

The CLINICIAN

FALL 1999 ■ VOL. 30, NO.3

The Newsletter of the New York State Society for Clinical Social Work, Inc. • A Founding Member of the Clinical Social Work Federation

CONFERENCE PREVIEW

The National Membership Committee on Psychoanalysis
(Affiliated with the Clinical Social Worker Federation) Presents

Inclusions & Innovations: Visions for Psychoanalysis in the New Millennium

January 20th to 23rd, 2000 at the
New York Marriott, World Trade Center

*A Message from the Conference Director,
Rosemarie Gaeta, and Program Chair,
Judy Ann Kaplan*

The exciting program of the upcoming conference, *Inclusions and Innovations: Visions for Psychoanalysis in the New Millennium*, stresses the increasing relevance of psychoanalytic thought to the wide range of problems faced in clinical social work practice. Our overall purpose is to break new ground in the field of psychoanalytic social work. We have the opportunity to explore basic issues such as the historical roots of our discipline, as well as innovations at the cutting edge of practice and scholarship.

The program is deeply rooted in psychoanalytic history — the 100th anniversary of Freud's publication of *The Interpretation of Dreams* — as well as in clinical social work psychoanalytic history — the 20th anniversary of the founding of the NMCOP — and thereby provides the framework for a creative

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EXECUTIVE REPORT

On Volunteers and Volunteerism

by Al Du Mont, Society President

As time goes on it is becoming clearer that for our volunteer organization to keep on growing we must complement the hard work of our energetic and creative volunteers with the services of regular, paid professional staff. We have a strong tradition of volunteerism in our Society and it is amazing how far we have come because of the dedicated efforts of those who have come before. Even the most dedicated volunteers can get tired, however. We reasonably cannot expect this generation to keep on going without the prospect of relief and support from fresh volunteers and/or paid staff. Last year we began a program of investment to help us finance the hiring of additional staff as we grow in the years to come.

Meanwhile, we must attend to the care and support of all of our volunteers whose efforts, good ideas and contributions are so vital to our Society. What can we do to empower ourselves? The following are a few ideas to help keep us healthy and vibrant:

First, we have to take stock of what we already have done, are doing and what we stand for. Our work in vendorship, on social work licensing, on managed care, on development of the Social Work Guild, and on the referral and information service, in addition to our ongoing educational conferences and mentoring programs, specialty practice committees, networking brunches, salon and peer consultations — all provide much that can interest and inspire new professionals and established practitioners alike.

Second, it is not enough for us to do good work and provide good programs; we

must let our colleagues and the professional community know about it. We can do so through our association with social work and other professional groups, through our publications, newsletters and mailings, through our presentations to the schools of social work, our own personal



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Executive Report

By Allen A. Du Mont, CSW, BCD
Society President

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and professional relationships, our work in private and agency settings.

Third, when we welcome new and experienced social workers to join us we are building for our future and establishing the Society as a home for clinical social workers.

Fourth, once new members join it is crucial that they be greeted warmly and welcomed into our Society. How uplifting it has been upon entering a meeting to be greeted personally, to be asked about my interests and professional experience, to be asked for my thoughts about the issues at hand. Feeling that I belonged helped me to feel appreciated, as though I had something to contribute, and, as a result, I felt like giving far more than was asked of me. Connecting with new and current members is such a big factor in the success of our Society that its importance cannot be overestimated.

Fifth, it is vital to solicit participation of members in chapter and/or state activities. Some may feel hesitant about coming forward, but would gladly do so if asked – especially if they feel their unique talents have been identified. Others may need a picture to be painted to see how a given project could lead to some fulfillment or benefit that is personally meaningful.

Sixth, it may not be enough to solicit participation; ongoing support and consultation as the project goes on serves to assist the volunteers in the newly assigned role. Lacking a common physical location, volunteers need a way of connecting to others in the organization to keep interest and momentum going, and to share the joys and frustrations of the work.

Lastly, once the project is completed it is essential that all contributions and contributors be recognized. The public appreciation of one's peers is the currency with which volunteers are paid.

What makes us volunteer? There are many reasons. For me it began with an interest in the development of my practice but grew to an interest in meeting some very bright and remarkable people in the Society, to a chance to build something new and to grow personally from the challenges that I faced.

Thank you all for your interest and support in the work I have done and best wishes for the success of your own work as together we nurture the next generation. ■

Many New York Society members have seen the handwriting on the wall and understand the value of organizing. As a result, we have more members in the Guild than any other state in the 30-state Clinical Social Work Federation. But we cannot stop here.

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The CLINICIAN

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GOOD NEWS!

The long-awaited

Medical Insurance

which is available to all Guild members, is now here! Look for the details in a mailing to go out to all Society members, past and present, very soon.

CORRECTION

- Sandra Indig was the photographer whose photos of the 30th Annual Conference appeared in the last edition of *The Clinician*. Ms. Indig is Chair of the Arts in Clinical Practice Special Interest Committee for the Met Chapter.
- Jane Buckwalter should have been included as one of the members of the Brooklyn Chapter described in, "Brooklyn Members Speak to School Leaders on Youth Violence."

“A Reversal of Trends”

As Bob Dylan prophetically professed, “the times they are a changing.” We are now getting more calls from members trying to get off panels than wanting to get on. If you haven’t tried to resign from a panel, you’ll find it’s often no easy task. Even after you’ve sent in notice, you still may be listed and, yes, be refused their out-of-panel rates.

Several members let us know that they are, in fact, getting more money when off panel than if they were on, as several companies are now offering point-of-service options and increasing the amount of choice their enrollees have.

For example, one Bell Atlantic member who has Blue Cross/Blue Shield pays his clinical social worker (CSW) a \$10/session copay and the plan pays 80% of the fee (\$100), for a total reimbursement of \$90 per session (52 sessions annually). If the provider had not signed off Blue Cross/Blue Shield, she would have had to accept the \$45 in-panel reimbursement and the micro-management that goes along with it. In other words, on panel she receives 100% less than off panel. Many MCOs seem to be preparing for the inevitable – the legislative push for consumers to have more choice over who their medical providers are.

Our Committee has also received several complaints about companies delaying payments beyond the 45 days allowed in New York State by law. Companies often display a cavalier attitude when the clinician requests prompt payment and say they don’t really mind paying the late fees. The number to call if you are not being paid promptly is: (800)358-9266 — The late payments complaint number of the Department of Insurance. This will ensure that you receive a 12% interest rate on the money owed after 45 days and the company may also incur a fine.

Don’t keep the secret that managed care is a faulty system from your state and federal legislators. There is currently legislation in both Albany and Washington to provide choice for consumers and liability for MCOs that make medical decisions. Members of Congress are tuned in to calls and letters in election years. One good call can have significant impact. Now is a good time to call (see numbers below).

Magellan’s Empire Plan Raises Fees

Due to complaints from consumers regarding the lack of access to mental health providers on the Empire Plan, (now owned by Magellan), fees have been increased in both NY Region I and NY Region II for the Empire Plan only. The rates, which had been unilaterally lowered to

\$45 by Magellan, have now been increased to \$55 in region II (Albany, Clinton, Delaware, Dutchess, Essex, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Warren and Washington Counties) effective June 1, 1999 and increased to \$50 in region I (Bronx, Kings, Nassau, Queens, Richmond, and Westchester Counties — effective June 1, 1999). The Magellan HMO rate remains \$45 per session. These rates are for code 90806. Sources high up in the Magellan Network have informed me that the more providers they have in any one area, the less they have to reimburse in order to provide access coverage. “We are saturated in the NYC area but have had less saturation in the more rural areas; that is why we are paying more in those areas.” Furthermore, it was stated that CSWs make up the majority of providers on the Magellan Network in New York.

One has to wonder how useful it is for CSWs to continue to work for low fees. If the Magellan philosophy obtains, then we are actually working against our own long-term best interests by continuing to accept sub-standard fees. A case in point — we understand that Oxford is preparing to lower its in-panel rates even further. I suspect that as long as there are providers willing

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Important Numbers

NYS ATTORNEY GENERAL'S HEALTHCARE HOTLINE	800 771-7755, OPTION #3
NYS DEPT OF HEALTH HOTLINE	800- 206-8125
PUBLIC ADVOCATE OFFICE	212- 669-7606
DEPT OF INSURANCE LATE PAYMENT COMPLAINT NUMBER	800-358-9260
THE LEAGUE OF WOMEN VOTERS FOR MEMBERS OF CONGRESS	(212) 677-5050
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For assistance with an insurance or managed care problem, call

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Make Up, Don't Break Up

Dr. Bonnie Eaker Weil

Ella Harris, QCSW, ACSW

Ella Harris, QCSW, ACSW is a social worker and family therapist.

This book is a welcome addition to Dr. Eaker Weil's first book *Adultery: the Forgivable Sin*. This second book is the most comprehensive text I have recently seen regarding making a relationship work for couples and singles. Her forward is written by Harville Hendrix, who describes the necessity and value of this book in this age of disconnection. Dr. Weil bases her work on sound family systems theory and cognitive psychology. She brings gifted and creative clinical skills to an understanding of the process of connection, disconnection and reconnection. In my twenty-five years of clinical private practice with families, individuals and groups, I must say, the theories, concepts, and techniques included in Dr. Weil's book have provided me with clear-cut cognitive interventions with my patients. The book is concise and easily accessible to a patient's understanding. It can be used as an adjunct to clinical work with our clients.

A word should be said about Dr. Weils' use of language, such as "Smart Heart Skill" (guidelines to constructive fair fighting) or "Shake Up to Wake Up." This phrase encapsulates the idea that while infidelity is a betrayal it can be faced head on as a symptom in need of repair. Dr. Weil views infidelity as a cry for help based on a bio-

chemical craving for connection; as a response to conflict that one is seeking to soothe or self-medicate; or perhaps an unresolved developmental trauma.

Her style is used, I suspect, to help the couple focus on change in times of extreme stress and pain. There is

hope and solution built into her conceptualization of the roots of the problem. It might be easy to see Dr. Weil's use of catchy phrases as trivializing the theory and the concepts. I think this view would be short-sighted. Recently, I utilized the technique of "shifting gears and fighting fairly" with my most difficult couples. The results from the couples were that they "finally found a way to be heard." The rationale for approaches and how to's has been very helpful to me as an advanced clinician.

This is must reading for the advanced practitioners, beginners and clients. Dr. Bonnie Eaker Weil is a

long-time Fellow of the New York State Society for Clinical Social Work. She has appeared on the "Today Show," "Oprah!" and many other talk shows. She has been published in *The New York Times*, *Good Housekeeping*, *USA Today*, *Cosmopolitan*, *Ladies Home Journal* and *New Woman*. She has a private practice in Manhattan.

Dr. Eaker Weil brings gifted and creative clinical skills to an understanding of the process of connection, disconnection and reconnection. The book is concise and easily accessible to a patient's understanding and can be used as an adjunct to clinical work with our clients.

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We need your news, views, and papers.

Or, if you hear a good clinical presentation, read a noteworthy new book, know of an emerging trend, or take part in a Chapter project...please tell us.

If you enjoy writing, just submit your piece. If you'd prefer, we'll find another writer.

What do you know that would interest your colleagues? Please, tell **The Clinician**. Contact Helen Hinckley Krackow, Immediate Past President and Newsletter Committee Chair, at (212) 683-1780.

Profile of Dr. Harold P. Blum, M.D.

Keynote Speaker: Inclusions & Innovations,
Visions for Psychoanalysis in the New Millennium, January 20-23, 2000

by Roslyn Goldner, DSCW, BCD



Dr. Harold P. Blum has always had a keen interest in the psychoanalytic understanding of human behavior. He is dedicated to the infinite and inclusive ideas associated not only with psychoanalytic theory, but the way psychoanalysis has impacted our ever-evolving world.

It was Dr. Blum who first proposed the recent Library of Congress exhibition, "Sigmund Freud: Conflict and Culture." He helped conceptualize and edit the display that highlighted Freud's original contributions to psychoanalysis. As the Executive Director of the Sigmund Freud Archives, housed in the Library of Congress, he has worked to make Freud's tightly-guarded papers available for scholarly research. His understanding of the significance of heritage is also reflected in his work, since 1994, as Chair of the Committee on Archives and History of the International Psychoanalytic Association.

Yet, perhaps Dr. Blum is better known as the Editor-in-Chief of *The Journal of the American Psychoanalytic Association* from 1973 to 1983, and for his work on numerous other editorial boards. But, he is probably best known for his many papers that touch on every aspect of psychoanalytic theory and technique, including applied psychoanalysis. His papers on dreams, "Color in Dreams," "Notes of the Written Dream," "Dreams and Free Association," and "The Clinical Value of Daydreams and a Note on Their Role in Character Analysis," have been watersheds in the development of this important topic.

Equally significant have been his commentaries on transference, counter-transference, defense and insight, among many others. His book, *Reconstruction in Psychoanalysis*, was groundbreaking. He edited four other major volumes, including *Female Psychology and Psychoanalytic Explorations of Technique*.

A gifted speaker, Dr. Blum is playful with ideas and his delivery is engaging, often electric. He twice was chosen to give the Plenary Address at the meetings of the American Psychoanalytic Association, and he presented the Freud Lectures three times. Among his many honors and awards was the Mary Sigourney Award, given to him

twice for contributions to psychoanalysis.

In 1956, even before his psychoanalytic training, Dr. Blum published his first psychoanalytic paper, "Van Gogh's Chairs," in *The American Imago*, a work art critics often cite. His broad interest in the arts was reflected in the conference, "Psychoanalysis and Art: The Artistic Representation of the Parent/Child Relationship" that was held in Florence, Italy in 1997.

In a letter dated the November 13, 1978, Anna Freud wrote Dr. Blum, "to let you know how much I enjoyed your paper on 'Insight,' which I received as part of the Symposium. It is so rare now that one can read a paper by a real analyst and I cannot help feeling grateful for that."

We can expect to have a similar experience when Dr. Blum speaks at the upcoming conference and amplifies his ideas on the exceptions stimulated by Freud's paper, "Some Character Types Met Within Psychoanalytic Work." ■

Dr. Harold P. Blum is dedicated to the infinite and inclusive ideas associated not only with psychoanalytic theory, but the way psychoanalysis has impacted our ever-evolving world.

INCREDIBLE PROFESSIONAL OPPORTUNITY!

ATTEND THE CONFERENCE:

INCLUSIONS & INNOVATIONS: VISIONS FOR PSYCHOANALYSIS IN THE NEW MILLENNIUM

JANUARY 20-23, 2000
NEW YORK MARRIOTT
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SEE PAGE 19
FOR DETAILS

The 30th annual New York State Society for Clinical Social Work Conference was held on May 15, 1999 and, with over 180 participants, was a huge success. Entitled, “The Power of Love and Hate: The Impact on the Self and Other,” the conference keynoters were Linda Atkins, MSW, BCD and Judith P. Siegel, Ph.D. Their presentations are reviewed or excerpted here, along with one of the eight workshops presented.

KEYNOTE

Humpty Dumpty and the Phoenix: Destructive and Healing Aspects of Love and Hate in Psychoanalysis

by Linda K. Atkins, MSW, BCD

Review by Richard Beck, CSW, CGP

Linda Atkins’ keynote address was profoundly moving, eloquent, thoughtful, insightful and clinically astute. It “explored the importance of the integration of love and hate to healthy emotional development and the ultimate possibility of progress in psychotherapy and psychoanalysis.”

Atkins said that many of our patients “feel like Humpty Dumpty — they feel shattered, their sense of self in pieces, all hope lost.” That nursery rhyme itself, “touches deeply into the unconscious when we see that the deepest fear of annihilation has happened. . . and we breathe a sigh of relief. . . because it has happened to another who has been destroyed. . . and not ourselves.” Utilizing the theoretical framework of D.W. Winnicott and his work on the very earliest mother-child relationship, Atkins reflected that there may be many reasons a mother, in her unconscious, may hate her baby and may wish to destroy him. The song, “Rock-A-Bye Baby,” was used as an illustration of how a mother manages her unconscious hate as she cradles and lovingly sings to her child. According to Winnicott, we cannot love that which we have not hated and tried to destroy. The object that “survives the destructive impulses, that knows and withstands ruthless attempts to destroy, that knows, sees and is able to hold steady in the face on an onslaught of aggression, is loved and is felt to be loving.”

Winnicott’s work on the meaning of love and hate as it “affects the emergence and development of a healthy sense of self, a ‘true self’,” was illustrated in the clinical

vignettes with two very different young girls. Their early mother/infant experiences were polar opposites and, as such, were chosen by Atkins to illustrate “the impact of love and hate to determine ultimate possibilities of relationship and ultimate hope or lack of it for psychoanalytic treatment and the emergence of an authentic self.”

The Two Patients

Initially, Pamela was seen in a clinical consultation to refer her to another clinician. She sat “in the big chair,” spoke directly and clearly about being hated at school, being hated by her father and being bullied by other students at school. “I need to become a lawyer when I grow up,” Pamela told Atkins, “but if I don’t get into a good school and get a good education, I won’t get into law school and that would be a disaster!”

According to Winnicott, “Love is the faith that if provisions are made in treatment for opportunities to make the self known, the person will make the true self known.” Atkins goal was “to provide the ‘good-enough environment’ in which this child might be able to reveal herself, express and have me to be able to contain her conflicts so that she could resume the personal development which was so obviously in trouble.” Pamela’s mother, with whom she was in a symbiotic relationship, was also not able to integrate love and hate, but demonstrated her love of Pamela by allowing the therapy to progress without putting her own needs in the way. Atkins hypothesized that Pamela’s psychopathology developed at the point of separation and individuation, but that early mother/child love was sufficient to allow Pamela to “feel alive in the world and trust it enough to use therapy.”

6

Richard Beck is a psychotherapist in private practice in Manhattan specializing in the individual and group treatment of trauma. He is on the faculty of the Group Department of the Postgraduate Center for Mental Health, the Training Institute for Mental Health, the EGPS Training Program and LIMH.



Linda Atkins, MSW, BCD

KEYNOTE

The Roller Coaster of Passion:

Balancing Love and Hate in Couples by Judith P. Siegel, PhD

Review by Jim MacRae, CSW

Judith P. Siegel, Ph.D., Associate Professor at New York University Shirley M. Ehrenkranz School of Social Work, and a couples therapist, presented a very interesting and thought provoking paper.

Dr. Siegel defined love from a self-psychological point of view as serving the self-object functions of soothing and receiving esteem from the other. Hate, on the other hand, is not necessarily the opposite of love. Rather, it is love gone sour. Hate occurs when the object denies its needed function of soothing, and this results in feelings of deprivation or devaluation.

Perhaps passion, which is an expression of love, may be at the heart of a relationship. Dr. Siegel described passion as an unguarded and genuine feeling, a total investment of the self. It is authentic. But what happens when passion disappears from a relationship? Stephen Mitchell speculates that partners collude in constructing an environment of safety or predictability as basic requirements for their relationship. If hate destroys a relationship, it must be avoided, and the lowered expectations kill the passion.

Also, being in love gets transformed into couples playing particular roles and then acting them out. When the roles take over, they often become associated with remnants of observations from childhood. Essentially, we become our parents' marriage. This is reinforced by the myths of romantic love that pervade our culture. The roller coaster feelings occur when couples continue to seek meaning through attachment to these old ideas. These factors may lead to the beginning of the end for a relationship.

Dr. Siegel cited the case of Jack and Jill, a married couple who sought treatment with her. Jill was seductive but not orgasmic. She presented as empty, disconnected from her feelings, performing a role and depressed. She was blocked from her own anger with a total loss of authenticity. Her mother, who was in and out of relationship with Jill's father, was sexually provocative but nervous about Jill's sexuality. Jill became the parentified child.

Jack, on the other hand, was an only child. He, too, was a parentified child. His father was a gambler and paid little attention to him. Jack's motto was "Don't look back." He was always busy creating new projects. He presented as grandiose. He could only be alive when he was feeling high.

Four years ago the couple had a child. Now their relationship was even more complicated.

Dr. Siegel identified three goals that she believed would help this couple. First, she helped Jack and Jill begin to identify the ways in which they were splitting (threats of divorce, Jack tried to redefine Jill's depression as the cause of the marital problems). Then she worked with them on beginning to become more self-observant, so they could each move to a more neutral position.

Second, she had them look at their cognitive beliefs about marriage, including their observations of their parents' marriage. For instance, Jack believed that love was expressed through Jill cooking him dinners and providing him with sex. Jill thought that love was being protected and

never being abandoned.

Finally, the couple was able to look at their identities and how they have changed in ways they didn't want. This is the issue of disidentification. Jill became totally controlling in order to be unlike her mother. Jack disidentified with his father, who couldn't do anything right. When Jack wanted affirmation or gratitude for his good deeds, Jill wasn't willing or able to give it to him.

By analyzing the projective identifications from the point of view of a cognitive belief system, Dr. Siegel was able to open up new options for this couple. Exploring the myths of romantic love allowed them to create a space where anger could be acknowledged and expressed and worked with. It allowed an opportunity for authenticity to emerge where a range of feelings could be safely experienced and shared. ■



Judith P. Siegel, PhD

Exploring the myths of romantic love allowed the couple to create a space where anger could be acknowledged and expressed and worked with and feelings shared.

Processing Hate Through Projection and Identification

by Susan Gill, CSW

Susan Gill, C.S.W., is supervisor and faculty member, Psychoanalytic Institute, Postgraduate Center For Mental Health, and supervisor, Washington Square Institute.

What follows is a brief summary of a paper presented at the conference "The Power of Love and Hate: It's Impact On the Self and Other." (The clinical material has been modified.)

Through two clinical cases, the following ideas were developed:

1. Countertransference can be a helpful tool in the therapeutic relationship. By tuning into our emotional responses in the treatment setting, we can gain a greater understanding of our patients' dynamics. This helps us create appropriate treatment strategies. We do this by acknowledging, identifying and understanding our countertransference feelings.
2. Projective identification, which the therapist experiences in the countertransference, functions both as a defense mechanism and a means of relating and communicating.
3. What is projection? Projection is a way for an individual to get rid of an aspect of himself that he dislikes or finds uncomfortable. It functions as a defense. For example, a patient bitterly complains about her angry co-workers, while disavowing her own intense anger.

When projective identification is also involved, the one doing the projecting exerts pressure on the recipient to feel these unwanted aspects of himself. This can often be felt in the relationship between the patient and the therapist. Here projective identification functions not only as a defense, but also as a means of communication.

4. Identifying projective identification involves a self-reflective capacity on the part of the therapist. The therapist realizes she feels differently from how she generally feels with her patients: when she feels intensely uncomfortable, unusually angry or frustrated, this may be an indication that projective identification is occurring. Discussions with supervisors or colleagues are often helpful. The therapist must carefully sort out her countertransference to establish what stems from her own life experience and what is being induced by the patient. Only then can she identify the dynamic of projective identification.

Clinical Cases

The first of the two clinical cases, Selma is a patient whose mother consistently criticized her for not being as smart as her older brother. Naturally, the patient grew up with low self-esteem, particularly in the area of her intellectual ability. During a particular period of her treatment, when she was feeling frustrated and angry, Selma began to criticize me for not being "smart enough" to help her. As this continued for some weeks, I found myself feeling angry and frustrated over the patient's continued devaluing and, more importantly, I felt at an impasse, unable to think about how to intervene to help her. When I was able to sort out my emotional response to the patient, which I did with the help of a colleague, I realized that Selma was projecting onto me, or inducing in me, feelings of helplessness and incompetence much like those she felt as a child. Now, I was the helpless child, and Selma was the critical mother. See Porder (1987).

I was able to interpret to Selma that, when she devalued me, she was making me feel the way she did as a child with her mother: now, she was the mother and I was the devalued child. This produced a remarkable change in the patient. It made sense to her and it helped us to open up the treatment to examine other projections, and other forms of externalization that Selma used extensively to ward off feelings in herself that she disliked.

The second case is that of Joseph, a depressed young man who was orphaned as a child and physically abused. While the pathology of this patient was markedly different from Selma's, a similar dynamic evolved in the transference-countertransference. As this patient began to experience extreme loneliness in his life, he became frustrated with his treatment and he felt hopeless about my ability to help him. In this context, he began to bitterly criticize me for not listening, helping or caring about him. As happened with Selma, I began to feel angry, frustrated and at a loss as to how to help or reach Joseph. I recognized that this was just how Joseph must have felt as a child, in his foster home with his alcoholic mother. However, because Joseph was so traumatized, and so regressed in treatment, he was unable to take in either interpretations or ego supportive interventions. Such interventions only made him more angry and rageful.



Susan Gill, CSW

What's the Difference?

Comparing Professional Liability Plans

by Faith Morreale, Marketing Manager, Bertolon-Rowland Corp.

How do you decide which professional liability insurance plan is best for you? Do you blindly follow your insurance agent's recommendation? Do you poll your colleagues to see what they have? Or do you take the time to compare for yourself?

The Clinical Social Work Federation has taken the time to review and compare different professional liability insurance plans. Their endorsed plan, underwritten by Chicago Insurance Company, has some distinct advantages over other plans on the market.

The Named Insured

Every plan specifies a "Name Insured" — the individual, partnership, sole proprietorship, or other organization (such as a corporation) protected under the plan. Some plans will also include coverage for current employees acting within the scope of their duties. But the CSWF-sponsored plan offers coverage which includes protection for:

- the individual or sole proprietor "Named insured"
- any current or former partner in a partnership
- any current or former owner, officer, director, trustee or stockholder
- any current or former employees acting on your behalf within the scope of their duties or as good Samaritans or unpaid volunteers during their employment with you
- any additional insured specified for claims arising out of an individual or entity specified in the policy
- any volunteers acting on your behalf within the scope of their duties.

Specified Coverages

Frequently, a lawsuit against a mental health professional will cite vague allegations of harm, such as "emotional trauma" or "mental anguish." A plan which lists specific instances that will be covered may not protect you adequately in such situations. In addition, such plans may not cover you if the allegation includes a reference to sexual misconduct. Look for a plan that has broad coverage definitions. Many plans even include some general liability protection that covers your practice premises.

For example, in comparing the CSWF-endorsed program to a leading insurer, I found that the endorsed program includes coverage for advertising injury, which was not specified in the other plan. This protects you if, for example, your brochure talks about "Kleenex counseling" and Kimberly-Clark sues you for trademark infringement. It also includes protections if someone claims that the services you advertise are not the ones you provide.

Lost Earnings Reimbursement

If you are self employed, every day you have to spend in a lawyer's office or judge's chambers costs you plenty. You have to cancel appointments and your workweek is cut short. So most professional liability plans include some type of supplementary payments to reimburse you for your lost earnings.

How much reimbursement you will receive depends on the plan. One leading policy provides up to \$250 a day. That is just about \$30 an hour. But many skilled social workers earn substantially more than that. The CSWF-sponsored professional liability plan is more in line with a professional income. It provides reimbursement up to \$500 a day for the insured's attendance, at the Insurance Company's request, at a trial, hearing or arbitration, to a maximum of \$7,500 per incident.

Extended Reporting Period

Under most claims-made plans, when the policy period ends, your coverage ends. You must notify the insurance company of any potential lawsuit situations before your coverage ends, or you will not be protected if the suit is actually filed later. With the CSWF plan, however, you have an automatic 60-day extended reporting period after the policy expires, during which you can report to the company any claim made against you during the policy period.

When it comes to protecting your practice and your career, it is worth taking the time to compare specific benefits before selecting a professional liability plan. But if you do not have the time to do an extensive comparison, you can count on the recommendation of your professional association. For more information about the CSWF-endorsed professional liability insurance plan, call 1-800-322-7710. ■

Faith Morreale is the marketing manager for Bertolon-Rowland Corporation, an insurance brokerage firm which administers the NSFCSW-sponsored professional liability insurance plan.

Processing Hate

CONTINUED FROM PAGE 8

What Joseph did respond to positively were occasional empathic statements that mirrored his feelings. For example, if he said, “No one will ever love me,” I might say, “You feel you’re unlovable.” With reflective mirroring, I validated his sense of self and helped him with a sense of self-cohesion. By making interpretations, I was asserting myself as separate from him, something he could not tolerate. Moreover, when he became rageful, the best I could do for him was to sit quietly and attentively and simply contain his anger. In this way I provided him a safe haven where, through our relationship, he would be able to work through the early developmental issues with which he was struggling.

While this exemplifies a Kohutian self-psychological model in which the power of the relationship provides a “corrective emotional experience” for the patient, developmental theories of projective identification offer a compelling way of understanding the value of the clinical stance described above. Elaborated by Malin and Grotstein (1966), and by Ogden (1982) — who synthesizes the work of Klein, Winnicott and Bion — these theories stress the idea that projective identification occurs throughout the life cycle, starting at birth, and is part of normal development. See also Seligman (1999).

So, projective identification is one way to think about how we form internal object relationships. As is generally accepted, the infant relates by identification prior to making more mature object choices; identification is the most basic way for the infant to relate to an object.

But, how does identification occur? Identification is “always based on a subtle interaction of both introjective and projective mechanisms” (Malin & Grotstein, 1966, p. 27). Here is a succinct example: a baby is flailing around, crying. The mother picks up the baby, cradles her in her arms and rocks her, all the while singing a soft lullaby. While the baby is experiencing a form of aggression, the mother is soothing the baby. So the mother absorbs the projected discomfort, or introjects it, and returns the aggression with something very different. One might say she returns an expression of hate with an expression of love. In this way, the mother mitigates and contains the aggression. Imagine another response to the flailing, crying baby. In this case, the mother angrily picks up the child, shakes her, and yells at her to “shut up and be good.” Whereas, in the first case, the baby internalizes a sense of calm that the mother is projecting, in the second case, the child is internalizing anger — anger that will inevitably heighten, or intensify, the child’s own aggression.

All of this is in the form of enactment, developing within the child’s earliest pre-verbal relationships. When this early mothering has gone awry, as we see with more regressed patients, particularly trauma cases, a good deal of work must be done that precludes verbalization — because the patient’s pathology is rooted in preverbal traumatogenic developmental stages.

Because Joseph was so severely traumatized as a child, and he was in a regressed state in therapy, certain forms

of verbalization were contraindicated. I needed to meet Joseph’s aggression primarily with containment, consisting of an active process of attentive listening, mirroring and being steadily and continuously available emotionally, while saying very little except statements that validated the truth of his reality. This helped him to feel understood, and it facilitated his self-development. See Fosshage (1997).

In order to help Joseph, I needed to acknowledge, identify and understand the hostility

and helplessness I was feeling toward him. That is, in order to remain emotionally available for my patient, it was essential for me to identify that projective identification was occurring. By identifying and understanding my own feelings of anger and futility, I mitigated, or neutralized, these difficult feelings for myself. Only then was I able to tolerate Joseph’s attacks and mitigate his aggression, just as a mother does with her crying infant. My understanding of projective identification helped me to develop an effective treatment strategy, wherein I could meet Joseph’s expression of hate with a more benign response — one of respect, kindness, and, one might say, love. ■

My understanding of projective identification helped me to develop an effective treatment strategy, wherein I could meet Joseph’s expression of hate with a more benign response — one of respect, kindness, and, one might say, love.

REFERENCES

- Fosshage, J. L. (1997) *Listening/Experiencing Perspectives and the Quest for a Facilitating Responsiveness, Conversations in Self Psychology: Progress in Self Psychology*, Vol. 13, ed. Arnold Goldberg, Hillsdale, N.J.: the Analytic Press.
- Malin, A. & Grotstein, J.S. (1966). *Projective Identification in the Therapeutic Process*, Intern. J. Psychoanal. 56:163-177.
- Ogden, T. (1982). *Projective Identification and Psychotherapeutic Technique*. New York: Jason Aronson.
- Porder, M. S. (1987). *Projective Identification: An Alternative Hypothesis*, Psychoanal. Quarterly, 56:431-451.
- Seligman, S. (1999). *Integrating Kleinian Theory and Intersubjective Infant Research: Observing Projective Identification*, Psychoanal. Dialogues, 9: 129-159.

Humpty Dumpty and the Phoenix

CONTINUED FROM PAGE 6

The second young girl, Jamaica, was seen by Atkins in the context of a Volunteer/Big Sister relationship. In this capacity, Atkins spent more time with Jamaica and the nature of their boundaries were different than in a traditional therapeutic frame. Atkins experienced Jamaica's "acting out of her undigested, unmetabolized hatred, which hurt, stunned and evoked at times hatred in return." Atkins said her clinical training aided her in containing, understanding and working with her own countertransference hatred of Jamaica. Jamaica was minimally capable of attachment, minimally capable of mutual love and hate. She was very capable, as Atkins experienced first hand, of acting out hate and aggression.

At age eight, Jamaica was homeless and living in subway tunnels, among crack addicts and alcoholics. "She had no mother, no place that went on being... everything in her life had been destroyed." There was nothing "that held her aggression, her hatred for all that had failed her, no relationship that survived her aggressive destructiveness so that it could become important for her to tame it to protect whoever she loved, whatever she valued," Atkins stated. Winnicott talks about Ruthless Love and everyone around Jamaica felt her ruthlessness. According to Winnicott, "this love is when there is no concern for the other, because there is no sense of the other. The other has not yet been separated out from the self." Nobody cared about Jamaica and Jamaica cared about nobody. As Jamaica projected tremendous rage, she perpetuated her interpersonal isolation, as those nearest her avoided her.

The Treatment

According to Atkins, her clinical goals for these girls were opposites. With Pamela, the goal was to help her differentiate, emerge from the symbiotic relationship she currently experienced and "establish an independent identity." The goals with Jamaica were more concrete — to help her find a "home that might be permanent." Atkins shared with the audience first-reported dreams from both Pamela and Jamaica, which reflected their intrapsychic development.

Pamela's dream: "I was playing a game with a friend. She was living in her old house but her room had changed. We were playing a board game. The purpose of the game was to tell your best friend. She named another friend, not me. I got upset. She said you are too sensitive. I screamed at her mother that I still wanted to be her best and only friend. I followed her, she wanted to be

friends with another girl."

Jamaica's dream: "I be wit my mother again. I be sittin on her lap an she be patten my hair. We have got us a house, one of those kinds you see on TV wit that spiky kind of fence all around. That fence keep everyone bad out but keep my mother an me in, an we have a TV we watching an a little dog like the one I had once. I brung him in, but someone killed him, beat him wit a big stick an he be all quit and stuff-blood coming outta he mouth. This little dog just sittin wit me an my mother while we talkin. I feel happy, it sem like it be real, my mother look like my really mother and the dog like the really dog an thas it. I wish I be in that house with my mother an that little ol dog."

Pamela's dream reflected her conflict over her symbiotic relationship with her mother and the recognition

that she was not "the only one in her mother's life." Jamaica's dream, according to Atkins, showed her wish for something she never had in her life, a stable good-enough environment from which to develop. A child needs, according to Winnicott, "a mother on whom he can make absolute claims... akin to infantile marital rights... and the healthy aggression of the attacking infant is in the service of leading to the integration of loving and destructive feelings." Atkins stated that "only when the parenting person is strong enough to remain vital, uninjured and loving is the child able to trust, to feel that he is not hateful, destructive... that he is worthwhile."

In her conclusion, Atkins stated that "Winnicott said that if there is no good-enough mother in those crucial early years, if there is no one to hold a child safe, to help him to integrate his powerful feelings of loving and hating, the child might be forever lost in an irretrievable spiral of wreaking havoc on an environment that will keep confirming that there is no environment to hold the self steady... The person who has had a partner can become a partner in the treatment endeavor. The person who has not had a partner, who has not been met in early life with empathic love and empathic holding of the healthy aggression necessary to move the self along in development, cannot become a partner — perhaps not ever, not in treatment and not in life — and is condemned to fall over and over again like Humpty Dumpty into fragments. The person who had been held in those early days in a good-enough, while not-perfect environment, can rise from the threatening disintegration and like the Phoenix, become whole and fly." ■

The person who has had a partner can become a partner in the treatment endeavor. The person who has not had a partner... cannot become a partner — perhaps not ever, not in treatment and not in life.

Inclusions and Innovations

CONTINUED FROM PAGE 1

approach to our current and future needs. The program links two spheres and rests on both, allowing for inclusions and innovations, and allowing for transitions that bind continuity and change.

We want to encourage active, critical thinking. We also want to encourage writing and publishing by psychoanalytic social workers. Now is the time when we, as clinical practitioners, must communicate our views to the field-at-large. This is imperative for the advancement of psychoanalysis as well as for the visibility of the clinical social work psychoanalyst in the new millennium.

Clinician as Writer

To encourage writing, the program includes the *Pre-Conference Writing Workshops*, *Conference Workshop on Professional Writing*, and *Luncheon Speaker, Anne Roiphe, on "Writing: Art or Therapy?"*

Anne Roiphe has written seven novels and a number of non-fiction works. Her recent memoir is *1185 Park Avenue*. Her discussant, Jean Olivia Roiphe, M.D., psychoanalyst and her stepdaughter, is also the author of numerous publications.

Clinician and Technology

As the new millennium begins, it is imperative that we keep up with the many new demands placed on our practices by utilizing new technology. A Conference Workshop is devoted to the theme of computer use for writing, research, and communication with other clinicians. In addition, several computer companies, such as PEP CD-ROM, and Psychoanalytic Connections, will present informative exhibits on Friday and Saturday.

Clinician as Researcher

We want to encourage research. Psychoanalysis and psychoanalytic psychotherapy face challenges from many quarters, particularly from the external communities, including psycho-pharmacology, insurance and the media. The question from these fronts: "Is psychoanalytic treatment effective?" There is a divergence of opinion as to whether empirical research provides the answer.

The research panel, "Clinician as Researcher," will focus on practice and technique from multiple perspectives and include the issues of transference, countertransference, enactments, establishment of an alliance, and creation of a therapeutic holding environment.

Many Approaches, Clients, Settings

We want to meet the challenge of psychoanalytic pluralism. Common ground or inclusiveness gives us cohesiveness, pluralism gives us dynamic force.

Included in the Conference are ego psychology, object relations, Klein, self psychology, relational theory,

neurobiology, and developmental theory. Comparative psychoanalysis and psychoanalytic psychotherapy, its assumptive base and its implications for technique, form a continuing theme. Our theme is mindful of our social work, psychoanalytic commonality, and is inclusive of clinicians practicing in a wide range of settings and on a diversity of people: children, adolescents, young adults, senior adults — across all life stages.

The program includes seven panels and workshops on Contemporary Problems of Children and Adolescents, as well as panels on Life Stages, on Catastrophic Events on the Analyst, and on issues of aging, including sexuality.

Our All Day Pre-Conference Seminar: "Meaning and Transformation: Interplay between Supervisor and Supervisee," sponsored by the National Study Group on Social Work of the NMCOP, will offer an in-depth look at supervision with live interactions from different views. Our diverse group of patients cross the divisions of race, class, sexual orientation, and physical health. This includes populations who have been severely traumatized, and who present severe pathologies, such as childhood sexual abuse, family violence, substance abuse, positive HIV, depression, and eating disorders.

The program will include papers on gender, age, and sexual preference.

The increasing relevance of psychoanalytic thought is demonstrated by many program elements relating to the social and political universe, such as the panel, "Psychoanalysis and Political Action: Strange Bedfellows." How can analysis and social work protect themselves and contribute to society in the face of growing restrictions of the private sphere?

We want to meet the challenge of cultural diversity. Our program Sunday morning, "Intracultural and Intercultural Dialogue," will address these issues. Following the plenary speaker, Jean B. Sanville, Gail Sisson Steger will speak on "Symmetry in Cultures: A Point of Departure for Psychoanalytic Theories," and Rosemarie Perez-Foster will address "The Power of the Mother Tongue in Psychodynamic Processes."

A documentary film, "You Call Me By My Name," will also be presented. It was created by Robert C. Jones, a screenwriter and editor, and practicing psychotherapists and psychoanalysts Sylvia Hirsh Jones and Deborah Stern.

The diversity of our program papers, panels and presentations draws from the experiences of prominent speakers: Harold Blum, Patrick Casement, Jean B. Sanville, Leon Wurmser, and many more — who have distinguished themselves locally, nationally, and internationally as teachers, authors and practitioners. Please join us. We look forward to your active participation in our rich and stimulating conference. ■

Over the years we've written about a variety of topics which deal with the practical needs of clinicians. In the belief that clinical social workers want to know more about the business and marketing side of being in practice, we've covered networking, resistance to marketing, computers in clinical practice, managed care, press releases, how to get paid and other area which our clinical education does not usually include.

In order to address the needs of our members for more information on practice-building and the vital art of surviving in this managed care era, in my role as state Public Relations Chair, I offered a workshop on September 25th at Fordham University, "How to Build Your Practice with or without Managed Care." Also included was a segment to help chapters learn how to publicize the Society's soon-to-be-born Referral and Information Service.

When we formulated the workshop, we had no idea how many people would be interested. We found out quickly enough. In response to an announcement mailed to all members, we received more than 100 phone calls from people wanting to make reservations. Since the room only held 100, we had to refuse everyone beyond that point.

During the three-hour presentation, audience members had the opportunity to ask many questions about building their own practices. Among the more important points stressed was the idea that many successful clinicians develop one or more niches to help publicize their practices. This does not mean that we cannot be generalists; rather, niche marketing is an effective way to interest potential referral sources (and clients) in specific services. We discussed the usefulness of groups in practice building, both as a way to help clients progress and as an example of the growing self-pay market.

Development of a group with an unusual angle is a way to offer colleagues an adjunctive service which might generate referrals from them, so that we may cooperate rather than compete in practice-building. Some examples cited in the workshop might be groups for partners of people who were abused as children, people in intercultural marriages, parents of children with ADHD, people who choose to stay in difficult marriages, caregivers and others. Psychoeducational groups are another area in which clinicians can offer new services to clients and their families.

Also stressed was the importance of sending out press releases when involved in newsworthy events and becoming aware of what is newsworthy.

We cannot go over all the material we talked about here, but response was such that we hope to be offering this workshop again. Since most of the attendees came from downstate, perhaps in the future we can arrange to make the same presentation for our members "up north." If you would be interested in a repeat performance, please let me know.

Other topics included developing effective printed materials, newsletters, networking, ethical advertising, ways to get free publicity and more. Participants also received handouts, including an individualized marketing plan.

In future columns we'll fill you in more specifically on some of the subjects presented in the workshop. In the meantime, please feel free to get in touch with me with your suggestions on areas you'd like us to write about. You can reach me at (516) 889-2688 or via e-mail at Sheila2688@aol.com. On another note, we are planning to add material to our website. If you have any ideas about what you think we might include, please let me know. ■

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Vendorship & Managed Care

CONTINUED FROM PAGE 3

to work for very little, Oxford and other HMOs will continue the trend of lower in-panel fees.

Self-Insureds Withdrawing from Managed Care

The Committee is currently trying to educate several self-insured companies that do not recognize CSWs for reimbursement. The latest is the Bedford Central School District in Westchester. Others include Pepsico, Sun Chemical, Quick and Riley Inc., The Mark Hotels, UFCW, Local 174, Nova Health Care and the Electricians Union. TGI Fridays, a company we have marketed for a

while, has recently altered its benefit package to include CSW reimbursement.

We also are concerned that as the trend away from managed care continues in large corporations (due to higher premiums and lower quality), that they will move back to having more control over their benefit plans and revisit old contracts which exclude CSWs from reimbursement (via the ERISA law). Please inform us of any companies you encounter that exclude CSWs from independent reimbursement for mental health services. ■



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<i>Passion Plays: Enhancing the
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— 5 November 1999</p> <p>3. Jack Drescher, M.D.
<i>Psychoanalytic Therapy and
the Gay Man: The Closet</i>
— 21 January 2000</p> | <p>4. Adrienne Harris, Ph.D.
<i>Gender as a Luxury, Gender as a
Symptom: The Shifting Terms in
Gender Theory, in Practice and
in Clinical Practice</i>
— 11 February 2000</p> <p>5. Robert May, Ph.D.
<i>Thirty Years of Gender: Where
Have We Gotten, and How is the
View?</i> — 3 March 2000</p> <p>6. Erica Schoenberg, Ph.D.
<i>Sex, Race and Gender: The
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PSYCHOTHERAPY, INTUITION & THE UNCANNY
Saturday, January 15, 2000
10:00 a.m. to 3:00 p.m.
with a break from noon to 1p.m.

DONNA M. ORANGE, Ph.D., Psy.D.

CLINICAL CONSEQUENCES
OF POST-CARTESIAN THINKING
Saturday, January 29, 2000
10:00 a.m. to 3:00 p.m.
with a break from noon to 1p.m.

Prof. MARTIN S. BERGMANN

SUPERVISION AND THE TRANSMISSION
OF PSYCHOANALYTIC KNOWLEDGE
Saturday, February 12, 2000
9:30 a.m. to 1:00 p.m.
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MORE LIFE: HOW WE THINK
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Saturday, March 25, 2000
10:00 a.m. to 3:00 p.m.
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KENNETH A. FRANK, Ph.D.

CLINICAL IMPLICATIONS
OF 'NEW RELATIONAL EXPERIENCE'
Saturday, April 15, 2000
10:00 a.m. to 3:00 p.m.
with a break from noon to 1p.m.

JODY M. DAVIES, Ph.D.

ON THE NATURE OF DESIRE
IN THE PSYCHOANALYTIC SITUATION:
THEORETICAL & TECHNICAL IMPLICATIONS
Wednesday, April 26, 2000 and
Wednesday, May 3, 2000
7:30 p.m. to 9:30 p.m.

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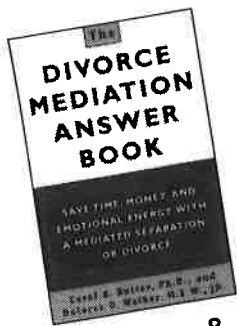
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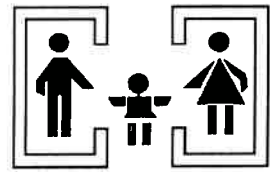
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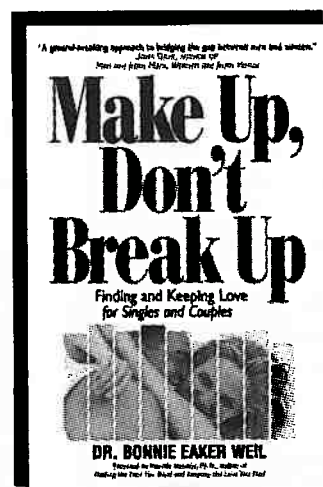
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