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BOOKS BY STATE SOCIETY AUTHORS

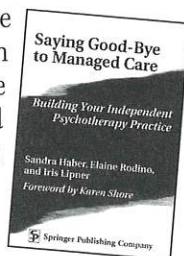
Saying Good-bye to Managed Care *Building Your Independent Psychotherapy Practice*

By Sandra Haber, Elaine Rodino, and Iris Lipner. New York Springer Publishing Co., 2001

Reviewed by Helen Hinckley Krackow, MSW, BCD

This offering is the finest handbook to date on independent practice building in a managed care environment. It is co-authored by Iris Lipner, a Fellow of The New York Society for Clinical Social Work, and two prominent psychologists, Sandra Rodino and Elaine Haber, both Past Presidents of Psychologists in Independent Practice: A Division of the American Psychological Association. With a forward written by Karen Shore, PhD,

which addresses the need for the profession to free itself from the influence of managed care, the bulk of the book is devoted to strategies for accomplishing this task. Unlike other works, it is a tool kit which not only spells out the process, but is filled with dozens of illustrative samples of brochures, practice ads, calling cards, and promotional materials. The authors inter-



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When the Body Is the Target: *Self-Harm, Pain, and Traumatic Attachments*

By Sharon Klayman Farber. New York: Jason Aronson Inc., 2001

Reviewed by Mary Anne Cohen, CSW, BCD

At the Shrine of Guadalupe in Mexico City, I watched in fascination and horror as hundreds of Mexican faithful, all on their knees, wended their way up a treacherous stone path to pay tribute to the Virgin of Guadalupe in order to atone for their sins. Their knees and palms were lacerated and bleeding as they sacrificed their flesh in this communal act of mortification and cleansing.

I could not help but think about how we humans often recruit our bodies as the vehicle to express and purge matters of

the heart and soul that we cannot utter in words.

The language of pain comes in many dialects. Years later, I discovered how eating disorders constitute one such dialect: a symbolic language to express inner emotional battles over feelings of emptiness and fullness, vulnerability and protection, guilt and redemption, desire and despair.

When the Body Is the Target: Self-Harm, Pain, and Traumatic Attachments explores this realm, this



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EXECUTIVE REPORT

The Aging of the Society: A Call to Action

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

From its humble beginnings in 1968 in New York City, our Society has become the premier voice for clinical social work in the state and has much to be proud of.

In 1971, we joined with five other state societies to found the Clinical Social Work Federation (CSWF), now the leading representative of the profession in the nation. In the early 80s we succeeded in getting passed a Vendorship Law which allowed clinical social workers without medical supervision to receive insurance reimbursement. We have played a leadership role in developing the CSWF affiliation with the Clinical Social Work Guild (Local 49 of the Office and Professional Employees International Union). The Guild is the first social work organization to align itself with the labor movement and the only one organized to fight managed care and to work toward preferred status to serve the mental health needs of union members and their families. In

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Executive Report

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

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addition, we have waged an ongoing campaign to pass a clinical social work licensing bill.

What we have accomplished, however, threatens to become undone unless we face the problem of the aging of our membership.

Seeking younger members

Like many sister state societies in the CSWF, the average age of our membership is advancing. Without the consistent addition of young members to revitalize and rejuvenate us, our organization – indeed, any organization – faces progressive rigidification, stultification, and, ultimately, extinction. Organizations need the energy and vitality of younger colleagues, not only to drive them forward, but also to examine implicit assumptions and to challenge the usual ways of doing business that may not have kept pace with changing needs. In addition, senior and more experienced colleagues can well utilize the opportunities to pass on some of their accumulated wisdom, to nurture the next generation in synergistic collaboration.

It is essential for us to bring younger members into our society to strengthen our alliance with the schools of social work. No other professional organization is better equipped to do it. We provide mentoring, low-cost supervision and psychotherapy, peer consultation and support groups, and the opportunity for networking. Our ongoing educational programs and workshops are unparalleled. Yet too few of our younger colleagues know about us.

Material and information specifically targeted to the needs and interests of social work students must be developed and distributed, and presentations should be given to inform and inspire them. Society and Chapter events should be posted on school bulletin boards with explicit invitations to students and the names of Society members to contact. New professionals should be informed of the availability of practice committees in the areas of psychoanalysis, family practice, clinical hypnosis, group psychotherapy, and EMDR to deepen the explorations of their interests alongside more experienced colleagues.

Student membership rate extended

Recognizing that new professionals may not be able to afford to join us at our regular rates, the State Board voted unanimously at its March 10 meeting to extend to three years after graduation the student rate of membership. The Board understands the value of supporting the new professional, both in the interests of the field of clinical social work and the Society.

We have a long tradition of upholding the highest standards of practice: continuing education to increase our clinical knowledge; supervised experience to advance our clinical skills; and the deepening of our self-knowledge through personal therapy and guided introspection.

I call upon all members of the Society to acquaint their colleagues with the work of the Society and the benefits of membership. I call especially upon those who teach in the schools and institutes, who serve as field instructors, clinical supervisors, and faculty advisors to welcome their students and supervisees into our Society, which, for over 30 years, has labored for clinical social work. We must invite their support and participation. ■

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DEADLINES: JANUARY 10, APRIL 5 AND SEPTEMBER 1

AD SIZE	MEASUREMENTS	1 TIME	3 TIMES
2/3 PAGE	4 ¹⁵ / ₁₆ " W X 10" H	\$325	\$295
1/2 PAGE VERTICAL	3 ⁵ / ₈ " W X 10" H	\$250	\$225
1/2 PAGE HORIZONTAL	7 ¹ / ₂ " W X 4 ⁷ / ₈ " H	\$250	\$225
1/3 PAGE (1 COL.)	2 ³ / ₈ " W X 10" H	\$175	\$160
1/3 PAGE (SQUARE)	4 ¹⁵ / ₁₆ " W X 4 ⁷ / ₈ " H	\$175	\$160
1/4 PAGE	3 ⁵ / ₈ " W X 4 ⁷ / ₈ " H	\$140	\$125
1/6 PAGE (1/2 COL.)	2 ³ / ₈ " W X 4 ⁷ / ₈ " H	\$ 95	\$85

Display ads must be camera ready. Classified: \$1/word; min. \$30 prepaid.

IMPORTANT PHONE NUMBERS

NYS Attorney General's Healthcare Hotline	800-771-7755
US Department of Labor	212-637-0620
NYS Department of Health	
Managed Care Complaint Hotline	800-206-8125
NYS Public Advocate's Healthcare Complaints	212-669-7606
Department of Insurance	
Late Payment Complaint Line	800-358-9260
The League of Women Voters	
for Members of Congress	212-677-5050
Senator Charles E. Schumer	212-486-4430
Senator Hillary Clinton	212-666-5150

2001 Licensing Bill Progress Slows

LEGISLATIVE COMMITTEE REPORT

By Marsha Wineburg, DSW, BCD, Chair

Legislation licensing the social work profession (S.4987/A.5779) was introduced this session by sponsors Senator Thomas W. Libous (R) and Assemblyman James Gary Pretlow (D). In the second week of May, the bill moved out of the State Senate Higher Education Committee in an unamended form, leaving several issues still to be addressed before the bill moves forward. These unresolved issues pertain, in part, to differences about sufficient and relevant clinical social work education and experience. The State Society is working with the professional social work community as well as the physicians on reconsideration of their positions. For these reasons, we continue to be very concerned about the specifics of the bill.

Meanwhile, the Umbrella Legislation (A.7626), which licenses marriage and family therapists, mental health counselors, psychoanalysts, and creative arts therapists, appears once again to be trying to encroach on our ability to use the terms "marriage and family therapy," "psychoanalysis," "mental health counseling," and "creative arts counseling." This matter has crept up before in the drafting of the umbrella bill and is under close scrutiny. The Society has agreed in the past to support this legislation, but only if the titles "LICENSED marriage and family therapist," "LICENSED psychoanalyst," etc., are protected.

We continue to work with key legislative staff and other health care professionals in an effort to finally pass this important consumer protection for mental health services. However, the legislative session will be closing soon and the state budget is the primary focus of the legislature.

Other legislative updates

The Albany legislative session began in January, 2001 with Assembly Speaker Sheldon Silver (D) announcing new leadership posts after last year's failed coup against him led by discontented Democrats. Assembly committee appointments for new two-year terms that are most important for clinical social work include Mental Health, Martin A. Luster and Assembly Majority Leader, Paul Tokasz. Other Assembly committee chairs of particular importance to us are: Insurance, Alexander B. Grannis; Children & Families, Roger Green; Health, Richard N. Gottfried; Labor, Catherine T. Nolan; House Operations, James Gary Pretlow; and Higher Education, Edward C. Sullivan.

On another front, the Florida election problems have led to the creation of a bipartisan Task Force on Election Modernization that has been charged with

recommending improvements to the state's voting system to ensure accuracy, fairness, and enhance voter confidence in the election system. Stay tuned.

In other news, the State Board for Social Work is considering Morris Schajer, PhD, a clinical social worker in private practice in New York City, for a Board position. He is a member of both the State Society and NASW. ■

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Shaping the Future of Mental Health Care Let Your Voice Be Heard

RALLY on Friday, June 22, 2001

2:00 - 5:15 p.m.
NYU Medical Center
31st and First Avenue

Richard Gephardt, House Minority Leader
and **Patrick Kennedy**, Congressman

Will be the Keynote Speakers

*Sponsored by the National Coalition of
Mental Health Professionals and Consumers*

For Information:
1-888-SAY-NO-MC or
Helen Krackow, *Incoming State Society President*
(212) 683-1780

Website Guidelines

PUBLIC RELATIONS COMMITTEE REPORT

By Sheila Peak, LCSW, Chair

As our Web site, www.clinicalsw.org, continues to develop, several organizations have asked us to exchange reciprocal hyper links. Such an arrangement could provide members with access to useful resources at the click of a mouse. As the site evolves, so will our connections with other appropriate groups.

In order to make sure the site adheres to the Clinical Social Work Federation Code of Ethics and provides appropriate professional resources to visitors, we are beginning to develop a general protocol for inclusion. This article will provide a few suggestions about the first steps to take.

We ought to begin slowly, adding links incrementally. There are literally millions of sites on the Web, with more appearing daily. Many of them have to do with mental health. We need to identify some of the basics and proceed carefully.

There are three primary classifications for organizations with whom we might want to exchange links. These are: (1) governmental; (2) not-for-profit organizations and clearing houses; and (3) for-profit companies. Our primary concern is with the latter. Therefore, perhaps we might begin with the first two categories so that we may be relatively certain of the bona fides of a given group.

We might develop a list of outstanding category 1 and 2 resources and links to them. Members of NYSSC-SW who would like to suggest possible links should e-mail their ideas to Sheila2688@aol.com. After some preliminary screening, the State Board will be asked to approve these recommendations.

In particular, we might consider linking with sites which themselves contain lists of links, so that visitors would have immediate access to these important resources without our having to reinvent the wheel. Two which come to mind are "World Wide Web Resources for Social Workers," administered by the NYU School of Social Work, and Pat McClendon's Social Work Site. See below for other suggestions. Potential governmental possibilities include New York State and www.thomas.gov, which is extremely valuable for anyone wanting legislative or governmental news.

Other useful links would include groups related to various illnesses (American Cancer Society, Diabetes Association, Alzheimer's Association, Alcoholics Anonymous, etc.) as well as authorized on-line support groups. There are also a variety of professional organi-

zations which would be worthwhile for the site. We should focus on human services organizations and publications of special utility for clinical social workers.

Once we have established a number of links to governmental and not-for-profit entities, we can move on to for-profit companies. We can begin by considering various established mental health publishing houses and other well-known companies which are of importance to

clinical social workers. Examples of some possibilities in this category might be The New Social Worker, Guilford Press, *Psychotherapy Networker*, *Psychotherapy Finances* and various sites that allow clinicians to list their practices free of charge. In addition, we might link with various institutes and other educational facilities.

We could also consider linking with AOL's Social Work Forum, www.amazon.com, and www.barnesandnoble.com. A connection with the latter two could generate

earnings for the Society. If an organization becomes a "partner" of these companies, it earns a percentage of sales. Also under the category of "for-profit but necessary" would be links to various search engines.

Here is a list of the not-for-profit sites, in no particular order, which we consider particularly relevant and should be included on our site. By no means should this list be considered conclusive:

- Our Referral & Information Service
- Clinical Social Work Federation
- American Board of Examiners
- *Clinical Social Work Journal*
- NMCOP
- National Coalition of Mental Health Professionals & Consumers
- Clinical Social Work Guild # 49
- Other State Society Sites
- National Institute for Mental Health

We will continue to work on appropriate guidelines. This will become even more important as we begin to consider the possibility of accepting advertising on the site. In the meantime, please send all suggestions to Sheila2688@aol.com. ■

Vendorship & Managed Care

COMMITTEE REPORT

By Alice Garfinkel, ACSW, LCSW-C, Chair

The Vendorship and Managed Care Committee continues to function as a support for Society members in their dealings with managed care and third-party payors. We assist members with difficulties in payment or delayed payment of authorized sessions. We also help members in getting continued authorization for patients, disenrollment from panels, getting providers on panels, dilemmas about confidentiality and Medicare questions.

Opening new markets: self-insured/self funded companies

The VMCC also tries to market self-insured companies that don't recognize clinical social workers for independent reimbursement for mental health services. We are currently marketing Pepsico, Daimler-Chrysler, Sun Chemical, The Mark Hotels, Bedford School District, Nova Care, Ford Motor Credit, IIT Research Company, Unisys Corporation, and Chemed Corporation. We are using our connections with the AFL/CIO to enhance efforts with the unions that don't recognize social workers as providers.

Recent news to report:

- Shirley Sillekens successfully marketed UCIC, which now allows for social workers on their panels of providers.
- Alice Garfinkel successfully marketed Quick & Riley, which now uses Cigna insurance to reimburse clinical social workers.
- A member from Westchester was able to recoup money owed to her from Magellan after a two-year battle and appeals process. Great news!!!
- Someone from UBH has been posing as a patient and calling to test agency response times for setting

up appointments. This is a poor and unprofessional practice, taking time away from legitimate patients.

- A member got a 3:00 a.m. "test call" from Value Options to make sure the therapist was "on-call." Similarly, according to Gary Dunner, VMCC representative in Syracuse, therapists there are being contacted by Blue Cross/Blue Shield and told that they need to have a beeper and/or answering service for 24-hour "on-call" service and that this is written in their contract. The VMCC, with the help of the Society, is investigating.

IMPORTANT NOTE: Please call your VMCC representative and/or Alice Garfinkel at 917-424-3545 or 718-352-0038 if you have similar problems or want further information about the VMCC. The VMCC is instrumental in helping society members learn how to address problems and who to contact for advocacy. This often makes the difference between resolution and victimization. ■

VMCC REPRESENTATIVES

BROOKLYN	ADRIENNE LAMPERT	718-434-0562
CAP DISTRICT	ALICE GARFINKEL	718-352-0038
METROPOLITAN	PETER SMITH	212-744-6428
MID-HUDSON	ALICE GARFINKEL	718-352-0038
NASSAU	FRED FRANKEL	516-935-4930
QUEENS	SHIRLEY SILLEKENS	718-527-7742
ROCKLAND	BETH PAGANO	914-353-2933
STATEN ISLAND	ALICE GARFINKEL	718-352-0038
SUFFOLK	ELLIE PERLMAN	631-368-9221
SYRACUSE	GARY DUNNER	315-488-1884
WESTCHESTER	LIZ RUGGIERO	914-618-8919
WESTERN NEW YORK	ALICE GARFINKEL	718-352-0038

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Medicare Clinical Social Worker 2001 Fee Schedule

EFFECTIVE JANUARY 1, 2001

CODE	DESCRIPTION	LOCALITIES (see below)			
		1	2	3	4
90804AJ	Individual Psychotherapy (20-30 min.)	\$58.78	\$56.54	\$51.67	\$55.96
90806AJ	Individual Psychotherapy (45-50 min.)	88.56	85.19	78.00	84.32
90808AJ	Individual Psychotherapy (75-80 min.)	133.51	128.52	117.53	127.20
90801AJ	Psychiatric Diagnostic Interview	131.41	126.49	115.89	125.21
90846AJ	Family Psychotherapy (without pt)	87.23	83.92	76.82	83.06
90847AJ	Family Psychotherapy (cojoint)	103.12	99.32	90.99	98.30
90853AJ	Group Psychotherapy	31.79	30.38	27.69	30.08

LOCALITIES

1. Manhattan
2. Brooklyn, Bronx, Westchester, Richmond, Rockland, Nassau and Suffolk Counties
3. Putman, Sullivan, Orange, Dutchess, Ulster, Columbia, Delaware and Greene Counties
4. Queens County

For Women: On Recovering Your Own Authority

A THERAPEUTIC FRAMEWORK

by Deborah Statt Winegar, LCSW, CSW

Deborah Statt Winegar, CSW, LCSW, is a psychotherapist in private practice in Manhattan and Ossining, NY who works with individuals, couples, families, and groups. She has written and taught about new perspectives in women's development for many years.

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For many women, including myself, having and using one's own authority is extremely difficult. Taking responsibility for making decisions and choices — being in charge of oneself — is avoided. Significant others, mates, and therapists are put in charge and then hated and resented for the power that is given away to them, and one's resultant experience is of painful inadequacy, weakness, and low self-esteem.

Origins of loss of authority

Why is this phenomenon so pervasive in women and how can it be transformed in therapy?

Many women are trained from birth to defer as the way to receive care and love, while attempts at autonomy and self-empowerment are undermined by withdrawal of parental love and approval. For example, I recently saw a little girl of around three wearing a freshly ironed pink dress walk away from the park bench where her mother sat to play with her older brother in the dirt. The girl was promptly picked up, smacked on the rear, and told to sit down on the bench. She was given some candy and told to "be a good girl." Meanwhile, her brother was allowed to run around and get dirty.

In some families, this gender dual-standard is changing and in others it isn't. Prescribed feminine behavior is learned. Parents tend to be more protective of their daughters, discouraging separation both physically and mentally. Dependency is often encouraged while self-assertion and autonomy are discouraged.

Research has shown that girls' neurological maturation is more rapid than that of boys. Girl babies respond more readily to parental cues, such as smiling when smiled at, babbling when spoken to, etc. Their more rapid neurological development enables females to respond to parental signals and expectations at an earlier age. Boys are more insulated and protected from parental molding by their immaturity.

Female responsiveness is a double-edged sword. It enables girls to learn to be empathic to others. However, the more narcissistic the parents, the more they demand attunement to their own needs and ignore their child's needs. Women, therefore, are more vulnerable to tuning into their parents' expectations at the expense of their own wants and needs. "Females do tend to be more empathic than males with the important exception of self-empathy" (Jordan et al., 1991, p 34).

Ways of recovering one's authority

In *Women Who Run with the Wolves*, Clarissa Pinkola Estes (1992) says that women may lose and

recover the wild woman in themselves. The wild woman archetype refers to living a natural life with innate integrity, healthy boundaries, and being in touch with one's basic nature. The wild woman is lost when women as girls are brought up to distrust and disuse their intuitive knowledge. However, intuition is never lost when it is unused. It is like a buried stream which can be found again and dug up. As Jung said, nothing is ever lost in the psyche. One method of recovering the wild woman is through transformational journeys as described in universal symbolic folktales.

A very beautiful story called "The Doll in Her Pocket: Vasalia the Wise," tells of the good mother who, on her death bed, gives her daughter a doll as a parting gift. The doll (a little piece of soul which carries all the knowledge of the larger soul) will guide the way and help the daughter to trust in herself. Through this gift, the daughter learns about intuitive knowledge and what is best for her. This is the story of handing down the blessing of women's power of intuition from mother to daughter, from one generation to the next. Estes explains through this tale that a woman retrieves her intuition by setting out for something in life that she is willing to reach and take risks for. She must simply dive in and stand not knowing what will happen next. Yvonne Agazarian (1994) would call this "sitting on the edge of the unknown."

Through acts of courage, one recovers one's instinctual life force, which is fierce, enduring and hidden within us.

Ultimately the daughter must give up the "too good mother" and mother herself. The "too good mother" is the mother who appropriately protects her daughter in earlier years but, "by virtue of her safeguarding prevents us from responding to new challenges and thereby to deeper development" (Estes, 1992, p 81). But first one must have a "too good" mother. Many women go to therapists and mentors to make up for never having had a good enough mother.

In the System-Centered Theory of Yvonne Agazarian (1994) the authority issue is conceptualized as getting into a one-up/one-down role relationship with authority outside oneself and also with authority inside oneself. This is acted out in giving others too much power to decide and not thinking and feeling through issues oneself. Distrust of one's capacity to make decisions results in not using or developing this capacity, which in turn reinforces the distrust. Thus, the negative prediction — "I don't know enough to trust myself to decide" — becomes a self-fulfilling prophesy.

My role as therapist in recovery of authority

How do I, in my role as therapist, help my client to recover her own authority? First, I refuse to make decisions for her. I work with my clients' awareness of conflict and help her process her thoughts and feelings on each side of the conflict. I encourage her to stay longer with her thoughts and feelings until resolution is reached within the self. I affirm her capacities to think through and feel through. I empower her to trust more in herself and to develop these capacities by using them in and outside of sessions.

I point out the resistance to doing this. I slow down the process so that there is time to look carefully at each aspect of the issue under scrutiny. We may discover together the wish to be taken care of rather than do the hard work of sorting things out for oneself. I help her uncover and feel the costs of deferring — namely, loss of confidence in oneself, continual despair about one's abilities, envy, and anger at those to whom one gives more power and authority than oneself.

Authority through clothing

An area where the authority issue for women is played out is in clothing. For many women, clothing is a very personal way of expressing oneself. Choices have symbolic meaning and make conscious and unconscious statements about how one wants to be seen (Winegar, 1989).

In a session with a well-dressed, affluent client, who I will call Greta, we explored her difficulty in choosing an outfit for her sister's wedding. In unraveling her conflicts around various dresses and suits, what emerged was her difficulty in coming to her own choice instead of turning her authority over to her husband, to whom she was both grateful and angry. By the end of the session, she had narrowed her choice down to two outfits. I asked how she would feel in each. In outfit A, which her husband preferred, she would feel "uncomfortable, because it was too dressy for the occasion." In outfit B, which she liked and felt was appropriate, she would feel "insecure." She then wanted to discuss her preference with her husband to get his support for her choice.

Greta is struggling with retrieving the authority she has invested in her husband. She is furious at her inability to be more sure within herself. In our work together in this session, she went further in staying curious about her dilemmas in choosing the right outfit. We discovered many issues: her wish for admiration and attention — to be seen as "special," her need to be appropriate and yet to stand out, and her difficulty in being autonomous in relation to her husband. This involved giving him authority prematurely — before resolving her own conflicts — and then feeling diminished, and, finally, fearing his disapproval in taking back her own authority over herself.

Utilizing countertransference

Working with one's countertransference is vital and essential. Signals that the authority issue is getting played out in the relationship are feeling irritated, exhausted, and used up. This alerts us that we are working too hard and the client is not working hard enough. We have been seduced by the client's helplessness and incapacity to do too much.

I find using humor to alert myself and my client to this dilemma a fun way to work. For example, I might say, "Why do I feel I am the only one with a brain here?" or, "You seem to want to plug into my brain rather your own. Yours is a perfectly good brain that is gathering dust while mine is getting quite a work out." My client will usually laugh with relief at being caught at playing "dumb." Her "smarts" will emerge quite beautifully if one maintains this approach. The empowerment is happening, and both she and I are delighted with the emergence of her authority.

This authority is then often directed at the therapist, who is watched like a hawk, questioned, and criticized. The client is intent on seeing if the therapist has a stake in maintaining inequality — the one up/one down position. Her new behavior should be understood, appreciated, and rewarded in light of her history of having authority figures misuse and abuse their authority to disempower her. I thank my client for helping me be aware of any tendency I have to undermine her budding self-reliance.

Healing and sisterhood

As a woman working with women, this process feels very satisfying as I identify with and deeply sympathize with the struggle for self-empowerment. I agree with Jean Baker Miller that women want "to be powerful in ways that simultaneously enhance, rather than diminish the power of others" (Jordan et al, 1991, p 201). As my client is healed, I experience my own healing and feeling of sisterhood. I feel us increasingly as equals and partners in this extremely important, meaningful transformation. Her empowerment shapes me in being neither too dominant nor too weak. We share the power in ways that enhance both of us. This mutual empowerment is the cornerstone of being a feminist therapist. ■

This article was previously published in the *Renfrew Perspective*, Fall, 1996, Vol. 2, Issue 3.

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BOOK REVIEW

Reviewer Mary Anne Cohen, CSW, BCD, is director of The New York Center for Eating Disorders and author of *French Toast for Breakfast: Declaring Peace with Emotional Eating* (Gurze, 1995, Spanish, 1997). She has hosted her own radio program on eating disorders, appears frequently on national television, and supervises other professionals.

When the Body is the Target

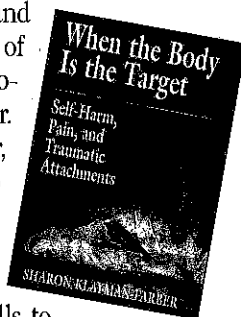
CONTINUED FROM PAGE 1

"mysterious leap between the body and the mind," and how "the language of self-harm reflects the language of violence spoken on the body." Dr. Farber, a clinical social worker, delves deeply and beautifully into this secret and shameful domain. She uses her analytic expertise, her clinical training, great compassion, and her immense writing skills to bring alive the meaning of self-harm behavior. Dr. Farber weaves a rich tapestry by integrating object relations, self psychology, attachment theory, trauma theory, evolutionary biology, psychosomatic medicine, religion, literature, and popular culture.

When the Body is the Target is divided into four parts. In the first part, "The Borderland of Self-Harm," Dr. Farber introduces us to the universality of self-harm and how "for those who live with a constant hypervigilance that deadens them to pleasure and joy, inflicting pain to their bodies can provide them with a release that is as close to joy as they will get." In Part II, "Neglect, Violence and Traumatic Attachments," she explains how self-harm originates in the child's early, painful experiences of neglect, violence, and abuse. Part III, "The Body Speaks," describes the creative power of the unconscious in constructing psychosomatic symptoms and how self-harm becomes a person's way of medicating unbearable affects and regulating dysphoric moods. "Clinical Implications," Part IV, discusses the process of treatment and how the therapist may provide a safe and secure attachment to hold and contain the patient while, at the same time, undertaking to help the patient decode the meaning of her bodily enactments. Lastly, the Appendix details Farber's research study of 100 subjects on the connection between bingeing/purging and self-harm.

When the Body is the Target can be useful in two ways. For those clinicians involved in working with this population, Dr. Farber offers a developmental approach toward diagnosis and treatment. She reminds us that self-harm occurs along a continuum from the psychological realm of moral masochism to the physical realm of alcoholism, drug addiction, anorexia, bulimia, and, ultimately, suicide and death. Therefore *When the Body is the Target* will be helpful to clinicians treating a wide range of self-destructive patients since this book is not limited to an exploration of only the most dramatic forms of self-mutilation.

The book can be read in a second way as well. Dr. Farber integrates her broad knowledge of the various schools of psychotherapy and psychoanalytic thinking into her main exploration of self-harm. So even for the clinician not treating self-harming patients, the book presents a sophisticated interweaving of current treatment philosophies.



The inner predator

The key to Dr. Farber's work is the concept of the "inner predator." People who engage in self-harm inflict upon their bodies the violence they suffered as children. Where once the child became prey to the sadism of the adult, now, through attachment and identification, the self-harmer treats her body as she was once treated. "Self-harm represents the inner scripts written in early childhood enacted on the theater of the body... Self-harm embodies the story of transformation from prey to predator, or the weak rising up in rebellion against the strong... It is a stunning paradox that out of a need for defense against predators, those who inflict bodily harm on themselves prey upon their own bodies in the same way they have been preyed upon. Yes, despite the self-inflicted pain, suffering and bloodshed, bodily self-harm is a disguised way of putting up a fight against a predator, and of achieving, at least for one shining moment, a sense of power against him. In an oddly disguised way, harming oneself can be a way of putting up a fight and defending oneself from the extraordinary despair and anxiety that comes of feeling utterly alone, helpless, and small in the face of enormous dread" (pp171, 191-3).

Self-harm is integrally related to a patient's disorder of attachment to her early caregivers and her inability to form stable self and object representations. The patient's relationship with her therapist, therefore, becomes the vehicle of transformation. Her compulsion to re-enact trauma against her body evolves toward increased self-reflection and a growing ability to verbalize her trauma and pain. Dr. Farber encourages and supports the clinician in becoming a partner in the patient's "passionate dance with death." She advises that this stormy therapy relationship can call forth the therapist's need to live, contain and dwell with the darkest, most violent and primitive aspects of not only our patients' selves, but ourselves as well. An empathically attuned therapist becomes the emotional translator of the patient's darkest self. When a person can articulate his or her trauma, the need to resort to self-harm through bodily attacks is reduced. Attachment to the therapist is the medicine that can repair the destruction that trauma has wrought.

The case of Diane

Dr. Farber's book was valuable in helping me rethink an aspect of the treatment of a very compelling self-destructive patient of mine and to chronicle more clearly the subtle shifts in her self-harm as a reflection of her deepening attachment to me. Diane and I worked together between one and three times a week for ten years. Diane was a 28-year-old alcoholic, bulimic, promiscuous multimillionaire. In the early stages of therapy, her alcoholism and bingeing and purging were rampant and were accompanied by a drunken fight with her boyfriend who "accidentally" broke her nose, a suicide attempt by wrist-slashing that necessitated hospitalization, and an episode of her rubbing caustic detergent into a wound to prevent its healing.

CONTINUED ON NEXT PAGE

Diane was overwhelming, and I was often scared. Along with trying to translate into emotional language her various attempts at self-harm, I sometimes shared my agitation and my fear with her about her behavior, and sometimes I expressed my anger as well when she hurt herself. She revealed unexpectedly that my heightened emotions served an important function as an antidote to her alcoholic socialite parents and the parade of nannies hired to raise her. These caregivers demonstrated, at best, benign neglect and, at worst, cruelty and abuse. My expression of agitation represented to her my willingness to show my vulnerability, that she could affect me strongly. I often felt victimized by her impulsivity, while she got to reverse the roles and be the predator who made me suffer. As Dr. Farber observes, the self-destructive person... "is both the abuser and the one being abused. She is the sadist and the masochist. She is a cool observer of her own self-abuse, like the parent who was present but failed to protect her. In the self-harming act she is all these, oscillating crazily from self to object and back again, traumatically attached to both the affects and her abuser" (p 234). And so, as in the case of Diane, the predator/prey relationship gets replayed in the transference/countertransference.

As our sessions began to contain her out-of-control self, Diane began purging less, joined Alcoholics Anonymous, and, yet, continued to modify her body by having breast implants inserted. But as Diane felt increasingly contained in the holding environment of our relationship, her hatred toward her body diminished and more of her self became available. Our interchanges often became characterized by humor, a discussion of books we enjoyed, and lengthy discussions about her tender relationship to her new kitten and his needs and feelings.

Dr. Farber describes, "like a mother who can both love and sometimes hate her child with a passion, we must let ourselves know and not fear the depth of passion we feel for our patients. When we can know and feel it, we can then harness and redirect it and transform it into something greater. It is in those indelible moments when the patient is moved or shaken by the therapist's passion and discovers that the therapist can weather the storm, that the patient can begin to know that he can find safety, trust, and love in another person" (p 461).

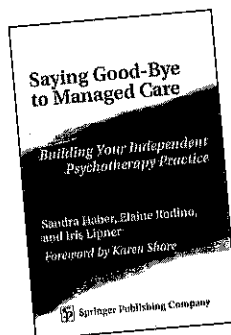
The therapist moves the patient from the language of the body to expressive language by creating a "verbal bridge" which is "like a hand extended to the patient, inviting her to cross over" to help her satisfy the craving to feel that she is "living full, warm, and juicy in her own skin."

It is a testament to the richness of Dr. Farber's book that even as the reader is tempted to recoil from the painful subject of self-harm, one is also made to feel

hopeful and even inspired by the healing power of the therapist/patient relationship that Dr. Farber describes. In capturing the plight and poignancy of those who self-harm, Dr. Farber enriches our understanding of what it means to be fully human and deeply alive. This is an astonishing book and a journey worth taking. ■

Saying Good-bye to Managed Care.

CONTINUED FROM PAGE 1



viewed over 50 successful practitioners in order to give examples of how one can break free of managed care.

The book begins by addressing the fear of developing a private-pay practice. It supports the position that therapists must see their practices as businesses and that money is a central part of running a business. The book hits head-on the

conflict between the values of being a caring, giving professional and charging money for services and marketing one's practice. It includes a useful chapter on how to ask for money and get it.

This material is vital to social workers, who get no training in this aspect of practice in school and, in fact, are often forbidden to contemplate private practice by training institutions.

The next section of the book addresses how to develop specialties and carve out a niche for one's practice. It offers an assessment of society's greatest areas of need for services. The authors use the experience of many practitioners to illustrate how a specialty can develop out of crisis or an unusual experience as well as through educational training. It gives building blocks, game plans, and suggestions for referral sources.

Succeeding chapters are devoted to basic practice tools, such as stationery, business cards, flyers, newsletters, fact sheets and brochures; intermediate tools, including speeches, workshops, web listings, and basic web pages; and advanced tools, such as press releases, pitch letters, authoring a book, interviewing for print, radio and television, advanced web sites, virtual groups, online counseling, E-zones, publishing and advertising. The procedures for developing these practice aides are clearly outlined.

Finally, there is a summary chapter on how to put together all that you have learned to develop a practice independent of managed care. The Appendix includes names and contact information for business consultants, media and marketing consultants, practice-building consultants and authors, professional associations, website consultants, and websites for health/mental health information.

Saying Good-bye to Managed Care offers great assistance to the independent practitioner and a service to the profession. It is a real find! ■

Reviewer Helen Hinckley Krackow, MSW, BCD, is the Incoming President of the New York State Society for Clinical Social Work. She is a past board member of the National Coalition for Mental Health Professionals and Consumers, as well as a founding member of the Alliance for Universal Access to Psychotherapy.

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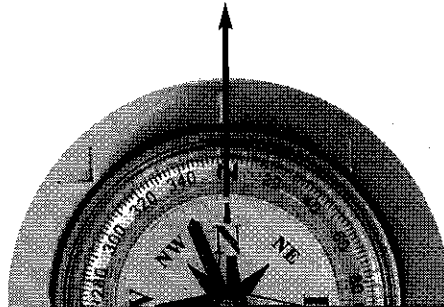
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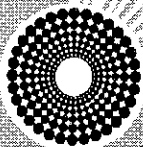
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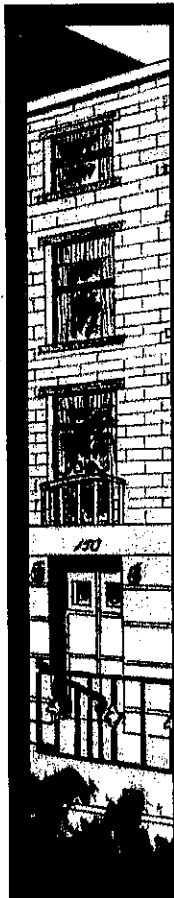
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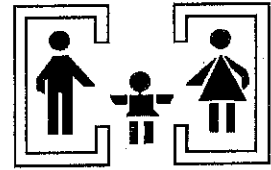
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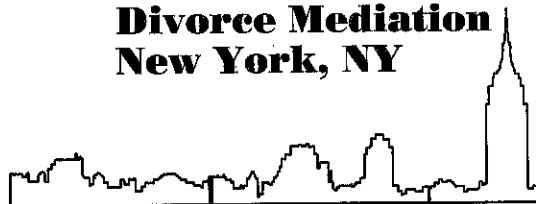
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