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December 2016

President's Message

Janice Victor, LCSW, NCPsyA



As we come to the end of this calendar year and this membership year, we have a lot to be proud of and to be thankful for. On a personal level, I am, as always, thankful and proud to be part of this great organization. Each year, and all year around, I marvel at the tireless efforts of our Society's board. Each one gives in time, effort, and passion for the benefit of, not only our Society and membership but, every social worker in the state of New Jersey. It's an honor to be this great Society's President.

We continue to work with legislators on the critical issue of who determines medical necessity, be it the insurance companies, or the trained professional actually working with and assessing clients. We are also concerned about the exceptions to confidentiality created by the new procedural rules passed by the New Jersey legislature. Under the guise of creating a "Unified Privilege", the legislature has created dangerous exceptions that leave clients and clinicians less protected, even vulnerable. Mental health professionals must now be very careful about what is said, and how it is recorded. This issue was addressed at length in the last issue of our newsletter. Parity for mental health care has been and remains a target of our legislative efforts.

Speaking of our newsletter, have you been keeping up with the NJSCSW Forum? It's full of informative articles, reviews of recent events. Have you noticed the cartoons? How many organizations have a cartoonist in residence?

We have had some exceptionally good workshops this year, and, of course they were free to members. Discussions of mind/body, eating disorders, borderline personality, and dreams provided an exceptionally interesting and professionally-enhancing experience for our members.

Finally, we have revised our by-laws to simplify our membership categories and bring them closer to a description of our membership. Let me take this opportunity to remind everyone that it is the season to renew, and to continue the benefits of membership in this great organization. With that, a final thank you, and looking forward to another great year.

A special thank you goes out to all of our members who have renewed or joined NJSCSW for 2016. For our members in either the Member or Fellow Categories we are offering a special promotion for 2016.

If you bring NJSCSW a new member (Fellow or Member Categories only), you will receive a 50% discount off your 2016 membership and your new member will also receive 50% off of their membership for 2016. This promotion has been made possible through OPEIU. Email Jan Alderisio, NJSCSW administrative assistant Jana6@optonline.net for details. Postcards will be mailed to all of our members announcing the promotion soon.

I encourage all guild members (Fellow and Member categories) to visit OPEIU.org and UnionPlus.org. These websites are user friendly and offer many benefits including opportunities for scholarships for family members, a free phone consultation with an attorney and identity protection benefits. There is also consumer information and discounts for various products and services.

If you have any questions about membership please email Robin Bottino RobMarie24@icloud.com

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Please submit articles to michelegweisman@gmail.com

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2016

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Letter from the Editors

Steven Gruntfest, PhD, JD, LCSW

Michele Weisman, PhD, LCSW

It's hard to believe we're closing out our first year as co-editors of the Forum. This, our third issue, continues our efforts to promote the NJSCSW, its members, and the profession of Social Work. There has been a tremendous sense of accomplishment, and pride in the hard work that has been a necessary, if not sufficient, condition of that sense of accomplishment. It is our continuing hope that each member choose some avenue of participation, so that our organization and our profession continue the good works that form the core and very essence of what we do as social workers. We are particularly pleased to report that a recent survey of our membership has answered in the affirmative as to the value of and interest in the Forum. Our words are not, it seems, falling like the silent raindrops that echo in the wells of silence. We will do our best to keep those survey responses in mind for future issues.

Respondents offered many suggestions as to content and information that would be of value to our readership. One of those suggestions was to stimulate greater feedback and involvement from the membership. To this end we discussed at the last Board meeting the introduction of a regular column focused on the noteworthy accomplishments of membership. Prospective titles suggested were "Meet Our Members", "In the Limelight", or "Spotlight On". You get the drift; now give us your ideas.

In an interesting coincidence, another survey respondent requested more information on trauma, even as Michele's review of Hanya Yanagihara's "A Little Life" was already in the works. Though not a thorough review of trauma per se, we trust it as valuable reference and introduction to an amazing book by an amazing author. Yanagihara's facility with language and brilliant intuitions create a masterful portrayal of abuse's traumatic impact. It reminded us of how easily we can, even now, underestimate the pervasiveness and depth of abuse and trauma. Is there, perhaps, a distinction to be made (and, possibly, written about) between "CAPITAL T" trauma cases (those so extreme in their impact as to be obvious and easily recognizable) and what might be referred to as "small t" trauma cases where the less obvious and recognizable trauma manifests in seeming intransigence

that is then minimized or dismissed as "resistance". Input or offers to research or write are welcomed.

Also in this issue, Sharon Klempner introduces us to the relatively new field of Collaborative Divorce, a bona fide and much needed effort to make emotional well-being a guiding force when families are reconfigured by divorce. Our thanks to Sharon, and we know she'd be glad to answer any questions sent her way. Jack Schwartz returned us, in his presentation about dreams, to a very old subject, but with a rather large burst of reinvigorating energy. Jack, former editor of the Forum is a prime exemplar of ongoing participation and selfless giving, an ideal I hope we all admire and aspire to. So thanks to Jack, Sharon, all our members and readers, and here's to another great year and to hope: shall the vision that is planted in our (collective) brain still remain...within the sound of silence.

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Breaking the Code: Using Dream Interpretation in Psychotherapy

Workshop by **Dr. Jack Schwartz**

Review by **Steven Grunfest, PhD, JD, LCSW**

NJSCSW continues to be at the forefront of innovative clinical social work practice in New Jersey. Further extending that tradition was the workshop entitled "Breaking the Code: Using Dream Interpretation in Psychotherapy" presented by Dr. Jack Schwartz on Sunday, November 20th at Mountainside Hospital in Glen Ridge, NJ. Dr. Schwartz, with the use of PowerPoint, experiential exercises, case material and discussion brought forward the idea that, although dreams were at the very foundation of psychotherapeutic practice though the years, their use has fallen out of favor. This work shop was designed to re-energize practitioners in their use of dream work in clinical practice.

Dr. Schwartz began his presentation with Freud's revolutionary ideas from "The Interpretation of Dreams" (1900), highlighted by a detailed explanation and analysis of what Freud called his "specimen dream", the Dream of Irma's Injection. Dr. Schwartz explained that this dream and its analysis is where Freud fully expanded and invoked the method of free association that is at the very heart of the psychoanalytic method. Pointing to the creativity essential to and embedded in dream work, he noted that the Irma Dream was recounted in half of a written page, while its interpretation filled 13 pages.

Dr. Schwartz, linking Freud's free associational method to Jung's work on word association, also engaged the group in an experiential word association exercise designed to demonstrate how the mind, linking one idea to another, can reveal the deeper layers of consciousness, especially the unconscious core that can so motivate, and, dare I say, undermine our attitudes and behavior. It was here that Dr. Schwartz did something worthy of note and our efforts to emulate. He fully engaged the audience, experientially, and created a dialogue with the group that completely reflected the psychoanalytic attitude he was

by both patient and therapist. He introduced the term "empathic imagination" to capture the therapist's active participation in the freely associative activity involved in dream interpretation, not unlike, he pointed out, Theodore Reik's listening with the third ear. Also reminiscent, I would add, of Freud's turning of the analyst's unconscious instrument toward that of the patient, or, in more modern relational terms, the analyst's allowance of reverie in associating to the patient's unconscious.

The young man unable to stand up to authority dreams of being in a college class with Professor Minehart. He raises his hand for a full half hour, only to be ignored. When he finally confronts the professor, asking rhetorically, "Is it ok if I speak? Can I ask a question?", he is rebuffed, and met with Professor Minehart's anger. The young man feels he's being told he broke the rules, but doesn't retreat. He calls out the professor, tells him he is not a good teacher, and then runs out of the class in a rage, relating that the police then went looking for him. Associations quickly led to displaced feelings from both childhood and current life. The young man's father, Dr. Schwartz pointed out to him, was a teacher. The dysfunctional parents were in constant emotional conflict, and his older brother dominated and tormented him throughout his life. There was no way to be heard. "Oh yeah", concluded the patient, "I guess I am really angry at him (referring to father) all the time, the way he treats my mother. It reminds me when I was a young child...in school I was so shy and nervous and the kids would pick on me, and no one would see how much pain I was in, all they did was focus on my crazy brother". The choice of the name Minehart was found to be, not surprisingly, overdetermined, with associational reference to both himself ("my heart"), father, and to an analyst who'd left him feeling without a full opportunity to express himself, both by ending sessions and talking too much.

promoting. His skills, not just as a presenter but, as a clinician/psychoanalyst were on full display. In a particularly unusual and revelatory moment, a member of the audience was moved from participation to insight and then to the emergence of material that had clearly been repressed, a perfect demonstrational denouement.

Dr. Schwartz shared many of his own insights about dreams, their meaning, and role in psychotherapy. He called dreams "impressionistically autobiographical", and, with his usual contagious passion, told the group that "no one in the history of humanity has dreamed your dreams; like fingerprints your dreams are unique to you". Freud viewed dreams as "the royal road to the unconscious", and saw the manifest or remembered dream content as a disguised form of unconscious and infantile wishes. The manifest content of dreams, in addition to covering up the latent or hidden content, also, for Freud, reflected the current realities of the patient's life. The day's events or, as Freud called it, the day residue, influenced the manifest content of the dream. Freud treated the manifest dream as he would a neurotic symptom, to be creatively met, associated to, and then interpreted. The dreaming, and the analysis, Dr. Schwartz made clear, are exercises in creative self expression. He spoke to and demonstrated that, with an encouraging and creative therapist, the act of dream analysis can give expression to the patient's and the analyst's creativity and even playfulness. One very much got the feeling, watching Dr. Schwartz present with such joy and enthusiasm, that this must be incredibly fertile soil in which to plant the seeds of a patient's self-understanding, growth, creativity, and appreciation of life. The audience had very little choice but to see that the act of dreaming, remembering, discussing, and analyzing those dreams represents a therapeutic endeavor (by no means a natural process) that should be encouraged and worked on in psychotherapy.

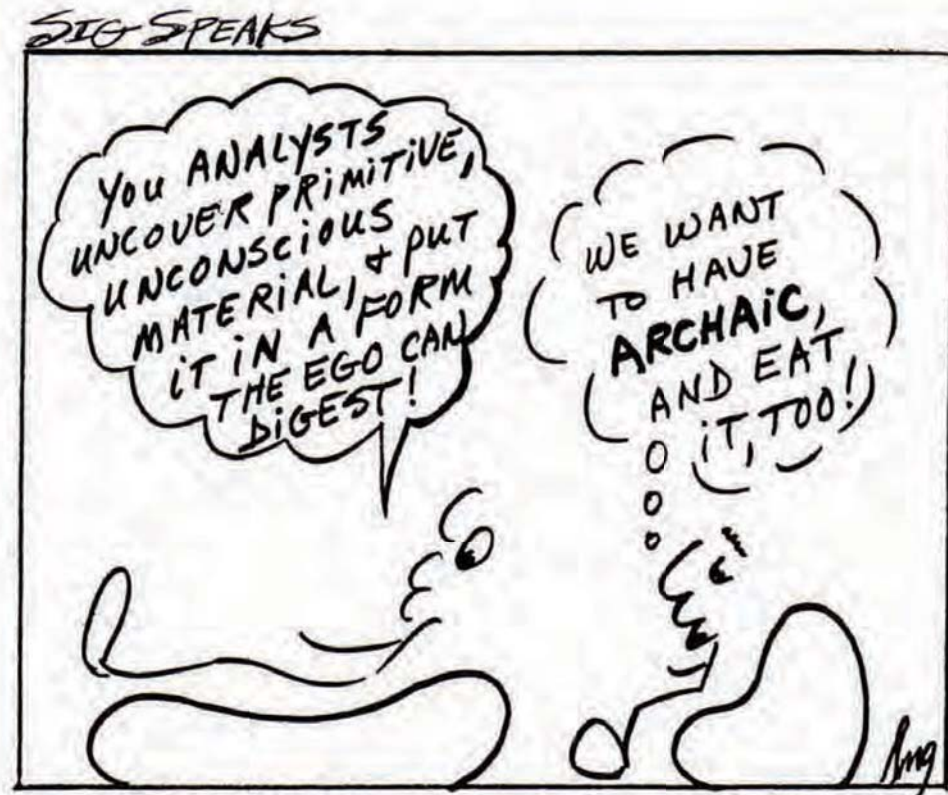
Dr. Schwartz introduced two "specimen dreams" from two different patients he is currently working with. The first involves a young man (age 20) unable to stand up to authority, not able, in a sense, to find his own voice. The second involves a very anxious young woman having difficulty adjusting to college life, and feeling as fearful of separation as she feels protected in therapy. Dr. Schwartz uses these dreams to demonstrate how the dream material illuminates, in addition to unconscious conflicts and memories, various aspects of these patients' current struggles, and, even more importantly for the clinician, essential transference material. He emphasized what he called the "thematic elements" of the manifest dream content, and encouraged attention to these as trigger points (not unlike day residue itself) for free association,

His acknowledgment of anger at Dr. Schwartz was met with Jack's typical therapeutic grace and willingness to be used for the patient's benefit. The acknowledgment was, in Jack's words, "a milestone in the therapy", as it allowed the patient to further expand and elaborate his feelings about both Professor Minehart and his father, both "arrogant blowhards who don't listen".

The audience demonstrated its appreciation throughout Dr. Schwartz's informative and entertaining presentation by actively engaging and participating. His welcoming of questions and even challenges made the experience a true shared experience, clearly the atmosphere he promotes and creates with his patients. It's great to have a second opportunity to say, "Thanks, Jack! Very well done!"

Jack Schwartz, PsYD, LCSW, NCPsyA, is a nationally certified psychoanalyst. He is on faculty and a control analyst at NJ Institute for Training in Psychoanalysis, and maintains a private practice in Riverdale, NJ. Jack is a lecturer and presenter, and the author of the psychoanalytic novel, *Our Time Is Up*. His 2014 article, "Freud's Irma Dream, The Origin of Psychoanalysis, and a Bloody Nose" (*Mind Consilium*, 14(9), 1-49) earned him a Gradiva nomination in 2015. The article is available on line.

SIG SPEAKS
by Steven Gruntfest



"A Little Life" by Hanya Yanagihara
Book Review by Michele Weisman, Ph.D, L.C.S.W.

"A Little Life" by Hanya Yanagihara is a novel as powerful as it is long (734 pages long). It is (let the reader beware), beyond its length and detail, excruciating to read. It is an in depth and powerfully drawn portrait of early trauma and its lifelong sequelae. It positions the reader, much as the therapist dealing with acutely traumatized clients, in unabashed contact with the never-ending pain, sadness, and despair begat by the at times unimaginable cruelty of human relationships. The novel opens as similar to Mary McCarthy's *The Group*, tracing the lives of four male college friends, over time, as Mary McCarthy did with her four women. The book opens innocently enough, as we are introduced to these seemingly ordinary, on-the-way to success, and closely connected friends. Willem Ragnarsson is the good-looking son of a Wyoming ranch hand who works as a waiter and aspires to be an actor. Malcolm Irvine is the biracial son of a wealthy Manhattan (Upper East Side) family, and has landed an associate position at a prominent architectural firm. Jean-Baptiste Marion, referred to as JB, is the child of Haitian immigrants. JB works as a receptionist at an art magazine in whose pages he expects, one day soon, to be featured. Jude St. Francis is a lawyer and mathematician with, as the book opens, no history known to anyone, not even his tight-knit group of friends.

As the novel unfolds, and we learn about Jude's traumatic past (beginning, literally, at birth), Ms. Yanagihara provides us a veritable primer of abuse and its inevitably injurious and painful sequelae. Jude, abandoned at birth, and despite what should have been the good fortune of being found (in a bag left by a dumpster) by priests, was physically, sexually, and emotionally abused by those priests. These abuses and the resultant complications of Jude's interpersonal relationships and psychological life make the physical impairments (he walks with a limp and endures ongoing episodes of severe spinal pain) caused by his maltreatment seem relatively minor. Notwithstanding that "A Little life" is, on the one hand, a disconcerting contemplation on the lifelong horrors of abuse, it is also a book that gives us, as therapists especially, ongoing hope. Jude, in spite of what seems the trap of an unalterably negative view of himself, has become very successful, and elicits from others a quite positive, at times loving regard. Willem, in particular, forms a loving relationship with Jude that is as multi-dimensional

as love can be: emotional, psychical, spiritual, and physical. Jude elicits from an older couple, Harold, one of Jude's professors, and Julia, his wife, such positive regard and affection that they adopt him. That Jude could have any kind of life and success at all began, it seems, with an encounter with a social worker who sensed the life and potential, not to mention the resilience and courage, within him. She guided Jude to college where he met the three men who would become, in a sense, the family he never had.

"A Little Life" distinguishes itself and Ms. Yanagihara in its psychological insights and awareness. It is profound, and Ms. Yanagihara writes as if she were a psychotherapist who has spent years in practice with traumatized individuals. Her graphic portrayal of abuse and its physical and emotional suffering is rare in mainstream fiction. The book takes on a special importance, especially for clinical social workers, in its focus on the way abuse specifically affects men and the relationships between men. Allan Schore notes that males have a delayed rate of cerebral development, and thus may be more susceptible to relational abuse and dysregulation (Schore, 2002). Ms. Yanagihara, a fascinating interviewee, has often opined on this subject. In a 2015 interview in "The Guardian" she tells Tim Adams that she is "not that interested in abuse really. But what I am interested in as a writer is the long-term effect it has, particularly in men. I think women grow up almost prepared for it in a way. Boys still don't and it happens to a great many of them. It takes away their sense of masculinity. And of course they are not equipped or encouraged to talk about it. It causes terrible psychic harm. I look at my friends who have experienced this, and these are people who are therapised and can discuss anything but they cannot go near this." In a 2016 interview with Kristen Valdez Quade for the National Book Foundation she elaborates more specifically on men and their relationships, and also more generally on friendship and what she calls the fiction of parental love: "One of the greatest socially sustaining fictions we've created is the idea that a parent's love for a child is inviolable." She goes on in that interview to offer insights, on relationships and friendship that ought to be well-remembered by us as therapists. "Part of what gives relationships their charge is the sense that they are breakable, that within each one is the possibility of a fissure." This harkens to the core of modern relational psychotherapy in which the idea of rupture and repair is at the very core of relationships, from birth onward, including, and especially, in psychotherapy. Ms. Yanagihara intuits and then implies that possibility is inextricably tied to limitation. She tells us that "Friendship is ultimately revelatory because of, not despite, its limitations." And, in words that we, as therapists, should

remind ourselves with every client: "One person can't save another. But to be a member of a real friendship means that you recognize that...and try anyway. It's the realization that what you're doing may not resolve anything—but that lack of resolution doesn't mean it's not worth doing." (Interview with Kirstin Valdez Quade, 2016)

As I read "A Little Life", I found myself unavoidably drawn to (sharing, in a sense) the internal torment of Jude's world. I could no more escape those horrors than he could. As we know, traumatic events, time-limited as they may be, can leave lasting scars: "Soul Murder" as Shengold (1989) described it; the body remembering according to Rothschild (2000), or keeping the score according to van der Kolk (2014). For Jude, as so many, the neuro-physiological alterations in the aftermath of trauma can create an ongoing psychic conflict that can decimate self-esteem and worth. Where confidence and self-regard ought to be we find self-hatred and self-destructiveness. The yearning for love remains, but in an ongoing, and seemingly losing, battle with inescapable mistrust. Primitive defense mechanisms seem to establish the only real sphere of safety...aleness. Harold and Julia, much as they admire, then love, and then adopt him, are never privy to the details, and the horrors, of Jude's past. They never get to really know him. And so with Willem, his friend and then lover, who encounters the same protective barrier and limits as to Jude's accessibility.

The countertransference issues, for reader or therapist, are challenging, complex, and arduous to navigate. They can also be quite frightening, as we confront the darker parts of humanity and ourselves. McCann and Pearlman (1990) depict trauma-specific transference reactions, including the fear of therapeutic reenactment of the original threats, terror, betrayal, and abandonment. We must always bear in mind that our best intentions in establishing a trusting relationship may be seen as threatening and dangerous. Victims such as Jude, let's remember, often trusted their betrayers. Kluft (1992) cites the "empathic strains" that may drive a therapist to intellectualize the treatment, and, in a sense, emotionally abandon the patient. Kluft also warns against the doomed to be futile attempt to "love the patient into health". Wilson and Liddy (1994) suggest that clinicians focus on empathic identification which allows the patient's torment, but also the anger that is buried within. Maybe this is where Harold, Julia, and Willem went astray, as they loved but failed to actually be there in empathic identification with Jude's torment. As I read "A Little Life", I found myself not only feeling Jude's internal torture, empathically identifying as it were, but also thinking about all the other

tortured souls I've worked with over my many years in practice. I revisited the psychic conflicts, neuro-physiological alterations, the physical impairments, and the toughened defenses against further vulnerability and hurt that made reading this book so challengingly arduous at times. Much as I've noted parallels between reading about and participating in Jude's life, Ms. Yanagihara has made the pain somehow bearable, not to mention elucidating. She reminds us that friendship and love are efforts we make even when they are not immediately or ultimately productive of the responses that we would desire; that we cannot love another into health, yet we love anyway. She eases the burdens of the futility we feel as she asks the questions that so beset us: why Jude "has let the first fifteen years of his life so dictate the past twenty-eight." And, noting that he's been, in a sense, "lucky beyond measure" with an "adulthood that people dream about: why, then, does he insist on revisiting and replaying events that happened so long ago? Why can he not simply take pleasure in his present? Why must he honor his past? Why does it become more vivid, not less, the further he moves from it?" (p. 462) Why, in other words, can't we stop asking these questions, even though we know the answers?

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Collaborative Divorce - Support as Needed

By Sharon Klemptner, MSW, LCSW, BCD

Divorce is almost never easy, especially when children are involved. So many things need to be considered and resolved. Until 25 years ago, couples dissolving their relationship had no choice but to litigate, possibly going before a judge who made their disputed decisions for them. Next, the method of mediation, with a neutral mediator who could offer information but not advice or opinions, became more prevalent. Clients had to negotiate for themselves. Then came collaborative divorce, a newer method of alternative dispute resolution, chosen by couples who wanted to cooperatively make their own decisions. Each spouse/partner had his/her own attorney, to advocate for them in an open and civil manner, and each spouse/partner signed an Agreement to not go to Court, keeping control over the outcome and maintaining privacy.

Over the years, the collaborative process evolved to the establishment of a professional organization, the International Academy of Collaborative Professionals [IACP]. It now has 5000 collaborative professionals, providing services in 25 countries. On September 10, 2014, Governor Christie signed into law the New Jersey Collaborative Family Law Act which took effect on December 9, 2014. New Jersey collaborative professionals are proud to be in the vanguard of helping couples dissolve their partnership/divorce in a non-adversarial manner to preserve the sanctity of the family, in two homes. In 2016, New Jersey native, Shireen B. Meistrich, MSW, president-elect of the IACP, was the first mental health practitioner to assume this international leadership position. The fact that a mental health professional, rather than an attorney, claimed the presidency of the world's largest collaborative professional organization is a sign of the growing recognition of the importance of mental health expertise when addressing the emotional aspects of divorce.

Consumers need to ask attorneys, who claim to be collaborative attorneys, whether they are a member of the IACP and, if so, whether they have completed collaborative trainings. There are nine collaborative practice groups throughout New Jersey. The Collaborative Divorce Association of North Jersey, for example, requires its members to have 40 hours of mediation training, in addition to training in collaborative divorce. Members have continued

advanced training each year to maintain and expand their skills.

In addition to attorneys a collaborative divorce team often includes a mental health professional and a financial neutral. Licensed mental health professionals serve in any of the following roles: as a facilitator, to keep the process on a good 'emotional track', or as a divorce coach, to help couples to cope with and overcome the emotional obstacles to a more dignified divorce or dissolution of their partnership. A child specialist is a licensed clinical mental health professional who works with children and understands the dilemma of divorce for children, of all ages. He/she meets with the parents and children, briefly, to help the parents understand their children's needs and wishes. Children often don't tell their parents all that they are feeling because they don't want to anger or hurt them. Although the facilitator, coach and child specialist are licensed mental health professionals, they are NOT offering therapy in collaborative divorce. They do utilize their clinical skills to guide parents and children in navigating the muddy waters of the family in transition.

Licensed collaborative financial professionals are on hand to protect family's interests by reviewing assets, debt and incomes to develop viable options for the future. They are skilled not only in dealing with numbers but are sensitive to the emotional needs of couples in crisis, offering the stability necessary for sound decision-making.

The collaborative team approach offers couples professionals with specific areas of expertise in divorce. For example, a couple would not waste money on attorney fees, when addressing issues that have to do solely with emotions or communication which are better handled by mental health practitioners, at a lower fee. The collaborative team is a well-oiled machine with each professional serving his/her specific role and communicating with other team members to offer a more comprehensive way of addressing the multitude of issues that arise.

Why select collaborative divorce ?

- Cost – collaborative law is less costly than a traditional divorce. It focuses on directly resolving issues instead of extended litigation.
- Confidentiality – in a private office, not in the courtroom
- Personal attention – there's no judge reviewing documents and making decisions for you. You work directly with collaborative professionals who are dedicated to helping you both to create a plan that's right for your unique situation and family.

* Convenience - There is no court schedule. Collaborative professionals work around your time frame and respect your emotional readiness to continue or take a breather if you need one.

* Specific expertise – a team of divorce experts with specialized training and Experience is available to most efficiently address your family situation.

• Family Focused – The collaborative method helps you protect your children from damaging fallout of a contentious divorce. The goal is to preserve parents' mutual respect to ensure cooperative co-parenting, crucial to children's development.

By choosing the collaborative method, couples benefit from the professionals' dedication to establish effective and dignified co-parenting. This process helps families to adapt to their new situation and be able to thrive. After the divorce is over, team members are available, to advise on issues post-divorce or to revise any aspect of the Agreement. Sharon Klemptner, MSW, LCSW, BCD is a psychotherapist with an office in Ridgewood. She sees children, adolescents, adults and couples. She is a mediator, collaborative coach and child specialist as well as a stepfamily counselor, reunification therapist and parenting coordinator.

Robin M. Bottino, LCSW

Membership Chair

New Jersey Society for Clinical Social Work

As 2016 comes to a close The New Jersey Society for Clinical Social Work has much to celebrate! We continue to work with our legislators on the issue of "Who Should Determine Medical Necessity?". Assembly woman Valerie Huttie has proposed the Assembly version of the bill (A-4267). We are working toward getting a hearing with the Assembly to educate the legislators about the importance of this legislation. The launching of the new NJSCSW website is weeks away. The new site will be easy to navigate and will format properly on mobile and tablet devices. It will also increase our visibility on the internet. A very special thank you goes out to our member Joanna Dougherty who volunteered her time to assist in accomplishing this project.

By now you have received your 2017 renewal application. We are looking forward to you joining us for an exciting year ahead. Your membership is crucial to the success of the New Jersey Society for Clinical Social Work. Wishing everyone a safe and happy holiday season.

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