019 Conference Submission. If for any reason you cannot email the submissions, please contact Lawrence Schwartz at aapcsw@gmail.com or phone: 718.728.7416.

Call for Student and/or Candidate Papers

Please follow the submission guidelines detailed above for the case study/clinical paper and mark your paper as an entry for the special student or candidate award. Awards will be granted to the best papers in each category. The winners will be invited to present their papers.

Address inquiries to:

Co-Chairs: Theresa Albini, LCSW, tkalbini@aol.com;

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Student Papers Chair: Susan Sherman, DSW, drshermSusan@aol.com

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All presenters must pay registration fees and are eligible for a registration discount.

membernews...

Carl Bagnini, LCSW, BCD, from Port Washington, NY, taught a module titled “Object Relations Child, Couple and Family Therapy” for the St. John’s University Post-Doctoral Program on Integrative Family Therapy in mid-January. On February 2, he presented the paper “If I Cannot Write, I Cannot Grow’: Concurrent Individual and Family Treatments with a Conflict Avoidant Family” at the International Psychotherapy Institute: Settings and Modalities in Family and Couple Treatment. His discussant was John Zinner, MD (Washington, DC). Carl’s book chapter “Mourning and Melancholia and the Couple Experience of Miscarriage” will be published mid-summer 2018 in *Restoration of the Object: Mourning, Melancholia, and Couples* (Karnac), edited by Timothy Keogh and Cynthia Gregory-Roberts.

Jerrold Brandell, PhD, BCD, distinguished professor and interim dean of the Wayne State University School of Social Work, has received the University of Chicago School of Social Service Administration’s (SSA) Edith Abbott Award for Lifetime Achievement. One of the school’s highest honors, the Edith Abbott Award recognizes SSA alumna for distinguished service to society and for outstanding professional contributions at the local, national, or international level. Award recipients reflect the mission of SSA and a demonstrated, ongoing relationship with the school and a commitment to its growth.

Brandell, who earned his PhD in social treatment at SSA in 1982, accepted the award at the school’s AMP the Base Impact Conference in Chicago on October 21, 2017. Presenting the award, SSA Alumni Association board president Alison Weston praised Brandell “for his distinguished work, com-

mitment to the profession, and remarkable service,” calling him “an exceptional person who richly deserves to be honored.”

Weston went on to describe Brandell’s extensive accomplishments in practice, scholarship, and higher education. A practicing clinical social worker for nearly forty years, Brandell completed his psychoanalytic training with the Michigan Council for Psychoanalysis and Psychotherapy in 2002. He has drawn on his extensive experience as a child, adolescent, and adult psychotherapist and psychoanalyst in the publication of thirteen books, as (founding) editor-in-chief of *Psychoanalytic Social Work*, and as an editorial board member of the *Clinical Social Work Journal* and the *Bulletin of the Michigan Psychoanalytic Council*.



Jerrold Brandell (left), Wayne State SSW interim dean and distinguished professor, with Deborah Gorman-Smith (center), University of Chicago SSA interim dean and Emily Klein Gidwitz Professor, and Alison Weston (AM ’08), SSA Alumni Association board president.

Jay Einhorn, PhD, LCPC, presented “Consultation to Refine Therapist’s Awareness and Skills” at the National Association of Social Workers–Illinois conference and at the Illinois Psychological Association and Illinois Counseling Association conferences. His article “Election 2016: A Psychohistorical, Psychoeconomic Analysis of the 2016 United States Presidential Election” was published in *Journal of*



What’s your news? Graduations, presentations, publications, awards, appointments, exhibits, and so on are all items the AAPCSW membership would like to acknowledge in the this column. Feel free to include a photo. **New to AAPCSW?** We invite you to introduce yourself. Contact me at christiemhunnicut@gmail.com.

Christie Hunnicutt, MSW, LCSW • Member News Editor; Associate Editor, *Newsletter*

Psychohistory 45, no. 3 (Winter 2018). To receive a copy of this issue of the journal, send your mailing address and a check for \$23 (or provide credit card information) to Journal of Psychohistory, 140 Riverside Drive (14H), New York, NY 10024 (send \$77 for a full year of four issues). To receive a PDF of the article only, email Jay a request at jay@psychatlarge.com. Jay blogs at www.psychatlarge.com.

Sharon K. Farber, PhD, is pleased to announce that her paper “Becoming a Telapathic Tuning Fork: Anomalous Experience and the Relational Mind” was published in *Psychoanalytic Dialogues* 27, no. 6 (2017): 719–34, along with “Traversing the Ineffable: Commentary on Sharon Farber’s ‘Becoming a Telepathic Tuning Fork’” by Janine de Peyer (735–40) and Sharon’s “Reply to Janine de Peyer’s ‘Traversing the Ineffable’” (741–44). Anyone who does not subscribe and would like copies of the issue can email Sharon at sharonkfarber@gmail.com.

In October 2017, **William (Bill) S. Meyer** made a multimedia presentation titled “When LGBT Folks ‘Cured’ Psychiatry: The DSM History You Never Knew!” to NASW chapters in Texas and Georgia.

Madelon Sprengnether is pleased to announce completion of two book reviews in 2017. A review of

The Good Story: Exchanges on Truth, Fiction, and Psychotherapy, by J. M. Coetzee and Arabella Kurtz, appeared in *American Imago* 74, no. 2 (2017): 209–20; and a review of *Confidentiality and Its Discontents: Dilemmas of Privacy in Psychotherapy*, by Jeffrey Berman and Paul Mosher, was published in *Psychoanalytic Review* 104, no. 4 (2017): 361–71. Madelon’s blog, *Minding Memory*, can be found at www.psychologytoday.com/blog/mindingmemory. Recent posts include “Border Crossings: *Coco* as a Transformational Film Experience” (January 11) and “*Mourning Freud: A New Book about Freud’s Experiences and Theories of Mourning*” (February 12; originally published on the Bloomsbury blog *Literary Studies*), in which she answers questions about her new book, *Mourning Freud* (Bloomsbury, 2018).



Wendy Winograd, DSW, earned her doctorate from Rutgers University in May 2017. She co-authored, with Jeff Longhofer, Jerry Floersch, and Miriam Jaffe, the recently published *The Social Work and K–12 Schools Casebook: Phenomenological Perspectives* (Routledge, 2017).

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North Carolina

William S. Meyer, MSW, BCD, *Co-Chair* | **Sonia Hsieh**, MSW, *Co-Chair*

The North Carolina area chapter of AAPCSW and the North Carolina Society for Clinical Social Work co-sponsored a panel at the UNC School of Social Work, titled “On Becoming a Clinical Social Worker and Beyond,” on September 16, 2017. Panelists included licensed clinical social workers MaryAnn Black, William (Bill) Meyer, Amy Olson, and Natalie Peacock-Corral (who also served as moderator). Panelists, from a wide variety of backgrounds and specializations, reflected upon their journeys through and beyond clinical social work.

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AAPCSW promotes psychoanalytic education, advances clinical social work, facilitates the production and dissemination of knowledge, and advocates for high standards of practice. The AAPCSW website (www.aapcsw.org) offers an array of information about AAPCSW. Information on benefits, listservs, programs (both local and national), activities, items of interest, our history, resources, newsletters, video series, and other areas of interest can be found there.

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newsletter

aapcsw aims & purposes

- 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 affect 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 bridge social work and psychoanalytic discourses by integrating concerns for social justice with clinical practice, and to conceptualize psychoanalytic theory and practice within its broader social-political context.

aapcsw core values

- Recognize the dignity and worth of each human being.
- Acknowledge the intersection of each individual's inner and outer worlds.
- Convey a psychoanalytic sensibility in our work with all populations and in all settings.
- Integrate concerns for social justice with clinical practice.
- Promote inclusivity and affirm the diverse identities of our colleagues and of those with whom we work.
- Cultivate a community of professionals that advocates for open inquiry and respect for difference.