



# Association for Child Psychoanalysis NEWSLETTER

ISSN 1077-0305

## President's Message Mrs. Erna Furman

JUNE 1999

*Dear ACP Members, Colleagues and Friends,*

This year's Annual Meeting – our primary function – was very congenial, very productive and very enjoyable. The spirit of such a successful occasion is generated by the good will and enthusiasm of each and all who attend, participate and contribute, and I therefore thank everyone who helped so kindly and generously. There are also important specific contributions which deserve special credit and gratitude: The Arrangements Committee (Dr. Jack Pelaccio and Mrs. Kutner of Honey Travel) provided us with an excellent setting, with excellent food and service, and with an excellent management that has been very fair and forthcoming in their dealings. It made us all feel comfortable and well taken care of. The local Arrangements Committee members, Dr. Catherine Henderson and her group, including the Seattle Psychoanalytic Society and Edith Buxbaum Foundation, were most welcoming and generous hosts, providing a cocktail party, an after dinner artist speaker, and a Sunday afternoon Workshop attended by 115 interested and thoughtful local mental health professionals. The Program Committee (Drs. Laurie Levinson and Janet Szydlo, Chairs) provided excellent intellectual nourishment, having selected main case presentations and workshops (from among the many you submitted) which engaged us, enabled us to participate in thinking and feeling, and paved the way for fruitful discussions. We took another step towards the analytic understanding of the ever puzzling body-mind connection.

Every presenter deserves high praise, including especially also Dr. Peter Blos, Jr., whose Marianne Kris Lecture was extraordinarily insightful and thought-provoking, and Lorraine Weisman, who concluded the program with her poignant account of work with a toddler and his family.

Thanks to the skilled work of Dr. Kent Hart (Chair, Abstracts Committee) and his team of reporters, the abstracts in this issue of the Newsletter will provide not only a record but a way of sharing the experience with those of you who could not be with us in person. Last but not least, special thanks to Mrs. Nancy Hall and her friend Mell Rose Storey who, calmly and unobtrusively, took care of all the nitty-gritty, the way good mothers always do. Plans are well under way for another successful meeting in Miami, 2000. I look forward to seeing you there.

### Election

Thanks next to all of you who took part in our election. All five bylaws amendments were fully endorsed and the following Councillors were elected: Purnima Mehta, M.D., Isabel Paret, Ph.D., Robin Turner, MSW, LCSW. I welcome them most warmly and look forward to working with them, even as I truly regret the leaving of their predecessors, Renee L. Gelman, M.D., Jill Miller, Ph.D., and M. Barrie Richmond, M.D. who contributed so much so well to the hard work of this last year.

Councillors play a very important part in the running of  
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**President's Message . . .**

the ACP, constituting the majority of the Executive Committee. All elected representatives can serve you better when all of you have chosen us. This year's votes reached a higher percentage but still fell below half the electorate. I make a strong plea for full participation. Each vote makes a difference – so much so that this year some nominees received the same number of votes. Fortunately it did not cause an impasse, but prompted me to seek help from our legal counsel to avoid a potential problem in the future.

**The administrative work**

Our legal counsel, Mr. Michael Holleran of Thompson, Hine & Flory, has been most helpful with a number of essential ACP housekeeping tasks. Some were already

described in the last Newsletter and now include the important bylaws amendments you have voted in. He also negotiated for us a good general liability package which includes the previously lacking bodily injury coverage, so that our insurance needs are fully met. Our website required his help too: When inappropriate requests and referrals became a difficulty and posed the risk of ACP liability, he provided a newly posted wording and procedure for our responses (see p. 34).

As you will see from the Treasurer's report in the minutes (p. 30), our focus on fiscal responsibility has paid off. There are limits on expenses related to Marianne Kris Lecturers, invited speakers, Newsletter distribution to non-members, and required advance approval by the Executive of all items. The ACP contributed financially to the work of the Coordinated Assistance to Eastern Europe Committee, the Anna Freud Centre's December Workshop in New

*(Continued on page 3)*

**The Association for Child Psychoanalysis, Incorporated**

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 Arrangements ..... Jack Pelaccio, M.D.  
 Communications ..... Leon Hoffman, M.D.  
 Coordinated Assistance to Child Analysis in Eastern European Countries ..... Lilo Plaschkes, M.S.W.  
 Ethical Guidelines ..... Peter Blos, Jr., M.D.  
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 Long-Range Planning ..... Jack Novick, Ph.D.  
 Membership ..... Kerry Kelly Novick  
 Newsletter .. Denia Barrett, M.S.W. and Barbara Streeter, L.P.C.C.  
 Nominations ..... Marion Gedney, Ph.D.  
 Program ..... Laurie Levinson, Ph.D. and Janet Shein-Szydlo, Ph.D.  
 Registry of Cases ..... Virginia Kerr, A.C.S.W.  
 Study Groups & Continuing Medical Education ..... Stanley Leiken, M.D.

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**Note to contributors:** Send contributions to Denia Barrett or Barbara Streeter at the address above. Deadlines are April 15 and October 15, six weeks before our publication dates of June 1 and December 1. E-mail is the mode preferred. When articles are sent via the postal service, file copies on 3.5" disks along with hard copies are very much appreciated. MS-DOS format files (e.g., WordPerfect, Microsoft Word) are preferred (including those created under Windows) but Macintosh format files are also acceptable.

## President's Message . . .

*(Continued from page 2)*

York, and my attendance at the Carter Center Conference. Each of these activities is described in this Newsletter so that all members can be apprised of what our money is spent on and let us know your opinions about it. Our current good financial standing has also been greatly helped by your payment of higher dues and by bringing payments more up to date. Thank you. We have recently appointed an ad hoc Budget and Donations Committee which will soon recommend further helpful guidelines.

There are several other new appointments (see starred names, p. 4), among them our new Committee for Liaison with Division 39 of the American Psychological Association (Drs. Marion Gedney and Bert Cohler), and a new Chair for the Registry of Cases (Virginia Kerr). Later this year you will receive her new form. I urge you to respond promptly so we can finally learn about the fluctuations in the number and age groupings of child analytic cases.

The 1998 Roster, always a big task, especially for Mrs. Hall, newly contains additional information on member status and a copy of our bylaws. The 1999 Roster update will contain the by then reported corrections, the amended bylaws, and copies of administrative guidelines which were confirmed by the Executive Committee. Although some of these appeared in our Newsletters, they will be more readily and lastingly available to us all as a part of every Roster which, as with other organizations, then becomes a kind of Handbook. It will keep all members informed and helps especially those who join the administration and need to acquaint themselves with the existing policies. Our incoming Councillors received the proceedings of the last

Executive Committee meeting right away to assist them in dealing with their new tasks. And Kent Hart has led the way by writing a "job description" of his work as Abstracts Chair, something I have asked all Chairs to do, so that others, and especially those who may take over in time, can know what is involved and how issues were handled.

This is all part of a concerted overall goal I have pursued, namely to provide informed continuity which every individual and organization need to thrive. To that end our Newsletter serves not only to inform the entire membership about current issues, but carries also a "From our Archives" column to keep us in touch with our past, so essential for formulating policies for the future. For example, our Long Range Planning Committee (Chair, Jack Novick) will soon bring in recommendations. The timing of our Annual meetings and possible European venues may need to be reconsidered. Please read about the history of our experiences to prepare for new decisions (p. 17).

We are also embarking on preparing ACP brochures with two purposes; one is to inform professionals in related fields about the ACP and its membership procedures, the other is to acquaint the wider public with child analysis and its uses. This project was, in part, stimulated by the well-attended and lively Outreach meeting in Seattle (p. 24) which has become a regular feature of our program. It is the forum for all to share our successes and failures in working with the wider community. I hope you will acquaint us with your endeavors by sending accounts to our Newsletter.

My last line expresses gratitude to all readers for their interest and patient attention, and to our editors, Denia Barrett and Barbara Streeter, for their dedicated and excellent work of publishing. §

## MEMO TO MEMBERSHIP AND CALL FOR FUTURE CASES

### From the Program Committee

We are writing to let you know what the selection process consists of for choosing presenters at our annual meetings. The procedure to be described was used for the Seattle papers, and also for the papers chosen for the 2000 meeting in Miami.

In response to our call for cases we received about 20 case reports. After removing identifying data, we sent each report to a subcommittee of four readers. Each group of four readers evaluated their assigned reports using an evaluation form with plenty of room for written comments. The cases chosen were those that were given all "yes" votes. Out of all the selected cases we then looked for themes which the cases had in common. Two were evident: Body/Mind in Adolescent Girls (Seattle), and Issues of Technique in

Working with Children who Suffered Pre-verbal Trauma. Thus we had two programs and two cases for each Saturday Plenary Session. It should be noted that in the case of the Miami meeting, we turned out to have two presenters from the same city – a situation which was able to occur because of the anonymity of the authors. At the moment, we also have chosen four workshops from the original pool – with the same criteria being all positive votes. WE ARE LOOKING FOR MORE CASES!! We hope you will send us any material you think would be interesting – either for a workshop in 2000 or for the meeting in 2001.

Again, we request that when you send cases, PLEASE remove all identifying data, so that material is kept confidential and the authors anonymous. §

## Update on ACP Committees: Chairs and Members

April 1999

Erna Furman, ACP President

ACP Committees, Chairperson, and Committee Members, confirmed by the Executive Committee: The names with asterisks \* are newly joined or appointed since June 1998, completing all Committee memberships to work for the ACP.

1. **Abstracts**  
Chair: Kent Hart, M.D.
2. **Arrangements**  
Chair: Jack Pelaccio, M.D.  
Members: Catherine Henderson, Ph.D., Juan Rene Geada, M.D., (ad hoc)
3. **Ad hoc Budget/Donations Committee**  
Chair: Arthur Farley, M.D.\*  
Members: Robert A. Furman, M.D.\*, Julio Morales, M.D.\* (ex-officio)
4. **Communications**  
Chair: Leon Hoffman, M.D.  
Members: Roy Aruffo, M.D., Thomas Barrett, Ph.D., Perry Branson, M.D., Paul Brinich, Ph.D., Cynthia Carlson, Barbara Deutsch, M.D., Nathaniel Donson, M.D., Theodore Jacobs, M.D., Laurie Levinson, Ph.D., Frances Marton, Judith Pitlick, Howard Rudominer, M.D., Anita Schmukler, D.O., Moisy Shopper, M.D., Donald Silver, M.D., Stephanie Smith, LICSW, Barbara Streeter, Andrea Weiss, Ph.D.
4. **Coordinating Assistance in Eastern Europe**  
Chair: Lilo Plaschkes, M.S.W.  
Members: Peter Blos, Jr., M.D., Elizabeth Tuters, C.S.W., Maurice Apprey, Ph.D., Adriana Lis, Rimvydas Augis\*
5. **Ethical Guidelines**  
Chair: Peter Blos, Jr., M.D.  
Members: June Greenspan-Margolis, M.D., Paul Brinich, Ph.D., Barbara Carr, M.A., Barbara Lewis, M.D.  
Consultants: Anne Hurry, Kerry Kelly Novick, Gustav Amnell, M.D.
6. **Extension**  
Chair: Karen Marschke-Tobier, C.S.W.
7. **Grants**  
Chair: Charles Mangham, M.D.  
Members: Robert Gillman, M.D., Jill Miller, Ph.D., Cynthia Carlson
8. **Liaison**  
Chair: Barbara Deutsch, M.D.  
Members: Nathaniel Donson, M.D.\*, Marion Gedney, Ph.D.\*, Moisy Shopper, M.D.\*, Elizabeth Tuters, C.S.W.\*
9. **Liaison – IPA Program and European Federation**  
Chair: Christel Airas\* (to succeed Peter Blos, Jr.)
10. **Liaison – IACAPAP and Association for Clinical Social Workers**  
Chair: Stephanie Smith, LICSW
11. **Liaison with Div. 39 of the APA**  
Chair: Marion Gedney, Ph.D.\*  
Member: Bert Cohler, Ph.D.\*
12. **Long Range Planning**  
Chair: Jack Novick, Ph.D.  
Members: Robert A. Furman, M.D., Frances Marton, C.S.W., Mary Jane Otte, Ph.D., John Rosegrant, Ph.D., (candidate member)  
Consultants: Christel Airas, Julia Fabricius
13. **Membership**  
Chair: Kerry Kelly Novick  
Members: Arthur Farley, M.D.\*, Ruth Hall, Anne Hurry, Jack Novick, Ph.D., Ava Bry Penman, Lilo Plaschkes, M.S.W., Janet Shein Szydlo, Ph.D., Heiman van Dam, M.D., Colin Pereira Weber, M.S.W.
13. **Newsletter**  
Co-Chairs: Denia Barrett, M.S.W. and Barbara Streeter, L.P.C.C.
14. **Nominating**  
Chair: Marion Gedney, Ph.D.  
Members: Maurice Apprey, Ph.D., Werner Schimmelbusch, M.D.
15. **Program**  
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16. **Register of Cases**  
Chair: Virginia Kerr, A.C.S.W.\*
17. **Study Groups and Continuing Education**  
Chair: Stanley Leiken, M.D.  
Member: Barbara Streeter, L.P.C.C.

**Please note:** Consultants are not committee members. Their services are used *ad hoc* at the committee's discretion. The President and President-Elect are *ex-officio* members of all committees, thus enlarging by two the above listed membership counts.

March 26, 1999 v Annual Meeting of the Association for Child Psychoanalysis v Seattle, Washington

**REPORTS OF SCIENTIFIC MEETINGS**

**PLENARY SESSION**

**TWO ADOLESCENT GIRLS WITH PHYSICAL SYMPTOMS: THE BODY AND THE MIND**

Moderator: Kerry Kelly Novick

Recorder: Melissa Stoker

**Building Bridges Between Body and Mind:  
The Analysis of a First Generation Immigrant  
Adolescent with Psychosomatic Paralysis and Pain**

Presenter: Barbara Shapiro, M.D.

Dr. Shapiro presented the case of a 13-year-old girl, D., referred by her rheumatologist with a medical diagnosis of fibromyalgia. Dr. Shapiro described her first meeting with D. who sat slumped in her wheelchair, so incapacitated by severe pain that she had to have all her basic needs cared for by family members. Next Dr. Shapiro moved approximately three years into the future when at the age of 16, D. bounds into Dr. Shapiro's office, tells about her day's activities with friends, and then shares a poem she's written and talks with her analyst of the elements of sexuality and destruction she recognizes in her composition. After tantalizing her audience with these two pictures of D., Dr. Shapiro proceeded to share the journey her patient and she made, and some of her thoughts about the complex interaction of mind and body and how this was illuminated in D.'s treatment.

Dr. Shapiro discussed the importance of immediately addressing the family's concerns about the veracity of physical symptoms unaccompanied by a medical disease. She feels the analyst must work to establish the veracity of psychic reality or risk that the family will seek other care or mobilize stronger defenses. Dr. Shapiro felt that the health care professionals had focused on medicalizing D.'s problems, exacerbating a split that became apparent in D. between her psyche and her soma. Dr. Shapiro's initial work focused on building bridges across a variety of splits; by communicating with the various physicians involved in D.'s care; by beginning psychoanalytic psychotherapy with D.; by initiating physical therapy for D.; and by working individually with D.'s parents. Dr. Shapiro described her early psychotherapeutic work with D. as creating a "transitional space" for the psyche and soma where she and her patient could begin to use both the "language of the body" and the "language of the mind." In a little less than a year D. had resumed all her regular activities and psychoanalysis was begun.

Dr. Shapiro noted a few of the significant events from D.'s early life. D.'s family immigrated to the United States during D.'s infancy. The move was particularly difficult for D.'s mother who became depressed. D.'s tendency toward psychosomatic expression became apparent when she entered school, her first separation from her mother, when

she experienced stomach aches. This occurred again at the age of 12 when an older sibling left the home. Finally, it was at the time of her mother's return to work that D.'s most recent and debilitating illness had occurred. D. had shown and expressed no visible emotional distress in response to these separations. Dr. Shapiro felt that D.'s problems around separation, aggression, and sexuality were defended by the split between her psyche and soma. D. experiences significant problems with self-care, self-regulation, and bodily self-awareness. When Dr. Shapiro suggested to D. that her body spoke, but that she wasn't listening, D. initially denied such ideas.

Over time D. shared early childhood memories of sleep disturbances tied to fears of losing her mother. D. came to recognize and share her conflicts about sexuality and aggression as well, and began to connect this herself with her somatic responses, for example, saying of a characteristic shivering response, "maybe my body cries."

Dr. Shapiro pointed out how chronic pain syndromes have been correlated with early trauma. Specifically, she referenced: the correlation between the hyperarousal of autonomic nervous system and decreased tolerance for sensation; how the verbal expression of affect is likely built upon the earlier ability of identifying and regulating sensation; how the depressed mother may competently care for the infant's physical but not psychic needs encouraging somatic expression; the infant's attempt to "cheer up" a depressed mother; how the "fragile" mother may not be perceived as able to tolerate the rage of the infant thereby encouraging somatic expression of the affect.

Dr. Shapiro ended her presentation encouraging us to recognize of the complexity of psychosomatic problems and the many ways the mind and body interact. In this case Dr. Shapiro noted the following mind and body interactions: 1) somatization; 2) conversion; 3) focal defensive alexithymia; 4) hypochondriasis; 5) secondary gain; 6) masochism 7) somatic muscle reaction to conflict; 8) internalized self-other interactions with a depressed mother; 9) psychophysiological hyperarousal and deficits in self regulation; 10) psychophysiological dysregulation in response to object loss where true object constancy has not been achieved; 11) compromise formations involving aggression and sexuality; 12) secondary physiologic changes involving contractures and disuse; 13) constitutional and early neurophysiologic factors.

Dr. Keable presented an overview of six years of

*(Continued on page 6)*

## Two Adolescent Girls . . .

(Continued from page 5)

### The Analysis of a Diabetic Orphan

Presenter: Helene Keable, M.D.

treatment with a diabetic girl, L., whose mother and father died when she was ten years old. L.'s illness had been stable since its onset when L. was a young child. However, with the death of both parents L. had been unable to manage her diabetes and prior to beginning her treatment with Dr. Keable had spent many months in the hospital.

Dr. Keable briefly covered some significant events in L.'s history. Although L.'s mother had managed L.'s diabetes well, she was said to have cared less well for herself. Due to her illness, L.'s mother had spent many months in the hospital before her death. L.'s father died unexpectedly a short time after his wife's death. After the death of both of her parents an aunt adopted L., but much of L.'s care was shared among her extended family.

L.'s adoptive aunt was surprised by L.'s apparent preference to live in the hospital. L.'s endocrinologist recommended a psychiatric evaluation, and L.'s aunt first consulted Dr. Keable, as a pediatrician, asking a second opinion on the recommendation of psychiatric care. After their first meeting Dr. Keable offered to see L. for psychotherapy, an offer which the aunt and L. accepted.

Dr. Keable described her first meeting with L. and her aunt. L. was very slight (in the third percentile for height and weight), pretty, and despondent, crying in the waiting area. Although she was reluctant to see Dr. Keable alone, after her second visit L. asked to return again. During the following year of weekly psychotherapy L. improved significantly. L.'s aunt reported that L. had settled into her home, her sad mood appeared lifted, and her diabetes was under control. At the end of the school year the aunt stopped treatment abruptly, telling L. she could return when school resumed if she wanted to.

L. had developed a strong attachment to Dr. Keable, and had begun to work through some of the recent traumas of her life. On the first day of her return to school L. asked to see "her doctor" again. Dr. Keable first met a number of times with the aunt in order to secure her support of the treatment. Psychotherapy was first resumed and analysis began soon after L.'s 11<sup>th</sup> birthday.

Dr. Keable shared a number of evocative events and exchanges in the following five years of treatment, taking us up to the present in this ongoing analysis. Dr. Keable described how L. vacillated at times between sharing an intense, intimate closeness and other times creating distance with Dr. Keable. L.'s diabetes remained stable and controlled, except for one major transference reaction during the first break in the analysis. L. came to see her tendency to express anger through physical symptoms. L. was able also to recognize her own ambivalent wishes to both grow up and remain a child. Her specific fears and anxieties regarding growing up were revealed in the treatment. L. worked through issues about aggression,

sexuality, competition, and her tremendous anxiety around separations. Dr. Keable described how L. developed the fantasy that she had found both her mother and father in the transference and was therefore more able to take on the task of grieving their losses.

Over the course of the treatment L.'s growth increased and she moved into the 50<sup>th</sup> percentile for height and weight. She is an outstanding student and at times talks of plans to become a physician. Dr. Keable reported that L. is continuing to work on issues about her identity and autonomy.

### Open Discussion

A brief but enthusiastic discussion with the larger group ensued, prior to breaking into smaller discussion groups to talk further about the two papers. A number of people suggested that the psychosomatic patient has been lost in the medical fold. With the increasing focus upon behavioral pediatrics and cognitive-behavioral therapy the historical place of psychoanalysis in treating these patients has become obscured. Some respondents were interested in how both presenters had been able to make such effective entrées into the medical world to treat their patients. Dr. Shapiro shared her work with pediatric residents doing psychosocial rounds, during which she addresses the inner life of the child patient and why this is important to consider in the overall care of the child. Dr. Keable spoke of her work trying to educate the physicians involved in her patient's care as to her patient's need for psychoanalytic treatment. §

### CHILD ANALYSIS CLINICAL, THEORETICAL & APPLIED

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March 26, 1999 v Annual Meeting of the Association for Child Psychoanalysis v Seattle, Washington

## REPORTS ON THE WORKSHOPS

### MIND, BODY, OR SELF: THE ANALYSIS OF A 16-YEAR-OLD GIRL WITH A HYSTERICAL PSYCHOSIS

Presenter/Recorder: Mary Davis, M.D.

Dr. Davis presented a case of a 16-year-old girl referred for analysis with hysterical muscle spasms. In the course of the analysis, the muscle spasms quickly disappeared, and the patient developed a pattern of avoidance, denial, and maintaining a superficial normality while resisting deeper exploration. Towards the end of the first year of treatment, the patient began to develop confusional symptoms which progressed to a psychotic level. She was admitted to an inpatient psychiatric unit with an attending physician (analytically-oriented) who was responsible for case management and milieu issues so that the analyst could continue the analysis.

As the confusional state deepened, there was some concern about a possible progressive encephalopathy, and a neurologist was consulted. Symptoms continued to deepen and the patient was moved to a general hospital for evaluation. The analysis continued six days a week through this, with the patient less and less verbal. A crisis was reached when the patient was totally nonverbal and the analyst spent a session at her hospital bedside feeling that the patient would die because the analyst had misdiagnosed an encephalopathy. In the next session, the girl was very slightly better, with some verbal communication, and she continued to improve to relatively normal cognitive functioning over about eight weeks. She was discharged after about four months in the hospital, and her analysis terminated four months after that when she went away to college. This event had been delayed by her confusional symptoms and her own inability to complete housing applications by the deadline, which was (not coincidentally) the day of the crisis described.

The content of the analysis during the events described revolved around issues of identity formation, especially what is normal and what is not, and separation-individuation. Dr. Davis' formulation was that the patient had directed much of her developmental energy into being what others expected or wanted, but in the analysis she was allowed to be herself. This allowed her to give up her "normal teen" false self and discover the chaos within. As the analyst tolerated the chaos with her, she was able to begin to construct a self that arose from within.

This summary of the discussion will not attribute comments to the responsible individuals, as the reporter was unable always to identify the individual speaking. My apologies to all concerned.

As the discussion began, the first comment responded to the image of the analyst sitting with the patient in despair: this image called up a memory of tapes from Beatrice Beebe in which she illustrated and discussed the nature of

attunement with babies in despair, who would sit and do nothing in her presence. Beebe had commented that she felt, in order not to fail the baby, she had to sit and do nothing, just to be with the baby and not encourage him to be something other than what he was, in despair. The patient's admission to a unit with a case manager/therapist split allowed the analyst to just be with the patient in this sense, because any action required was done by the medical director of the unit.

There was much discussion about a nodal point in the therapy, the analyst's struggle about whether to make any recommendation about the patient leaving for college. Dr. Davis commented that she had been trying hard to be analytic, and her understanding at the time was that being analytic required her not to make any recommendation. In addition, she felt she did not necessarily know what would be most helpful for the patient. Today, she feels that it likely would not matter which she recommended, or if she made a recommendation, as long as the interaction was explored analytically. The group generally agreed that no one action is necessarily "analytic," and it was suggested that perhaps it would be as "analytic" as anything else for Dr. Davis to have said that she did not know what was best. The line of interpretation then would likely be toward the relationship that the patient was trying to establish, where she did what the analyst wanted, as she had with mother for so many years. It is not necessary to withhold one's opinion in order to analyze it.

Dr. Davis commented that if the question came up today with a similar case, she would be likely to ask why it was her business to say what the patient should do, and to attempt to reflect on the patient's wish to make it her business. She can, today, imagine either saying this or saying that she felt the patient should not leave, because she had not worked through the important issues; at that time, as a candidate, she could not imagine that. She had made a conscious decision, at the time of the crisis, to let go of her own need for a control case and do what seemed best for the patient regardless of its impact on her training. She wonders if in fact it might have been best for the girl to leave home, since mother was intrusive and father was impulsive; her best hope to individuate might have been to leave.

Theories of development affect how we conceptualize conflicts about autonomy/separation. The patient presupposed a developmental model that a "normal adolescent" should leave home; if we do the same – assume that that is a normal step – we are colluding with her defenses in some sense, and are not creating a relationship

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## Mind, Body, or Self . . .

*(Continued from page 7)*

in which she is free to do differently. We do our patients a disservice to accept cultural concepts as a necessary part of our theory, and this represents our own countertransference belief that what's normal for us is normal for everyone. It is important to think about how we use theory and how theory uses us.

A question was raised concerning what was conscious, preconscious, and unconscious in this case. It was suggested that the fears about sexuality were conscious, that the meaning of the analysis itself was preconscious, and it was unclear what was unconscious. However, where was the hate and aggression in this case? It did not appear clearly in the material. It was suggested that much of the material was a defense against this hate and aggression, which is often last seen and least acknowledged, and not against sexuality. Dr. Davis commented that one of the ways she understood the psychosis was as a defense against and an extension of the aggression, as an attempt to "ill" the ego temporarily. She has wondered if the patient was attempting to protect the analyst and her position as a person who could be experienced differently than the parent. She also commented that she has thought that perhaps the descent into psychosis represented a structured hysterical neurosis, where the symptom provides both defense against and gratification of the forbidden wish. In this formulation, the organ of the hysterical symptom was, in the original neurosis, the leg muscles of the muscle spasms; and, in the transference neurosis, the brain. The patient's father valued her sports prowess as Dr. Davis valued cognitive/verbal skills.

A group member asked how Dr. Davis would account for the patient's improvement metapsychologically. She responded that the most convincing explanation for her was that the patient's psychic structure had consisted of a "false self: shell with internal chaos" (Spruiell, in a private communication, had reminded her that chaos is still structure of a sort). The analysis began to dismantle the false self-shell and, as the patient recovered, she began to reconstitute a true self. One way of conceptualizing this is that the ego skills which had previously been used to support her neurotic adaptation began to be secondarily autonomous and she began to use them to support her true self.

Group members persistently asked why was this possible? What had been done in the analysis to facilitate the process? There was an individual present – the analyst – who could create a space that made the process possible, who could tolerate and support the patient's developing true self. The transference interpretations, the clarifications, the defense interpretations made did have an impact, although it was not always clear at the time. The story of the analysis, however, shows a clearly deepening process, with dreams appearing more fully remembered and some ability to associate to them. The various interventions supported the patient's ego, allowing it to grow and strengthen; this in turn helped the patient to take a little distance from her conflict

through verbalization. If the analyst had been allowed to see the impact of the interventions, the analysis might have become hers, and not the patient's, reiterating the relationship with mother in which the patient's life was mother's and not hers. If the analysis had gone on longer, presumably this would have been analyzed eventually.

The Boston study group, which is discussing the process of change, feels that as a part of the process of change the analyst and patient enter into an interpersonal space which allows for a corrective emotional experience. A behavioral transference interpretation is a statement that the analyst is not the same as others and that the process with the analyst can be different than with the other, but not so different that it is alien to the patient. For infants, the discernment of difference in the context of sameness brings a smile; for the analysand, it brings insight. In the analysis, for Dr. Davis, the keys were always that she was able to say, "You don't have to be a good analytic patient; I can give that up;" and that she could sit with the patient in her despair and still return the next day. The patient needed to go back and be with a mother-figure in a different way than she had been with her own parents. She felt empty and felt there was no mother, so she had to find one someplace. In the analysis, she regressed to a "fulltime baby" and the analyst revived her; in the process she "tortured" the analyst (by her apparent cognitive absence from the relationship) as she had been tortured by her mother's emotional absence. The ego skills were present but not secondarily autonomous; they were being used in the service of being mother's child. Dr. Davis needed the patient as a control case, as mother had needed her as a child: this was the sameness in the transference. Dr. Davis, though, could let go of her own need, which was the difference in the transference. §



March 26, 1999 v Annual Meeting of the Association for Child Psychoanalysis v Seattle, Washington

## AN ANALYSIS OF A LATENCY BOY WITH A PHYSICAL ANOMALY

Presenter: Deborah Paris

Recorder: Marion Barnes

This is a report on the six year analysis of a boy of seven years who began treatment shortly after undergoing surgery to correct his pectus excavatum – a congenital defect of the cartilage in the chest (bones caving in, resulting in an indentation). This physical anomaly influenced his early view of self and his sense of body ego and gender. In the treatment, he developed growing insight into the interplay between external factors and his own internal and internalized conflicts. The analysis facilitated the process in resolving issues of body integrity, internal conflicts between masculine and feminine drives, as well as active and passive ones, with his primary objects. Most levels of conflict centered around his effort to resolve the problem of enuresis.

Ned was referred by another child analyst who had worked intermittently with the family in parent guidance. Help was sought when he was five-and-a-half. He had anxiety about fires, robbers and bedwetting. At that time, he would constantly squeeze his penis. Difficulties were escalating at school – extreme fidgeting, spacing out, some reading interferences and anxiety about learning anything new.

Ned was a healthy baby, born by Caesarian section. His progress for the first eight months was within the normal range. At eight months, another trauma occurred. His leg was casted up to the knee to correct a turned in foot. The cast was removed at ten months. He was terrified by the noise of the saw. He skipped crawling and walked at 15 months. This early preverbal body experience only added to conflicts about his own body and gender and in turn, influenced his phallic development.

This boy's mother had a chronic illness – diabetes – requiring daily monitoring – three shots a day as well as the glucometer tests to measure her blood sugar levels. Her denial of her own feelings about her diabetes led her to deny her children's feelings. The shots were administered in front of the children with no explanation. This changed when she entered analysis. In his analysis it was learned that Ned's quiet, secretive watching was connected to the shots as well as to primal scene observations.

When this boy was four and a half, a baby sister was born. He had wished that this baby would be a girl. He never asked and was not told about sexual differences or where babies come from.

There was also ample material in his analysis confirming primal scene observations from two years old to the start of his treatment. Ned's father had unconscious, unexamined conflicts that influenced the father-son relationship. He interfered with the analytic treatment by seeking treatment for the enuresis from a pediatrician and a urologist. It was the boy himself who insisted that this was a psychological problem.

Ned was able to bring a tremendous amount of material and analyze well. However, the expression of affect was

hard for him. It was not surprising that in the early years the focus in the treatment centered around understanding and interpreting the defenses. Primarily, these were denial, avoidance and externalization. There was rigid isolation and reversal of affect.

Ned's "touching worry" was visible from the first hour and slowly connected to his masturbatory struggle and thoughts. Phallic material was evident in everything he did in the office. He rushed in and out of the bathroom a couple of times each hour, he would dangle precariously in his chair and tell the therapist "I do all kinds of things," as his hands moved restlessly. Many times he tied a rubber band tightly around his fingers. He talked about the corrective "heart surgery," instead of pectus, saying, "I don't know, I liked the hole. I was used to it – I had it since I was born."

Oedipal issues emerged along with phallic ones. Superego conflicts came in displaced and externalized ways. Feminine identifications became even clearer when he linked pectus as a "hole" to the holes in women and how when he was a little boy, he felt more like a mom than a dad. He came to understand that the surgery to correct the pectus at age seven felt as though they were taking away a cathected part of him. How treasured this female part of him was became more understood when connected to the post-surgical long scar which he associated with female genitalia. He also had the thought that he believed when he had the pectus that his front was both a boy and girl.

When Ned brought up termination at the age of 13, he had a nice group of friends, was doing well in school, and took pleasure in achievement. He was having some success and great enjoyment in sports. He brought his masculinity to the office and told with great pleasure about going to dances. He shyly brought his interest in girls, demonstrating his developmental movement. He was doing well academically. His wetting, hitherto intermittent, had ceased completely around the time of his bar mitzvah. Ned's treatment was extremely textured and complex. Much of the work was around his (and the parents') view of Ned as a defective boy, and the gender confusions that were an outgrowth of his defect. These issues were influenced by the earliest, preverbal stages integrated into a primary sense of self, and then complicated by his environment and experiences.

Toward the end of treatment, Ned was diagnosed with ocular myasthenia – a form of myasthenia gravis, marked by a persistent eye droop. A part of the diagnostic picture was that myasthenia, like diabetes, is an autoimmune disease. This tapped a substantial portion of his issues, many of which centered on a sense of defect and an identification with his mother. Thus Ned had to look fully again at these issues as he coped with a confusing and overwhelming current circumstance.

When a child has a birth defect that is so inextricably

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## THE VULNERABLE CHILD: "THE ANALYSIS OF AN ATYPICAL CHILD WITH TWENTY-FIVE YEAR FOLLOW-UP"

Excerpts from a Summarized Report by M. Hossein Etezady, M.D.

Chairman: Theodore B. Cohen, M.D.

Presenter: Phyllis M. Tyson, Ed.D.

Discussant: Robert Tyson, M.D.

In his introductory remarks to Dr. Phyllis Tyson's presentation, Dr. Theodore Cohen noted that this is the 30<sup>th</sup> year for the Vulnerable Child Workshop to participate in these meetings.

Referring to our established stringent criteria for analytic suitability, Dr. Tyson described the work of Fonagy and Target at the Anna Freud Center, who reviewed 750 records of children and adolescents, some of whom were interviewed as adults in order to ascertain the long-term effectiveness of their analysis as a child. Dr. Tyson presented one of these cases.

Peter began his analysis, five times a week, just before his eighth birthday. He was restricted in his play and schoolwork in spite of adequate intelligence. He had little to do with his father, was dependent on, but angry at his mother, hated his sister and had no friends. He was nervous, remote and confused. His mother had postpartum depression and was afraid to handle him as a baby. She attempted to place him in day care, but his inconsolable screaming made this impossible. Peter's symptoms began shortly after his sister was born, when he was 21 months old. He had problems with sleep, temper and phobias of ornaments resembling animals. He heard voices coming from the pipes, rocked frantically and went into screaming tantrums when mother fed the baby.

At age three, he felt safe only in mother's bed and his phobias increased. He saw mice on the furniture and heard dogs barking and music which he seemed to enjoy. This led to hospitalizations for 6-7 weeks at age three and a half years old. His profound separation distress settled down, his symptoms disappeared and he achieved bladder control. His hospitalization was climaxed by removal of his adenoids and tonsils, thought to have been a possible "toxic" cause of his hallucinations. At age six, his symptoms returned. At assessment, parents reported constant activity and temper outbursts to control situations. He said he was afraid of his dreams which he couldn't control or distinguish from reality. He said life is like a nightmare that you can't control. Attempts to order and to control his world dominated his analysis. He feared loss of control would cause him to explode or disintegrate. He tried to control the unstructured nature of the analysis by rigid, obsessional means, such as number games. To cope with affects, he pictured himself as a robot and philosophized on time, space and means of escaping life on earth.

He expressed many fantasies with themes of symbiosis and merging with fear of being engulfed by the analyst. Alternatively, he feared his wish for separation would destroy the analyst.

Through the transference it was possible to explore his wish to be special and return to the days when he was alone with his mother. Vacations and breaks were always terrible and a hurtful surprise. During his hospitalization, Peter had been locked up and deserted. He remembered the experience vividly. He thought he was being punished for his rivalry against his sister. He thought he would never see his parents again.

By the end of the treatment, Peter was functioning better at home, school and socially. Tantrums were rare, he no longer looked deformed and with the exception of occasional bad dreams, nightmares and phobias were gone. His family could relate to him better.

Peter was interviewed at age 32. He manifested sub-clinical features of obsessive compulsive, schizotypal and paranoid symptoms. He was seen as "superficially normal" but odd. He vaguely talked about hallucinations and altered states, but could not be specific. He was able to stop them when they came on.

He remembers his analysis warmly and recalls the analyst as a gentle, pretty woman whom he liked and felt understood by. It wasn't what she said that seemed right, but just being nice to him. He thought the analysis gave him the tools to deal with his mind "when it went funny."

During Peter's treatment, conflict interpretation did not seem very helpful. What Peter took away from his analysis was that his mental states could have meaning.

In his discussion of this presentation, Dr. Robert Tyson proposed to consider how a child analyst today would think about selected aspects of this treatment in terms of what we learn and relearn, decade after decade in different perspectives, like a progressive helix. In a sense, this is like a follow-up study of psychoanalytic thinking rather than a child's development. Now, for example, it is more common to talk about one's reactions to the child patient and to be more aware of countertransference possibilities. In earlier times, one would hear more temporizing responses or suggestions of medication, residential treatment and so on, for a child like Peter, rationalizing negative countertransference feelings. While original criteria for analyzability, originated in adult

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## The Vulnerable Child . . .

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analysis, were too stringent, even a careful developmental assessment of Peter as devised by Anna Freud would not have predicted a good analytic outcome. One would guess that Peter's analysis was undertaken in the spirit of exploration and discovery to learn about atypical development and limitations of analysis.

Two things can be said. One, that in such cases the results are likely to be better the earlier the treatment starts. Another, that we do not yet know how to predict beneficial results. Work like this has led to the increased understanding that psychoanalysis is defined by the method and the process, not by diagnosis. In the past, one might have heard more often the judgment that the work with Peter was not psychoanalysis because Peter was not neurotic.

Regarding the currently popular topic of self-disclosure, Dr. Robert Tyson remarked that it is one thing to say that Peter wants to be in control, yet it is quite another to tell him that his efforts to be in control makes the analyst angry at him. The next interpretive avenue would be to interpret that Peter's motivation in attempting to control was to provoke an angry response, thereby being in control of the analyst's anger. It is at this interface between technique, countertransference and self-disclosure that we need to better exploit our experience and articulate our knowledge as child analysts.

Finally, regarding the issue of diagnosis, we should ask if we have "unlearned" something, e.g., it is a truly impressive experience to see a disorganized child transformed by Ritalin. Could it be that we are demoralized by these dramatic effects? Do we give a lesser value to the tedious work of analysis? Have we been led to neglect the totality of the child's experience and view the newly gained cognitive clarity as a total cure? Do we need to relearn the awesome power of psychoanalysis and if so, can we also re-teach it?

In her concluding remarks, Dr. Phyllis Tyson reflected on this mother's failure in the mirroring function. The child had no words for his experiences and the analyst, in her attempts to understand what was transpiring, needed to find words to make sense of his rituals and pressured activity. The challenge of this analysis was to bring to this child what the mother was unable to provide and to give him a sense of his inner world. Dr. R. Tyson concluded by stressing the challenge of separating in advance those children who will benefit from intervention as opposed to those who won't. What is in the child, the analyst or the mix of the two? §

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## An Analysis of a Latency Boy . . .

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bound up in the development of sense of self, how established will a new sense of self remain?

In the discussion, the importance of the cast and its removal at ten months was highlighted – contributing further distortion in the development of body image, castration anxiety, plus active and passive wishes.

Also addressed was the pectus surgery as taking away the treasured female part. In his associations of his post-surgical long scar with female genitalia did he also connect this with the observation of the mother's Caesarian scar?

The over-determination of acquiring eyeglasses in the course of the analysis was discussed as a further manifestation of defect.

The issue of bisexuality was emphasized. Does termination at an early stage in adolescence expose the patients to future vulnerabilities? Will the more active masculine identifications prevail? §

March 26, 1999 v Annual Meeting of the Association for Child Psychoanalysis v Seattle, Washington

## THE PSYCHOANALYTIC TREATMENT OF GENDER IDENTITY DISORDER

Presenter: Stanley Leiken, M.D.

Recorder: John C. Olson, M.D.

The title of this paper was *Case Study: Gender Identity Conflict or "You get what you get."*

Stanley Leiken presented the case of a four-year-old boy who came to treatment because of a gender identity problem. This boy had developed a strong and persistent affinity for dressing in his mother's clothing and playing the parts of his favorite female story characters, Cinderella and Snow White. This interest had developed when the boy was about two-and-a-half when his mother became pregnant and his father was away for a short time. At about this same time a corresponding hostility towards the father developed which persisted until the treatment was underway. The boy frankly announced that he would like to be a girl and wished that his father would move out of the house. At his preschool, the boy would choose to dress up only in female costume and he seemed unable to experience any pleasure but only anger in being a boy.

The parents, although ostensibly quite accepting, were nevertheless concerned that their son might develop a persisting homosexual orientation. The analyst believed that he could not simply reassure the parents but instead proposed the he work analytically with their son to try and understand the boy's unhappiness, both with regards to his gender issues and his ever-present anger when told "no." The analysis proceeded for nearly two years. The work dealt with the boy's worries about abandonment, separation, and fears of his aggression. Ultimately, the boy came to accept that "you get what you get." That is, he had to work through his wishes to possess his mother, get rid of his father and have the better penis of his father/analyst. He was able to become free from his worries that his strong anger would deprive him of love.

The group discussion of this case took up various technical and theoretical points of interest. Curiosity was expressed about how the recommendation for analysis was successfully made to these parents, as other analysts have had similar cases referred. Dr. Leiken told of the parents' prior acquaintance with psychotherapy and how he had explained to them "the importance of the analyst becoming a central figure" in their son's life. Without that, he explained that it was unlikely that progress would be made.

There was interest in the role of the parents who were often present in the office for the analytic sessions. It was understood that this arrangement had developed early in the treatment as a decision to deal with the boy's anxiety about being left behind. It was noted in the discussion that both parents were essentially functioning as maternal figures for this boy. Both parents had difficulties in saying "no" to their son. The anxiety arising from aggressive impulses was noted to be difficult for this boy's immature ego and environment to handle. The discussion group ultimately tended to see the parents' presence in the sessions as a creative development

that was useful in this analytic treatment.

It was pointed out that both parents in the course of the treatment were able to develop and become "enough" in their differentiated and realistic parental roles. The parents' capacities to contain and modulate the boy's affects as an auxiliary ego function were expanded in the course of the work. Heretofore they had had great difficulty saying "no" to their son. There were examples of the parents' own ability to make useful interpretive remarks that developed in the later part of the treatment. In the last months of this treatment the parents' presence was no longer required during the sessions.

It was also noted in the discussion that perhaps both of these parents wanted to "have it all" in the sense that each of them had both maternal and paternal functions which overlapped and were blurred in their son's ability to distinguish and form an ego syntonic identification. Dr. Leiken noted that as the treatment progressed, the parents' appearance seemed to take on a more differentiated gender expression.

A central question arose in the discussion as to what is meant by a gender identity disorder. There was little doubt in the discussion of the case that this boy was heterosexual in terms of his object choice, but he was bisexual at first in terms of his identity. The intra-psychic compromise formation over his wishes to "have it all" and the resulting anxiety and guilt had contributed to his gender identity "conflict" as opposed to a "disorder." The question of "nature versus nurture" was raised but, as is invariably the case, both are recognized as relevant. In a related manner Dr. Leiken wondered if the boy's special intellectual and creative "endowment" (he seemed to have considerable artistic talent) complicated and overwhelmed the boy's ability to handle the feelings and fears of wanting it all; to be the "center of the universe." It was pointed out that "everyone wants everything" but this boy "needed to have everything;" that is, all the privileges and capacities that he could imagine of either gender. There was also some discussion of the countertransference inclinations to direct this boy towards more masculine play choices that briefly complicated and could have interrupted the analytic process.

Finally, there was a stimulating discussion of the shortcomings of "symptom diagnosis" as in a DSM-IV description as compared to a "dynamic diagnosis" where the issues of loss, ambivalence, and aggression are considered in a developmental context. The analyst approached this boy as an "unhappy child" with difficulty in his peer relationships and difficulty handling anger rather than simply seeing this boy as having a "gender identity" problem. §

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## THE ANALYSIS OF AN ANGRY NINE-YEAR TO THIRTEEN-YEAR-OLD BOY

Presenter: Catherine A. Henderson, Ph.D.

Discussant: Jill Miller, Ph.D.

Reporter: Lisa Kahan, Ph.D.

Dr. Henderson's report of the four-year psychoanalysis of an angry nine-year-old boy records the child's emotional growth in the face of profound environmental obstacles, notably the mother's increasing resistance and disturbance as the analysis progressed.

G. enters analysis hoping for a relationship different from that he has had with his mother, but almost certain that his fate is "to start out excited, have problems develop, then end-up sad and unhappy." He has already been expelled from two private schools and is at the brink of being dismissed from a third due to his disruptive, combative stance with peers.

In the beginning phase of treatment, G. tells Dr. Henderson about his struggles with angry feelings and his defensiveness with peers. Soon G. finds himself struggling with his analyst. G. vacillates between relief in Dr. Henderson's explication of his feelings and fear that she won't be able to tolerate his anger. As their relationship deepens, G. worries that Dr. Henderson won't be able to help him, that she is not smart enough. Being smart is prized by G. and his family, and he finds himself wondering whether his analyst feels familiar, like family in this arena. Later, he wonders whether his mother's concern with smartness should be his own, and whether her attribution that G.'s social difficulties are related to others' more limited intellect is reasonable. He begins to evaluate things for himself, deciding that his mother is "an angry brain," but Dr. Henderson is "a happy brain."

G. acknowledges his longing for his father who is frequently out of town. G. contrasts father's way of being angry with his own, and he wishes to have father's help, with sports and with mother. Father is described by mother as "cerebral not physical," and G. is uncertain how he will learn about and become competent in soccer, and in life, without father's help. Furthermore, G. bears the brunt of mother's angry rages and dismissive comments. G. tearfully tells Dr. Henderson about his efforts to talk with his mother and then plays out his fears – that if he doesn't help his analyst, she will not help him.

G. begins to talk about his dreams, and he creates various cartoon characters, each with a talent, a weapon, or a disability. Some of the characters, G. says, are "too gross" to show, but G. tells about a character who "had his arm blown off by a bad doctor who did surgery and planted a time bomb in his arm." These thoughts begin to touch on his early experiences when, as an infant of eight weeks, G. had major surgery necessitating restricted movement for six months. (G. was tied to his crib so that he could not turn on his sides or stomach.) Together, G. and Dr. Henderson understand that the characters help him feel powerful and control his anger.

As analysis progressed, G.'s father became increasingly aware of the mother's rages at G. Father began to act more protectively, first taking G. with him while he traveled, and later changing jobs so that he would be home more often with

G. and mother. With a change in the analyst's office, mother refuses to drive the extra distance to take G. to analysis. The analyst finds an office in which to see G. that is closer to G.'s home. Later, mother protests the cost of analysis and a further fee reduction is made. G.'s mother continues to deteriorate, becoming increasingly enraged as G. improves, and then refusing to bring him to analysis. At this point, G. begins taking the bus by himself, as he understands that he still needs Dr. Henderson's help to "think about my mad."

G. feels intense pressure to compete academically and to manage his anger. In the past, his angry, combative stance with peers has been one response to the tension. Not wishing to be like his mother, angry outbursts are no longer acceptable to him, yet his anger is almost palpable. G. sees his mother as a green monster and feels that monster within himself at times. His own anger is terrifying to him.

G.'s decision to take the bus by himself to analysis is paralleled by increasing independence in other areas as well, and is associated with a cheerier mood and greater ability to think about his own thoughts and feelings. In becoming his own person, G. understands that "Mom doesn't like to think that feelings cause problems. My feelings cause me big problems." As he contemplates his difficulties with his mother, he stops arguing with her, understanding that he must relate to her on her terms only. G.'s new accomplishments and understanding are accompanied by feelings of loss. He notes the pleasure Dr. Henderson has in his successes, and he begins to think about termination.

Dr. Miller's discussion highlighted the ways in which G.'s early traumas were seen throughout the analysis (in the characters without body parts and in the feelings of helplessness and being trapped) as well as the painful dilemma for G. in relating to his mother. He wonders, as he works with Dr. Henderson, who he will see reflected in her eyes – a rejected, hated boy; an angry, uncontrollable child; or one who is happy and can handle feelings. Additionally, the analytic work allowed G. to understand how he turned his anger on himself and, eventually, to take better care of himself. He begins to give himself a chance.

Further discussion focused on G.'s hospitalization during infancy as represented in the metaphor of the green monster and on the factors which enabled G. to look for a good relationship with another. It was thought that constitutional and intellectual factors contributed and that G.'s mother must have been functioning differently at that time. Speculating on the relationship between G.'s improvement and mother's deteriorating, the audience wondered whether mother perceived Dr. Henderson as a better mother and that Dr. Henderson's caring for G. made her envy unbearable. §

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SUMMARY OF 1999 MARIANNE KRIS LECTURE

**COUNTERTRANSFERENCE: PROBLEMS AND ISSUES IN THE ANALYSIS OF CHILDREN**

by

Peter Blos, Jr., M.D.

Three vignettes open the lecture. As clinical material they are not intended for elaboration but rather set the stage for an exploration of the strong, difficult and complex feelings which child and adolescent patients arouse in their analysts. Thus the first example displays a therapist's plan to rescue a child patient, the second highlights the resentment, hatred and remorse generated by an adolescent patient, and the third calls attention to sexual arousal in the analyst.

As Kohram et al. (1971) have noted, countertransference in child and adolescent psychoanalysis is ubiquitous, yet rarely mentioned *per se* in the literature. In a selective review of the admittedly sparse writings on the subject, I call attention to Freud's early and strict admonitions of 1910 and 1915 concerning unconscious affect, desire, and defense as experienced by the analyst in response to patients; to the writings of Heiman (1950), Little (1951), and Racker (1953, 1957, 1968) and their use of Kleinian developmental theory to explicate their ideas regarding the impact of adult patients upon the analyst's psyche; and finally to Berta Bornstein's 1948 paper "Emotional Barriers in the Understanding and Treatment of Young Children." Calling it a classic in the field, I note that hers is the first substantive paper to speak about the effect upon the psyche of the analyst of the child's developmentally appropriate responses, the intrusive effect of the child analyst upon parents and family dynamics, and the culture's irrational, archaic and unconscious "fear of the child."

A brief discussion of empathy is offered as an element of my attempt to establish countertransference as having its own meaning and dynamic within the context of analytic work with children and adolescents. In essence, I suggest that while the role and contribution of this capacity for "trial identification" are essential, empathy is more likely to be diminished than of help when one is caught in a struggle with an impossible child. This is true as well when parental interference, stress or hostility threatens an ongoing treatment. Perhaps, I suggest, we are drawn to the concept of empathy because it is so much neater and more gratifying than countertransference with its broad array of confusing and messy reactions.

Having paid my respects to the literature and to empathy, I turn my attention to noting how difficult it is for adults to hear the pain, fear and suffering with which

children struggle. I use the term "collective resistance" to describe the unconscious group process at work among adult analysts listening to the presentations of child analytic cases, and add that something of the same phenomenon is present in supervisory work dealing with child patients, when listening to adult analytic patients who speak of their children and even in the DSM diagnostic nomenclature. How hard it is to keep one's focus on play and dialogue rife with raw expressions of drive derivatives, retaliatory strikes by the superego, stonewalling defenses or distracting seductiveness. What is being defended against is, I think, the affective experiencing of countertransference reactions (especially reactions and feelings having to do with sexuality since the expression of hostility and aggression has become quite socially permissible). Examples from my clinical experience are provided.

As my lecture draws to an end, I offer the thought that, in its fifty years of dominance, ego psychology has come to serve as an elegant, well rationalized defense against consideration of id inspired content, including countertransference reactions. Drive theory may be out of style, I note, but sexual and aggressive feelings and fantasies seem not to have heard of this. In this connection I stress that the feelings – however disquieting – are indeed our own. True, they have been stimulated by our patients. But I find myself unwilling to let us off the affective hook with the thought that the feelings have been "put into" us and therefore are still the patient's.

All in all, it is my intent to show that countertransference is a legitimate and important subject for discussion by those who work analytically with children, adolescents and their parents. It is not, as in the past, named as an accusation but rather cited as occasioning reflection. We need, I believe, to have the courage to recognize our feelings as our own, see what they can tell us about ourselves as well as our patients, and find technically useful ways to include these observations in our daily work.

**A summary of the 1999 ACP Extension Program is printed on p. 21.**

Letter to the Editors

**PROMOTING PSYCHOSOCIAL STRENGTHS AND PRIMARY PREVENTION:  
A RESPONSE TO THE NEW ACP VIOLENCE IN YOUTH STATEMENT**

Jonathan Cohen, Ph.D.

I appreciate and applaud Mrs. Furman's and the ACP's efforts to address the topic of violence in youth. I would suggest that we add an additional dimension to the statement underscoring the importance of promoting psychosocial strengths as a form of primary prevention:

*"We must re-double our efforts to enable educators and parents to help children learn to become more aware of themselves and others to solve social and emotional problems in responsible, creative and caring ways. Social and emotional education has been shown to reduce violence in youth as well as promote responsible behavior, reduce suspensions and expulsions and enhance academic performance."*

There is considerable interest in and economic commitment to furthering psychosocially informed primary prevention efforts at the federal (Department of Education and Center for Disease Control), state and local levels. This interest and related programming are importantly linked to the spiraling level of violence (and other, inter-related forms of psychopathology) in our schools and society on the one hand, and the fact that empirical educational research has documented what parents, educators and clinicians have long known: Enhancing awareness reflective capacities – the first "R" – and then using this knowledge adaptively, significantly reduces a range of maladaptive behavior, including physical and psychological violence. To some extent, children can learn skills and internalize narratives about self and others that significantly reduce vulnerability to impulsivity and violent behavior.

Applied child analytic work has and can continue to add a great deal to understanding and implementing these efforts. Curiously and sadly, many of today's helpful primary prevention programs have borrowed a great deal from analytically informed thinking and work. But, this is not acknowledged. In fact, on the national educational landscape, psychoanalysis is dramatically "out of favor." For example, educational publishers are disinclined to use the word "psychoanalysis" on book and even chapter titles

as they anticipate that this will decrease book sales!

The ACP statement represents an effort to re-establish and strengthen the "bridge" between psychoanalysis and education as well as government, the media and other mental health professionals.

There are many helpful and creative analytically informed educational primary prevention projects (e.g., Manning and Berkovitz, 1998). Just as Steve Marans and others at the Child Study Center have created a forum where child analysts and police officers learn from and teach one another, we can do the same with educators. In my own collaborative work with educators, I have learned that they need us to support and/or be involved with empirical psychoeducational research. Virtually all educators – like psychoanalysts – appreciate that empirical research can never capture the complexity of individual, interpersonal and systemic change. Nonetheless, analytically informed work in education has been largely ignored (if not disdained) on a state and national level – in part due to our disinclination to systematically study our applied analytic efforts. This echoes our experience in the world of psychotherapy.

There is a small group of analysts who are beginning to integrate empirical research into our collaborative work with educators and parents: Stu Twemlow, Peter Fonagy and others at the Menninger Foundation's work on the "bully-victim-bystander" cycle; Carol Kusche's work on a comprehensive, developmentally based, curriculum that can be taught by teachers from grade K through 12th grade; Don Rosenblitt's work on psychoeducational classroom-based programs for 'special needs' students; Bruce Sklarew's work with inner-city youth and the mourning process. These represent important examples that we can all learn from.

Reference:

Manning, D. and Berkovitz, I. (1998). Analysts apply their experience to schools. The American Psychoanalyst, Vol. 32, 4, 26-27.

*"We must re-double our efforts to enable educators and parents to help children learn to become more aware of themselves and others to solve social and emotional problems in responsible, creative and caring ways. Social and emotional education has been shown to reduce violence in youth as well as promote responsible behavior, reduce suspensions and expulsions and enhance academic performance."*

## REFLECTIONS ON THE BEGINNING OF THE ACP

Heiman van Dam, M.D.

Robert Furman's excellent and accurate description of the rather difficult gestation and birth of our organization brought back many pleasant memories which I would like to share. It is a form of oral history that I am indulging in, which may be of some interest because oral history is of necessity a very subjective narrative. It is the composite of a number of such recollections that can perhaps resurrect the True Facts. It is my hope that other members of the Founders' Group will share their recollections as well.

Like Furman, I don't recall having belonged to the first set of Founders, but I was aware that something was afoot "in New York." They were in touch with Margarete Ruben, the chairperson of the Child Analysis Program at the Los Angeles Psychoanalytic Institute. She kept Miriam Williams, the other member of our local Committee, and me informed. At one point I recall that we endorsed the plan for the Scientific Forum and informed Marianne Kris of that fact.

When subsequently it was announced at the annual meeting of APsaA that the membership by a small margin had rejected the proposal for a Forum within the American, I recall my disappointment. However, when I spoke with Marianne Kris about it, she was very happy with the outcome. She was convinced that we were better off doing it by ourselves. I was rather easily convinced because I could sense her sincerity and devotion to the enterprise. In the background I could visualize the success of the Hampstead and Cleveland clinics, also standing alone. Not to be ignored was also the fact that there was a substantial opposition to this concept within the American and it could very well come back to haunt us if we had succeeded in being included. The likelihood that any child analysts among the opponents would join the new organization was felt to be small. Indeed, this is how it turned out.

The reason for my initial disappointment deserves

mentioning. It was a feeling shared by many, including Charles Brenner, who had chaired the Ad Hoc Committee in the American on the proposal to establish a child analytic forum. Another person, whom I recall as disappointed, was Leo Rangell, who was at that time the incoming President of the American. Rangell actually wanted to resubmit the proposal to the membership since the defeat was by such a narrow margin. This plan was moot because Marianne Kris and the other founding members moved swiftly. My prior thinking had been that Child Analysis should be more integrated into the analytic enterprise and not less so. As we know, the process of that integration is a problem that has many roots. It needs much more than just a facilitating organizational structure. The failure of the proposal only accentuated the problem. Finally, I totally agree with Dr. Furman's feelings about the language of the opponents as "something short of [being] respectful to lay analysts."

The attendance at that first meeting of ACP by so many members of the American was very impressive. I interpreted it in part as their way of expressing their regret over the way the matter had been dealt with in the American. My final recollection has to do with what came after that first meeting in Topeka. It brought the child analysts of this country together in a way that had never happened before. Partially, it can be attributed to the fact that we were such a small organization. In addition, it should be kept in mind that in this country child analysis and child analytic training were still relatively new at that time. An atmosphere of enthusiasm about learning, exploring, and discovering together developed, which is part of belonging to a new young group. Much of the credit for this wonderful atmosphere must go to Marianne Kris and her leadership as well as to all those in the American who did us a favor by voting against the inclusion.

## ADDENDUM: A LAY CHILD ANALYST REMEMBERS THE START OF THE ACP

Erna Furman

In the early 1960s I was well aware of the painstaking, well-intentioned efforts of my medical colleagues to make a place for child analysis in the American and to include lay child analysts in it while, at the same time, soothing and overcoming the concerns of many of their colleagues in that organization. Draft after draft was prepared and worked over before agreement was reached on the final proposal, the one ultimately defeated. All along, I as well as my lay child analyst colleagues, were not apprised of the details of these drafts or consulted about them. It seemed like it was assumed that whatever could be made to be acceptable to the American would also be acceptable to us.

I did get to read the final proposal when my husband, a member of the American, received it in the mail for his vote. After careful study, I told him that just one provision was missing, namely the need for separate bathrooms. In every

other respect, a suitable isolated spot for lay child analysts was vouchsafed - a spot that carried no rights, no votes, no power of participating in decisions, even decisions concerning the role of lay child analysts. I added that I would not be able to join such an organization or work with it if the proposed terms were accepted. I talked with a few of my colleagues - Edith Buxbaum, Anna Maenchen, Selma Fraiberg - later on. They shared my feelings. Dr. Heiman van Dam similarly recalls Mrs. Margarete Ruben's responses of "How terrible!" and "They treat us like kindermaedchen." I was, of course, glad when the ACP with equal rights for all came to be. It is noteworthy that, to this day, the pros and cons of the American's rejecting vote fail to notice just how unfair and humiliating a position it would have created for lay child analysts.

## FROM OUR ARCHIVES

Robert A. Furman, M.D.

Although all seem to agree that our Annual Scientific Meeting is, with our Newsletter, our most important function, not very many seem to know the history of these meetings.

The first scientific meeting was in April 1966 in Topeka, set at that date as Anna Freud was visiting the Menninger Clinic then. In the preceding December at a business meeting, the members of the Association voted 41-10 preferring a spring over a fall date and, as noted at the April 1968 Scientific Meeting, they were to be held the last weekend in March unless Miss Freud was in the States at another time. This is the origin of our scientific meetings being held in the spring. In not too many years there turned out to be conflicts with other organizations about the last weekend in March and it was decided to use Palm Sunday weekend as our date and to let the other organizations work around us instead of the other way round, which had become impossible. This time fit with many school spring holidays for those with children in school. Later dates in June were tried just once because they were complicated by graduations and weddings.

The location of the Annual Meeting had two aspects. Initially, until 1968, the Business or Executive Committee Meeting was in December in New York. This was changed in 1968 to have the Business and Scientific Meetings at the same time. When the pressure of business increased so that it could not be managed in just one meeting a year, a winter meeting in New York of the Executive was added, something only recently altered to occur where the Association President resides.

The location of the combined meetings was discussed thoroughly in the spring of 1968, there being a division between those wanting a quiet, intimate country retreat type of meeting and those wanting meetings in "a larger professional environment." The decision was deferred to a new Arrangements Committee, which must have favored the former as the next four meetings were held in New Haven, Hershey, Williamsburg and Palm Springs. Although in general now meetings are held where they might support or stimulate a local interest in child analysis, this obviously initially was not always the case.

The rotation of meeting sites, excluding Mexico and Canada, where one meeting has been held in each country, has been (using the local area designations suggested in 1968): East coast - 10; Mid-east and South - 10; Mid-west - 7; West - 7.

So much for the dates and sites of our Scientific Meetings. The agenda of the meetings have been refined, amplified and varied over the years but it is surprising to check back to the first meetings to see how much the fundamental format has been unchanged. There were initially on Saturday morning, two scientific papers (45 minutes) with one formal discussant each, three more informal, brief papers or four small group workshops to choose from Saturday afternoon with a "Dutch treat" dinner Saturday night. Sunday morning had a business meeting and then a Panel Discussion of a relevant topic. It might be of interest to note that at Miss

Freud's suggestion, the very first scientific paper given at the first meeting was by our current President. It might also be of note that the Chair of the first Program Committee suggested that at future meetings the Saturday evening dinner should feature a speaker of interest to child analysts but not on an analytic topic, rather one stimulated by the locale of the meeting.

Foreign meetings and foreign members are both complex topics. It was shortly decided to have foreign members so that no child analyst abroad should feel left out. This noble sentiment overrode any consideration of how they could well fit in with the Association. It also led to a change in the organization's name from the American Association for Child Psychoanalysis to the Association for Child Psychoanalysis (1973). Before the change there was what now almost seems a humorous discussion of what "American" meant: USA; North America; all America North of the Panama Canal; or all of North, South and Central America. (At risk of offense to our Mexican and South American colleagues, I must report "American" was taken as applying to Canada and the USA.)

Over the years there have been different types of foreign meetings, beginning with those held in conjunction with the International. Even these have been of two types: on one hand simply a co-sponsoring of the scientific program for child analysis; on the other hand a fully formal ACP meeting held simultaneously with the IPA meeting, as in Helsinki. These joint type meetings of both varieties always had the disadvantage that for American members to participate there were expensive travel and expensive registration fees to be paid. The degree of cooperation about the scientific meetings varied enormously with not always the happy outcomes we have grown used to recently with Peter Blos, Jr., our liaison to the IPA, although now too IPA registration fees even for the presenters discourage ACP member participation.

The other types of foreign meetings have been those arranged just by and for the ACP, ones held in London, Paris, Amsterdam, Jerusalem, Vienna, the last perhaps being the one held in Cannes in 1984. Enthusiasm for these meetings seemed to wane after Miss Freud's death when attendance diminished despite their being timed to take place adjacent to other major meetings. There were also questions of whom to invite locally in the foreign countries without exacerbating conflicts with those of other analytic persuasions.

A final and humorous note: Sometime in the late 70s or early 80s, a poll of the ACP membership was undertaken to find preferences for meeting sites. The outcome, perhaps not surprisingly, was to find a quiet place in the mountains, by the seashore, adjacent to a large metropolitan area with all its amenities. It would seem that perhaps we will never be able to find a site that will please all of our members.

PROGRAMS AND ACTIVITIES OF OUR MEMBERS

**THE AMERICAN PSYCHOANALYTIC ASSOCIATION  
REASSESSES ITS ATTITUDE TOWARD CHILD PSYCHOANALYSIS**

Martin A. Silverman, M.D.

For the past few years, I have chaired a Long-Range Planning Task Force on Child and Adolescent Psychoanalysis within The American Psychoanalytic Association. The vast majority of the 18 to 20 members of the Task Force are members of the ACP, including five past presidents of the ACP.

After extensive, ongoing deliberation, the Task Force has strongly recommended to the APsaA that it implement a number of changes in order to ensure and enhance the strength and vitality of Child and Adolescent Psychoanalysis and ultimately of Psychoanalysis as a whole. We have urged that child analysis be officially accorded full and equal parity with adult analysis. We have pressed the APsaA to support and encourage its member institutes to integrate adult and child analytic training via: (1) the development of a core curriculum in which candidates are taught the theory and practice of psychoanalysis as it applies to children, adolescents, and adults, with exposure to clinical material involving patients in all three groups; (2) endorsement of analyzing at least one child and/or adolescent by those candidates who are interested in doing so in fulfillment of one of the cases required for graduation and certification as a psychoanalyst; and (3) encouraging candidates interested in analyzing children to do so as early as possible (while they are still in their own personal analysis), including as their first case if they elect to do so and if a suitable case presents itself. Those who wish full training and certification in child and adolescent analysis, with such a core, integrated curriculum, need take no more than a year-and-a-half of additional child analytic classes along with the additional supervised child and adolescent clinical experience deemed necessary for training as a child analyst. Official recognition of the importance of child analytic training is a paramount necessity.

Among other things, the Task Force has recommended that official child psychoanalytic representation be established within The American Psychoanalytic Association's Program Committee, Journal, and Newsletter in an effort to make the value and the contributions of child analysis widely known. The Editor of the *Journal of the American Psychoanalytic Association*, Arnold Richards, has already responded to our suggestion. He has

appointed Phyllis Tyson Associate Editor for Child Psychoanalysis. *JAPA* has published a number devoted entirely to child analytic papers and intends to do so again.

The Task Force also has urged the APsaA to reach out to the ACP to heal the rift that separates the two organizations that dates back to historical events in the past involving the attitude of mainstream, organized psychoanalysis toward child analysis, toward lay analysis as a primary undertaking. Initiation of dialogue between the two organizations hopefully might set a course in motion that ultimately could heal old wounds, transcend old grudges, and consign the past to the realm of history.

Arbitrary and artificial distinction between adult psychoanalysis and child psychoanalysis needs to be eliminated. If psychoanalysis is to live and flourish, as I indicated when I presented an initial Task Force report to a meeting of the Board on Professional Standards of the APsaA, it is in the interest of the entirety for every branch of it to be healthy. The officers of the APsaA thus far have enthusiastically embraced the Task Force's recommendations and have given assurance that they will be given very serious consideration.

It is important that we in the ACP do our part to nourish and strengthen child and adolescent psychoanalysis. We need to be active in the community at large and to be a vocal, active, productive force within the mental health community. It is incumbent upon us to present papers at meetings of mental health organizations, locally, nationally, and internationally, and to make contributions to psychoanalytic publications and, where possible, to publications addressed to other readerships to whom we want to show what we have to offer to them.

I welcome all and any comments and suggestions from the members of the ACP in connection with the activity of the Task Force. These are difficult times for psychoanalysis, and when times are hard in general, children tend to suffer in particular. We need to pull together so that we are not pulled apart. §

PROGRAMS AND ACTIVITIES OF OUR MEMBERS

**IPA ESTABLISHES COMMITTEE ON CHILD AND ADOLESCENT PSYCHOANALYSIS**

Robert L. Tyson, M.D.  
Secretary, IPA

During the recent ACP meeting in Seattle, I learned that many of our members were unaware that the International Psychoanalytic Association established for the first time a Committee on Child and Adolescent Psychoanalysis. This was done after the present IPA administration took office in Barcelona, in July, 1997. At that time, Anne-Marie Sandler was over-all Chair of COCAP. Unfortunately Anne-Marie had to resign but remains as Consultant. The new over-all chair is Johan Norman, of Stockholm. There are three regional co-chairs. In North America, Judy Chused; in Europe, Terttu Eskelinen de Folch; in Latin America, Susanna Lustig de Ferrer.

The European members are: Robin Anderson, London; Elisabeth Brainin, Vienna; Yolanda Gampel, Tel

Aviv; Florence Guignard, Paris; Eugenie Oosterhuis, Amstelveen. Latin American members are: Eduardo Dallal, Mexico; Nilde Parada Franch, São Paulo; Carmen Medici de Steiner, Montevideo; Liliana Pualuan, Santiago; Virginia Ungar, Buenos Aires. The North American members are: Paula Atkeson, Washington; Scott Dowling, Cleveland; Paulina Kernberg, White Plains; Laurie Levinson, New York; Cal Narcisi, Denver; Jack Novick, Ann Arbor; Mary Jane Otte, Palo Alto; Elizabeth Ann Tutters, Toronto.

The Committee is mandated to assist those IPA Societies that wish to strengthen existing training programs, and those that wish to establish such programs. In addition, the Committee is working on a proposal to establish official IPA recognition of child and adolescent psychoanalytic training standards and of graduates of such training by

Reported earlier in *Psychoanalysis in Cleveland* - February 1999

**THE CARTER CONFERENCE ON MENTAL HEALTH**

Erna Furman

The Fourteenth Annual Rosalynn Carter Symposium on Mental Health Policy took place at The Carter Center in Atlanta, Georgia, on November 18 and 19, 1998. I attended as President of the Association for Child Psychoanalysis, the first time our Association was represented at these meetings. In order to share some of this experience and provide a basis for considering its value for our organization, I shall first describe briefly the context and setting of these Symposia and then, in greater detail, the work of this particular meeting.

The Rosalynn Carter Symposia on Mental Health Policy is organized by The Carter Center Mental Health Task Force and largely funded by the MacArthur Foundation. Initiated and always chaired by Rosalynn Carter, The Task Force has operated for many years as part of The Carter Center Mental Health Program and devoted itself to addressing many aspects of mental health, choosing from among them a specific topic for each Symposium. The Task Force includes among current members Leon Eisenberg, M.D., Professor Emeritus, Harvard Medical School, Jack Gordon, President of the Hospice Foundation of America, and B. Franklin Skinner, former Chairman and C.E.O., BellSouth. Among the ex-officio members, fellows and Advisory Council are Thomas Bryant, M.D., J.D., past Chairman of the President's Commission on Mental Health, Julius Richmond, M.D., past Surgeon General, and Joanne Woodward, actress. The dedicated interest and work of

these and similarly prominent participants are impressive, but none more so than Mrs. Carter herself who provides the zest for the entire undertaking and is, I understand, as totally involved in all the proceedings as she is in the Symposia: Unpretentious and unprotected, she worked, presented, ate and talked with us, not missing a minute of the long, concentrated sessions, attentive throughout.

The arrangements:

Mrs. Rosalynn Carter also presides as the most gracious hostess in The Carter Center which is the site of the Symposium and, not least by her own examples, sets a tone of mutual respect, unfailing courtesy and kindness, which pervades the entire milieu, from top executive to the waitress and bus driver, all the time marked by utmost efficiency and without sacrificing one minute of focused work. This is reflected in the schedule of the conference: It began the first day at noon, allowing all to travel that morning, includes one night in a contracted, moderately-priced hotel, and finished at 4 p.m. the next day, taxis ready for the airport and home journey that evening. Only two working days are lost. The first day's plenary session concludes at 4:30 p.m., at which time a bus takes us to the hotel to register and return for the reception and dinner which includes a major presentation. Back to the hotel around 9:45 p.m. The second day starts with continental breakfast at 8 a.m. at the Center, followed by presentations

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## The Carter Conference . . .

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and then small group discussions which, working box lunch included, finish their work by 2:30 p.m., with the last one-and-a-half hours devoted to group reports, summary, and concluding remarks.

The topic of this Symposium was unusual in focusing exclusively on children and on positive measures rather than pathology: Promoting Positive and Healthy Behaviors in Children. The first three speakers were William Foege, M.D., from Emory University, David Hamburg, M.D., from the Carnegie Corporation of New York, and Julius Richmond, M.D., who described himself as "a pediatrician gone awry," having pursued a focus on the whole child with emphasis on his or her social and emotional growth. All these eminent personalities spoke essentially in humane terms about the importance of "dependable attachment," the need for "another chance" for those who had undergone hardship, the "glow" of experiencing a quality of life in all round health which goes far beyond just prevention of illness, with programs for all developmental levels.

The positive behavior promoting programs selected for presentation took up four hours: Tammy Mann, Ph.D., Director of Early Head Start, described the principles guiding the recent widespread establishment of these centers. David Weikart, Ph.D., President of the High/Scope Educational Research Foundation in Ypsilanti, MI, described the fascinating findings of the Perry Preschool Study, a forty year follow up of children who attended preschool during the ages of 3 - 5 years as compared with a group who had no preschool experience. It shows preschool as a 716% investment, calculated in such terms as reduced emotional illness, misconduct and crime, and greatly increased earnings, home ownership and family stability. Roger Weinberg, Ph.D., from the University of Chicago, Dept. of Psychology, described the work of CASEL (Collaborative for the Advancement of Social and Emotional Learning) which develops and disseminates school-based programs that enhance "The positive social, emotional, academic, moral and healthy development of young people." Peter Benson, Ph.D., President of the Minneapolis-based Search Institute, spoke about the widespread enthusiastic interest by community leaders in his Institute's program of building positive interactions between people at all levels and of all ages. The large cost of most of this project is, incidentally, often covered by grants from foundations formed by the sale of hospitals. Kathy Marshall, M.S., from the Minnesota-based National Resilience Resource Center, described a very different approach. It is based on the recognition of the close relation between emotional well-being and academic achievement, consists primarily of helping educators, counselors and other school personnel to feel with and for their charges and thereby create a more empathic and cooperative milieu of relationships which helps the staff as well as the students. Marshall stressed an aspect that the previous speaker had also referred to, namely the great difficulty of measuring

and evaluating the "unmeasurable," the qualities of caring, of meaningful participation, of feeling understood, of spiritual experience and comfort, all of which are the outcome of projects but cannot be categorized, systematized or quantified and therefore tend to be omitted from studies. This topic was further taken up by the next panel presenter, Tamara Hall, Ph.D., of Child Trends, Inc. She spoke to their search for positive characteristic indicators to be used in survey and, especially, in long-term and census studies. Marc Bornstein, Ph.D., Head, Section on Child and Family Research, National Institute of Child Health and Human Development, spoke last. He addressed eloquently the dilemma of the "immeasurable," i.e., the innumerable interacting variables which are an inevitable characteristic of human development and functioning and which immeasurably complicate, if not defy, all efforts at measuring -- a caveat for research.

The dinner address was given by Martin Seligman, Ph.D., President of the American Psychological Association and Professor of Psychology at the University of Pennsylvania. He used his topic "Positive Psychology and the Epidemic of Depression Among American Youth" to point out that increasing numbers of adolescents and young adults experience depression, that they belong to the affluent sections of our society, with an excess of belongings and all bodily needs met, and that this problem will not be solved by treating them with pharmacology. Their depression is not biological and giving them Prozac is not moral. Their focus is on themselves and they feel victimized by others. We need to help with a change in attitude, with investments beyond the self in family and community, with building values of work ethic, of moral strength and of hope, of doing for others and of enjoying activities.

The work groups were made up of the speakers, with eighty individuals officially representing their organization, the fifty "special guests" and, for each group of about thirty, a facilitator, rapporteur and secretary. All groups were charged to a) identify five opportunities/actions/steps that could be taken to develop a clearly-defined community-based focus on promoting the positive, health characteristics of children, and b) for each opportunity/action/step, to identify a barrier to its achievement and at least one solution to overcoming that barrier. These charges had to be met within the allotted four hours of discussion, with a summary agreed upon to be presented by the rapporteur during the joint wind-up period.

The group discussion allowed us better to appreciate the high caliber and expertise of the participants, their ability to contribute and to listen, and their basic good sense in thinking about social problems. I sat between the national heads of Head Start and of Counseling and across from Drs. Paul Fink (Temple University) and Ira Lourie (American Orthopsychiatric Association). Many very good ideas were brought up, from the need for continuity of relationships to the need for new research tools to study and assess psychosocial phenomena, from the reality of clients and situations that defy all efforts at assistance to the effectiveness of the pediatrician's role with families. I do

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## The Carter Conference . . .

*(Continued from page 20)*

not think that our group summary fairly reflected the content and tenor of the discussion and I am not sure that other group summaries fared better. I am also not sure that the best thought out summaries can translate into effective implementation. I may be wrong. The published proceedings will be distributed in a couple of months. The intangible effects within each participating agency and with those with whom they work belong probably to the realm of the "immeasurable" which ranks them as very important.

How can the ACP benefit from its representative's attendance?

- 1 Visibility for our organization: There were several analytically trained and analytically knowledgeable participants, but even they - not to mention many others - knew nothing about child analysis as a specialty or about the ACP. In my thank you letter to Rosalynn Carter and the Task Force, I enclosed a copy of the ACP statement on Violence in Youth. (See Mrs. Carter's reply below.)
- 2 An opportunity to forge individual relationships with participants who may be helpful to our Association and its work. There are many persons of good will whose fields of expertise touch on ours and/or who wield a great deal of influence and could help us at times.
- 3 To learn about the wider scope of mental health of which we are a part - be it others' views, interests, projects, studies and findings. This makes the ACP representative responsible for collecting, selecting, and sharing the information so that not one, but all can participate - the task I have tried to accomplish in writing this detailed report.
- 4 To contribute pertinent aspects of child analytic knowledge to the discussion of the overall topic. Such opportunities may vary according to the specific topic. It also puts a responsibility on the representative: Inevitably, what one says, and how, reflects not only on the speaker but on the organization one represents.

All these points suggest that there are potential gains for the ACP in enabling its representative to attend the Symposia or, perhaps preferably, selected Symposia, depending on the topic. There is also the implied suggestion that repeated attendance by the same representative could aid with the important aspect of building relationships and thereby increasing the inherent benefits. To consider this option involves considering the burden on the representative: The Executive Committee kindly agreed to reimburse me for the travel and hotel expenses (\$676.72), while I contributed two working days. My main cost, however, came in the hard, uninterrupted and concentrated long hours of work. It is not a holiday, though not without its gratifications.

I recommend that we continue attendance in 1999. I shall be glad to go again and report on a second experience which could then provide a better basis for deciding on our

future course.

Mrs. Rosalynn Carter replied:

13 January 1999

Dear Erna,

Thank you for your thoughtful note. I am pleased to know you enjoyed the symposium and your visit to The Carter Center. I will share your letter and the information you sent with my colleagues in the Mental Health Program.

With warm best wishes.

Sincerely,  
Rosalynn Carter

### ACP EXTENSION PROGRAM

#### "APPROACHES TO THE EFFECTS OF EARLY DEPRIVATION IN ADOPTED CHILDREN: HELP FOR THE PARENTS AND THE CHILD WITH ATTACHMENT DISORDERS"

Lorraine Weisman, L.P.C.C.

A workshop on attachment disorder in children who had early deprivations due to delayed adoptions was presented jointly by the Seattle Psychoanalytic Society and Institute and the Edith Buxbaum Foundation for Children on March 28, 1999, following the Annual ACP Meetings in Seattle.

Mrs. Lorraine Weisman, a child analyst at the Hanna Perkins Center in Cleveland Ohio, presented the case of a young adopted child. The paper focused on work with parents of under-five-year-olds called Treatment Via The Parent in which the parents are aided by the analyst to help their child reconstruct early incidents that may be interfering with emotional development.

In the case presented, the mother helped her child via reconstruction from pre-verbal memories the child brought to her in dreams, fears and subtle behavioral clues. The mother used narrative technique, creating a book about the child's experiences before the adoption as well as making sense out of feeling states the child manifested.

The audience consisted of analytic and non-analytic mental health professionals from the Seattle area. The discussion emphasized the intensity of this parental work and the necessity of an invested parental relationship in order to achieve progress with children who have experienced such enormous early deprivations.

Please share your ideas and names of potential presenters for future ACP Extension Programs with Karen Marschke-Tobier, Extension Committee Chair.

## REPORT ON THE DEVELOPMENT OF CHILD PSYCHOTHERAPY AND CHILD ANALYSIS IN EASTERN EUROPE

Prepared for the ACP and IPA Committee on Child and Adolescent Psychoanalysis  
Lilo Plaschkes

The report for the Executive Committee on October 10, 1998 gave the essential facts pertaining to the work and progress of the Committee to Co-ordinate Assistance in Child Analysis in Eastern European Countries. Hence the development of Child Psychotherapy and in some cases Child Psychoanalysis and the factors serving as the basis for the fledgling training in both these areas.

All committee members are active in actual work in countries in Eastern and Central European Countries. Dr. Peter Blos, Jr., also a member of the committee, is a member of the IPA EPF Eastern European Committee. I myself serve as an advisor on that committee and an advisor on Eastern Europe to the IPA Committee on Child and Adolescent Psychoanalysis, [COCAP]. The Co-Chairs of the COCAP committee, Anne Marie Sandler and Veronica Machtlinger, asked me to collect for them data describing work and training done in the countries represented at the European SUMMER SCHOOL this year held in Opatija, Croatia. They were using a questionnaire as a guideline and suggested that I collect data using a similar guideline.

I have attended three Summer Schools and one European Seminar in Lithuania and was hence somewhat familiar with the work but had never attempted to collect more specific and organised data. I will here give a summarised version of the more detailed report (the latter will be available to any one wishing to have it to read.)

The format of the school is as follows:

The School is scheduled for five days. 65 to 77 people attend. There are representatives from 13 east and central European countries and 12 faculty from 8 western countries. There is a plenary session daily where a faculty member presents a paper. This year the topic was "*On the Cognitive and Emotional Tools of the Analyst: The Actual Work of the Analyst in the Session.*" In addition, there is a mixed group of participants from different countries scheduled twice a day. The teachers rotate groups but the group stays together as a cohesive group for the whole week. The purpose of this is to discuss the plenary papers, and the content and ideas related to these. Also one person in the group is designated to present a case of a patient they are working with in psychotherapy. This should include some historical background, developmental history, and the course of the therapy and one or two sessions in process. Throughout the week participants are encouraged to schedule individual consultations with the teachers. They do so liberally. I did eight of these; six were requests by participants working therapeutically with a child. In one instance it was the same child presented two years ago. Also in one of my groups a case of a child in treatment was presented.

As I had presented a paper entitled "*The Child Analyst at Work,*" a great deal of discussion was stimulated on the techniques of working with children. In order to get the specific data, I scheduled a meeting one evening for any of the participants who work with children and adolescents. Dr.

Peter Blos, Jr. joined me at this meeting. 14 people came. Because of the limits of time and language, I asked people to also fill out a questionnaire and give or fax it to me. The following is a summary from the information obtained.

The countries represented:

**Croatia** - 10 people attended this summer school. They have an extensive amount of psychotherapy for children and adolescents. There is theoretical and clinical training, seminars and clinical consultations. There is analytic training available in co-operation with the IPA, Italy and France. Hence some people have their personal analysis.

**Referrals** - Come from schools and parents for behaviour, somatic and family problems.

**Stated Needs** - Child analysis, hospitals for more disturbed adolescents, with the use of therapy not only medication.

**Romania** - 7 people attended this summer school. A great deal of work with children and adolescents. In Constanza two analysts in training have founded an association 'Psychosomatica.' Some training available through seminars mainly through Dutch Psychoanalytic Society.

**Referrals** - From paediatricians and schools - for school failure, masturbation, language and behaviour problems.

**Stated Needs** - More training specifically for work with children and adolescents and literature and videos. Adriana Lis will give more information from her visit there.

**Moscow** - 19 people attended. Many work with children and adolescents. Training is sporadic and some therapeutic work done is by analysts in training through IPA in western counties, hence many are in personal psychoanalysis.

**Referrals** - From parents and paediatricians or physicians - for emotional problems. Also many children are placed in Institutions permanently or temporarily [for family problems, illness, etc.] and some of the children receive therapeutic help and some training is done for the staff.

**Stated Needs** - Full training in Child Analysis. Literature specifically related to child analysis.

**St. Petersburg** - 3 people attended. This school was one of the recipients of part of the \$1,000 grant given by the ACP, though similar to Moscow. The Seminars that were organised by the Anna Freud Centre are worthy of note and led to some of the participants commencing their own seminars and case discussion groups as a continuation and the setting up of two toddler groups and a Nursery observation group.

**Stated Needs** - More specific training in psychotherapy

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## Report on Eastern Europe . . .

(Continued from page 22)

and psychoanalysis with children including work with difficult families and work in hospitals and clinics.

**Lithuania** - 5 people attended. However, since many and others have been coming for the years I have, I know this group quite well. They have a Centre for psychotherapy where children are treated and a number of psychologists treat children.

**Referrals** - Similar to the other countries, as are the problems for which referrals are made. There is no special training. The papers on working with children and adolescents presented at the summer schools have been used by them in their own study groups, as has the literature on child development sent by Bob Tyson and the Cleveland Center for Research in Child Development and Hanna Perkins School.

**Stated Need** - More specific training and videos.

**Slovenia** - 3 people came. Some work with children. One analyst in training is doing a research programme in day care and using psychoanalytic developmental and dynamic theory, and is working with the parents in a group.

**Stated Need** - More training and videos and literature, some of which I was able to give.

**Bulgaria** - 4 people came. One woman has come for two Summer schools; she works with children and teaches and directs a centre for psychotherapeutic work.

**Referrals** - Come from different sources and for similar problems as other countries. The case that was presented in the group was a severely traumatised child who had been involved in a car accident.

**Stated Need** - More specific training in working with children. Literature and videos regarding child development technique and curriculum protocols (I was able to give some).

**Estonia** - 6 people attended. Some work with children and referrals are for similar problems, as in the other countries listed.

**Stated Need** - More specific training. Dr. Maurice Apprey has done extensive and systematic teaching there including a research project with kindergarten children. He will provide a report.

**Latvia** - 5 people attended. Some work with children, often consultations only.

**Referrals** - Are for similar problems, as in other countries listed.

**Stated Need** - More training and also attempts are being made in school consultations and this needs to be developed as does clinical work in hospitals and clinics, e.g., public and private services.

**Belgrade** - 2 people came; Tamara Stajner Popovic who is President of the Belgrade Psychoanalytic Study Group [IPA] and a member of the Eastern European Committee. There is a great deal of work being done with children. She was very appreciative of books and videos I was able to give her. Mail to Belgrade is very

unreliable.

**Poland** - 2 people came, one the recipient of the ACP Grant. There are several groups in Poland working with children. Mrs. Furman met Elsbetta Bohomolec who has completed her analytic training in Finland. She has also translated Mrs. Furman's book *Helping Young Children Grow* into Polish.

**Czech Republic** - Not part of the summer school. However, as a result of several years of systematic visits of Lydia Tischler and some colleagues where theoretical seminars on child development were held as well as clinical seminars and individual supervision there has flourished a knowledgeable group of child therapists, who are themselves continuing further training. They are currently in the process of developing a therapeutic programme for parents and infants and children. They wrote to request the videos of the work of Margaret Mahler, which I showed there several years ago.

I want to emphasise that continuity and co-ordinated collaboration does contribute to the gradual development of training and clinical work in psychoanalytic psychotherapy and a basis for psychoanalysis. The Summer School, the St. Petersburg and the Czech Republic are excellent examples. There is great enthusiasm and hunger to learn and hence help is sought from wherever it can be gotten. Whereas I think there is a place for the many different people who come and give single papers and lectures, as a foundation for serious and thorough training we have to aim at a personal analysis and systematic and integrated theoretical and clinical continuity. For this, personal relationships between teachers and those learning have to be established and maintained. I know money is in short supply, however the videos and books I took to seven countries, the \$1,000 the ACP contributed to help four people working with children in four countries to attend the Summer School and the examples of St. Petersburg and the Czech Republic show that from even small amounts of money there are ripple effects and basis for building. Basic knowledge of development and assessment have to be taught and experienced, otherwise the concept of child analysis is not useful or usable.

I am impressed with the diligence, the enthusiasm, the hard work, and the sacrifices that the people in Eastern and Central Europe are willing to make to get as high as possible training for their work. Thus, I think it behooves us to think as imaginatively and thoughtfully as we can to do what we are able, to contribute to those who are trying to resurrect psychoanalysis in the countries where it had existed, and are doing this under extremely difficult circumstances.

Maybe we need to remember what Freud had to struggle with and his achievements in order to guide us in this endeavour.

## COORDINATED ASSISTANCE IN EASTERN EUROPE COMMITTEE MEETING

Lilo Plaschkes

Our Committee met during the Seattle Annual meetings where the members reported on their activities and where we planned further liaison approaches. Please contact me or anyone of us if you know of a project for or with any person from Europe.

Elisabeth Tutters works with Latvian mental health professionals, some attending the Toronto Child Therapy Program. Since the yearly Summer School will be in Latvia this year, Lilo Plaschkes and Peter Blos, Jr. will also contact these individuals.

Maurice Apprey has been active, under the aegis of the University of Virginia, helping Estonian and local Russian kindergartners resolve ethnic tension, working with them himself in Estonia.

Dr. Augis from Lithuania (currently in child analytic

training at Hanna Perkins in the USA) conducts e-mail supervision sessions with colleagues from his home country. We trust he will soon become a confirmed member.

Peter Blos, Jr. will represent the Committee in Chile at the IPA Congress. He and I are working with Drs. Johan Norman and Eskeline De Folch, co-chairs of COCAP. We also hope to exchange announcements of meetings and conferences with the Newsletters of related organizations, such as the Association of Child Psychotherapy, the European Psychoanalytic Federation, the Anna Freud Center, the St. Petersburg Child Association.

Our Newsletter has reached many European countries. We have also distributed books and videos, including those which IUP exhibited at our Seattle meeting and donated.

## ACP OUTREACH MEETING

Seattle, Washington, March 26, 1999

Reported by Karen Marschke-Tobier, Secretary and Erna Furman, Chair substitute

Mrs. Furman opened the meeting, acknowledging Dr. Hoffman's inability to be with us. She welcomed all to this, the second Annual Outreach meeting, the goal of which is for as many as possible members to participate by sharing what has worked and what has not worked for them in building bridges and relationships in the communities in which they function, and in which specific areas their activities have proved helpful, such as enhancing community awareness of child analysis, facilitating referrals of cases, interesting mental health professionals in psychoanalytic ideas and training. Since many of us have devoted much thought, time and energy to outreach endeavors, this kind of information sharing is one of the most important sources of learning for all of us.

Herb Cibul from Chicago began the discussion by asking for help. They have a film series sponsored by the PSA Institute which has been under-utilized and seemingly not helpful as a referral source.

Mrs. Furman wondered how the series related to child analysis and also what mailing lists had they made use of. She added that in Cleveland the Friends of the Society do discussions about movies and plays but the Hanna Perkins associates have focused more on parent-child oriented events, with child analysts speaking to groups of teachers, parents and mental health professionals on mutually agreed upon topics.

Moisy Shopper from St. Louis shared that their Institute's film series has been successful for the last 12 years and is structured so that it becomes an "event" as part of an evening out.

Joseph Bierman of Baltimore related that the 200-400 draw for their Institute's film series seems to be connected to the choice of a venue in the community – an art gallery, rather than the PSA Institute.

Elizabeth Tutters of Toronto explained that their film series is often oversubscribed and that in addition to analysts speaking about the films shown, they draw upon film professionals who teach film studies to add their unique perspective as well. Also, they select specifically films about children. Their film series are successfully used as fundraisers. This reference to collaborative programming was added to by Moisy Shopper who pointed out they have been successful by participating in joint programs, working closely with other established organizations with ample opportunity to learn from each other, cultivate respect and secure the visibility. Though these programs, reported by Elizabeth Tutters to lead to more candidates and referrals in Toronto, don't always have a similar outcome in other communities. They were seen to be useful and important ways to reach out.

Paula Atkeson of Baltimore pointed out the importance of the long-term collaborations and the spirit of the events which participants carried away with them. She also spoke about a number of ways to reach out specifically to child-oriented community agencies and professionals which have need of valuable child analytic supports. She mentioned their Institute's monthly program for child fellows which presents areas of interest, integrating both a child and adult curriculum.

Others she mentioned which were in place in Baltimore were school consultations with local high schools around adolescent issues, day care consultations, programs for parents addressing school applications, and a therapeutic nursery program in the making. Their annual one-day child workshop has been operating for about 20 years. This latter activity has been successful in drawing returnees as well as newcomers and she emphasized that even though there may

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## ACP Outreach Meeting . . .

*(Continued from page 24)*

be some referrals which emerge from the events, the major importance was the help they provide to the community.

Mrs. Furman underscored the fact that there could be no expected direct or immediate link between outreach and public relations and referrals. She added that perhaps the best connections in the community occurred through individual relationships and called upon people to speak to their varied experiences in this regard.

Tom Barrett of Cleveland highlighted some of the factors that were meaningful particularly as they related to the toddler, nursery and kindergarten population at the Hanna Perkins Center: The largest percentage of referrals comes from parents who had a child at the school. They suggest it to another parent they know or to a member of their wider family. Also a chain of professional colleagues known to the staff refer families to the Center. These relationships are built gradually and are considered to be very important.

Lisa Kahan shared some of her outreach experiences working in proximity to pediatric practice: Talks for parents on particular issues, leading a parenting book club, and observing in nursery schools.

Susan Eadie, a school psychologist from Toronto, pointed out that often families will begin discussion with her around school problems and then move on to other, non-school related issues which gives her an opportunity to refer.

Catherine Henderson pointed out that having been a school nurse in the Seattle area before becoming a child analyst has been helpful in establishing her credibility and accessibility in regard to referrals, especially with pediatricians and schools.

Tom Barrett described a new association they were embarking on with the Cleveland Public School System. It will center on the School of Arts near the Hanna Perkins

Center and will be funded by grants and/or a foundation. It will support the training of social workers and psychologists who intern at the Hanna Perkins Center as well as provide psychotherapy services for the school which has 700 students, 6<sup>th</sup> through 12<sup>th</sup> grades.

Mary Styr spoke about the Baltimore/Washington outreach through a National Public Radio program on Sunday evenings which features medical and psychological issues with psychoanalysts taking part. One topic was children and adoption.

Susan Eadie pointed out the complexity of factors involved in outreach to the community but emphasized that where a program is advertised determines its receptivity.

Mrs. Furman reported on the ACP Website activity. Experience thus far suggests that this is a very unlikely source of viable referrals, which is in keeping with our highlighting the role of relationships in leading to referrals and treatment.

As an example of the power of long-standing relationships, Bob Furman shared the Hanna Perkins experience with their Annual Workshop. At the start, over 30 years ago, famous outside speakers in the field did not bring audience satisfaction. Instead, the educators, mental health professionals and caregivers who participated in the Center's consultation groups and courses asked that their child analyst consultants and teachers be the speakers and address topics they had jointly agreed upon as pertinent. Also, instead of inviting the community at large, it was decided to ask that the course and consultation group participants each bring a friend they feel would be interested in our approach. These workshops have been a big success ever since and are much appreciated.

## COLLOQUIUM TO BENEFIT THE ANNA FREUD CENTRE

Laurie Levinson

On December 12, 1998 the ACP, in collaboration with the five child analytic training programs in New York, helped sponsor a colloquium to benefit the Anna Freud Centre in London. The title of this one-day meeting was "Violence and Sexuality in Borderline Young Men." There were three individual case presentations from London and a panel comprised of one representative from each sponsoring institute. Judith Chused, our moderator, did a truly superb job integrating aspects of each case for an overview, and extracting salient points for discussion. The cases presented actually fell into the age group of late adolescent/young adult, and raised interesting and provocative issues for discussion first by the panel and later with the audience. One case dealt with aggression

turned against the self; another with issues of technique in working with a violence-prone patient; and the third also with technical aspects of treating (verbal) attacks on the analyst herself. As there was more use of Kleinian concepts than some American analysts are used to, the ensuing panel and open discussion were more animated than usual. Perhaps the differences in approach challenged and stimulated the audience members to participate actively in order to try to clarify their own thinking and technical stance regarding these kinds of patients. Most people, informally polled at the end of the meeting, seemed to agree that it had been a most constructive, interesting and enjoyable day.



## FILM STUDIES

Elizabeth Tutters

### THE LONG SHADOWS OF TRAUMA

Film Series, 1998/1999

presented by The Hincks/Dellcrest Institute Infant Program

Elizabeth Tutters formed a committee of graduates of the Toronto Child Psychoanalytic Program and professional members of the community, representing day care, education, and family law, to hold a film series to raise consciousness and raise money to support the Infant Program's training activities.

**"This unique film series will acquaint participants with the life-long impact of physical, psychic and cultural trauma experienced in early childhood. The films will present the themes of loss and trauma, resilience and recovery. Each evening's film will be screened and followed by a panel discussion with audience participation.**

**The series will begin and end with presentations by Professor Ken Dancyger, Tisch School of the Arts, New York University. He will acquaint participants with how to enter the experience of film by understanding the theory and language of film making, the story elements and what the film is trying to achieve, the narrative. In preparation it is advisable for participants to screen first film in advance."**

The films were held on Friday evenings, once a month, at the Hincks/Dellcrest Institute, using large screen VHS and monitors. We charged \$125.00.

THE NASTY GIRL (Growing up in difficult times); PONETTE (A child's struggle with major loss); FORBIDDEN GAMES (Situational Trauma); BASTARD OUT OF CAROLINA (Sexual abuse); HANGING GARDEN (Family dysfunction); THE CONFORMIST (Family alienation); and TIME OF THE GYPSIES (Infant trauma).

Each film was screened and followed by a discussion with the participants, led by committee members who presented a discussion of the film from a psychoanalytic perspective. The film series was highly successful and will be held next year.

The theme of the series: Resiliency: Identity Formation. Films chosen will be provided upon request.

~~Arising from the experience of our first film series interest was expressed in learning more about film. Therefore we invited Professor Ken Dancyger to design a teach-in series on The Study of Film. We are holding this series as a fundraising activity of the Toronto Child Psychoanalytic Program.~~

### THE STUDY OF FILM

Film Series, 1999/2000

Three Intensive Weekend Workshops by Professor Ken Dancyger, Tisch School of the Arts, New York University

**Time frame:** Three 2-day Weekend Workshops in 1999/2000, 9:00 – 5:00 p.m.

**Goals:**

- 1 To provide mental health professionals and others with an immersion in film, to complement their thematic interests;
- 2 To contextualize participants' interest and work using film.

**Themes:**

- |      |                       |                      |
|------|-----------------------|----------------------|
| I.   | Image and Sound       | November 20/21, 1999 |
| II.  | Narrative/Alternative |                      |
|      | Narrative Structures  | January 15/16, 2000  |
| III. | Directorial Styles    | February 12/13, 2000 |

**Place:** Hincks/Dellcrest Institute,  
114 Maitland Street, Toronto, Ontario

Each workshop stands alone; all three are diversified, but can be taken as a package.

Please contact Elizabeth Tutters for further details:  
Telephone: 416-964-7878; Fax: 416-964-8647  
Email: etutters@sympatico.ca

### SOFTWARE COMPANY GRANT TO PSYCHOANALYTIC PRESCHOOL PROJECT

Gilbert Kliman, M.D., Medical Director of The Children's Psychological Trauma Center, San Francisco announced a \$57,000 grant from Cadence Design Systems of San Jose. It is for the purpose of opening a Cornerstone Method site in a San Jose, California public school special education classroom. The Cornerstone Method is an application of intensive psychoanalytic methods within classroom groups. It was invented and carried out by Dr. Kliman under supervision of Marianne Kris, M.D., while Dr. Kliman was a candidate in child analysis at the New York Psychoanalytic Institute. Each of up to eight seriously disturbed preschoolers is treated up to five times a week right within their real life school setting. Children are not taken out of the class for treatment, but rather are helped to talk and play with the analyst concerning what they are currently doing, experiencing, and manifesting. A therapeutic network is created of closely informed teaches, peers within the classroom, and parents. Each child's parent is given guidance weekly. The method is distinguished by 35 years of experience, including objective outcome measures. IQ testing shows an average gain of 16 points on follow up of the Cornerstone children treated in California special education classes and 12 points among those in New York at The Center for Preventive Psychiatry. Altogether over 50 children have been followed by serial IQ testing. Clinical follow-ups are also highly encouraging, and some are now reaching the 32 year follow-up point. Karita Hummer, LCSW, who trained at the Barr Harris Center for Study of Object Loss in Chicago, has already begun conducting Cornerstone treatment in a San Jose public school special education classroom, under Dr. Kliman's supervision. Cadence Design Systems is a Fortune 500 company located in San Jose, California. Its CEO, Jack Harding, has joined the Board of Directors of the psychoanalytically oriented Children's Psychological Trauma Center and has begun a two million dollar fundraising program to create a demonstration project focusing on public school special education preschoolers treated by the Cornerstone Method.

**MINUTES of the ANNUAL BUSINESS MEETING**  
 Sunday, March 28, 1999 v Four Seasons Hotel v Seattle, Washington

The president, Mrs. Furman, called the annual meeting to order at 10:00 a.m. March 28, 1999 at the Four Seasons Hotel, Seattle, Washington. She then provided proof that the meeting had been duly called and the agenda announced in the form of the notice that the Secretary had sent out to the membership. The minutes of the 1998 annual business meeting were accepted without correction. The agenda was then approved: the Secretary's, Treasurer's and President's reports, Committee Chairpersons' reports, election results and meeting site for 2000.

**Secretary's Report**

Dr. Bierman announced that the total membership of the organization is now 611. There are 465 regular members: 381 USA and 84 international. There are 142 candidate members: 122 USA and 20 international. The collegial memberships of Drs. Herve Benhamou, Paris, and Dr. Merton Shill, Ann Arbor, approved by the Executive committee, will be distributed with the applications of others for approval by the membership.

Dr. Bierman read the names of the following deceased members while the attendees stood: James D. Delano, M.D., Adriano Giannotti, Lawrence Grossner, LSW, Ilse Hellman, Ph.D., Cotter Hirschberg, M.D., Judith Kestenberg, M.D., Ira Mintz, M.D., Joseph Sandler, M.D. and Jean Yacoubian, M.D. The Secretary urged the members to inform Mrs. Hall if they know of any members who have died. Notices will be published in the Newsletter.

Six members resigned.

The membership approved a recommendation by Dr. Bierman that the tape recordings of the annual business meeting be kept only until the approval of the minutes at the next business meeting.

**Treasurer's Report**

Dr. Morales announced that the Association was able to have a surplus for 1998 of \$9,653.98 made possible by a dues increase and better control of expenses.

On December 31, 1998 the Endowment Fund stood at \$92,361.08 after an increase of \$21,283.75 during 1998. The Operating Fund had a balance of \$61,622.06 at the end of the year, and the balance in the bank account was \$21,624.88. Income from dues was \$47,800. Income from donations was \$2,398.00.

Mrs. Furman is appointing an ad hoc Budget and Donations Committee which will include Dr. Morales, Treasurer, perhaps also Dr. Arthur Farley (if confirmed). It will provide us with guidelines for a budget and for increasing income from donations.

Dr. Morales' explorations with Dr. Newell Fisher of having a members' credit card jointly with the American Psychoanalytic Association did not mutually work out to be of benefit.

Mrs. Furman thanked Dr. Morales for his excellent reports and work done as Treasurer. She appreciated very much the help and cooperation from the Secretary, members of the Executive Committee, Committee Chairs, and the general membership.

**President's Report**

Mrs. Furman's report was brief to save time for Committee reports and she hoped members would read her more detailed Newsletter Message. She first described the accomplished "housekeeping," some with the help of legal counsel: There is now adequate insurance coverage. Vital documents have been obtained and are in safekeeping. Harassment and grievance policies are in place, as are guidelines for processing website inquires which will prevent misuse and potential ACP liability. Our bylaws are updated, with the help of the membership's overwhelming supportive vote. Attention to financial matters has encompassed placing limits on expenses and honoraria for Marianne Kris Lecturers and invited speakers as well as a requirement for all expenses to be approved in advance by the Executive Committee. The majority of delinquent dues have been paid. The ACP is ready to work with a budget and an ad hoc committee will be appointed for that purpose. Much work has gone into outreach activities: We now have a liaison with Div. 39 of the American Psychological Association, with clinical social workers, as well as with the IPA. The second annual Outreach meeting, attended by the general membership afforded the opportunity to exchange information about various outreach activities and their usefulness in finding cases.

Informed continuity has been an overall goal: The Roster now contains a copy of the bylaws, more detailed member information, and will also include Executive Guideline decisions on administrative issues. The Newsletter includes an Archives column and the Long Range Planning Committee will soon report their recommendations. The Nominating Committee aims to include the young with the old in their slate.

Mrs. Furman gave specific thanks to Mrs. Nancy Hall who, in addition to being our excellent and astute Administrator, is a member of the Public Utility Board of New Jersey, a friend of many Senators and Congressmen, and a wonderful mother and grandmother.

**Committee Reports**

*(Continued on page 28)*

## Annual Business Meeting . . .

*(Continued from page 27)*

### Abstracts Committee

Dr. Kent Hart was not present at the business meeting. Mrs. Furman described how he had written a comprehensive and concise job description of the Abstract Chair's work and responsibilities. Mrs. Furman has now asked all Committee Chairs to make a similar job description.

### Arrangements Committee

Dr. Jack Pelaccio reported how we had satisfied the quota for rented rooms for the Seattle meeting, thus allowing us to have free meeting space. The annual meeting in 2000 will be in the Miami area on the weekend of April 15. A hotel in Miami Beach is the current front runner for choice. He gave thanks to Dr. Juan Rene Geadá for his help in Miami. Mrs. Furman suggested a hand for Dr. Pelaccio for his excellent work.

### Communications Committee

Dr. Leon Hoffman was not present at the meeting. Mrs. Furman reported on the website difficulty with inappropriate inquiries and referrals that brought potential legal liabilities. The effects of our new counsel-suggested guidelines for website inquiries will be monitored. The President thanked Dr. Perry Branson for setting up the website.

### Committee to Coordinate Assistance to Eastern Europe

Lilo Plaschkes reported for her Committee and the activities of its members with child and adolescent workers from various countries in Eastern Europe. The Newsletter will publish a more detailed account of the Committee's work. Adriana Lis from Italy visited Romania. Maurice Apprey has reported about his work in Estonia. Elizabeth Tuters has worked with Latvian students who have come to Toronto, Canada. Dr. Augis, soon to become an official member, works with Lithuanian colleagues. The ACP gave \$1000 to the Eastern European Committee of the European Psychoanalytic Federation to help send 4 people from Russia, Romania, Poland and Croatia to the Summer School. Croatia will be starting a summer school for people working with children and adolescents. Mrs. Furman stressed how Lilo Plaschkes and Peter Blos, Jr. have generated this interest in child analysis and therapy with their work in Eastern Europe.

### Ethical Guidelines Committee

Dr. Peter Blos, stressing the inherent difficulty of the task, said that the Committee is trying to have a draft of the ethical guidelines in place by the fall.

### Extension Committee

Karen Marschke-Tobier focused on the Seattle Extension program to be attended by (ultimately) 115 people. It was arranged with the help of Dr. Catherine Henderson and her Seattle Society Committee. Planning for the Miami meeting is underway in cooperation with Dr. Geadá (Miami) and

Frances Marton (Tampa).

### Grants Committee

Dr. Charles Mangham announced the approval of a matching grant of \$2000 to the Hanna Perkins Center for a child in psychoanalysis.

### Liaison Committee

Dr. Nathaniel Donson, reporting for Dr. Barbara Deutsch who could not be present, described efforts to influence and persuade the American Academy of Child and Adolescent Psychiatry (AACAP) to have a greater interest in the psychotherapeutic treatment of children and adolescents. Several strategies are in place or are planned. Members will be urged to send in papers to be read at the AACAP meetings, including papers already read at the ACP meetings and to their Journal. Discussions are underway with Dr. Rachel Ritvo, the Chairperson of the AACAP Psychotherapy Committee, who had sought support from the ACP. Dr. Moisy Shopper has an arrangement with the editor of the Journal of the AACAP to review psychoanalytic papers and publish abstracts in the "Orange" Journal of the AACAP papers and will be assisted in this task by Dr. Nathaniel Donson.

### Liaison to the IPA Program Committee

Dr. Peter Blos, Jr. reported that there will be an ACP reception at the 41st IPA Congress in Santiago, Chile on Thursday evening, July 29th from 7:30 to 9:30 p.m. The location of this reception will be chosen soon. The reception will be announced in the IPA Newsletter.

Preparations for the two IPA-ACP panels, one on Child Psychoanalysis and the other on Adolescent Psychoanalysis, are essentially complete at this time. The two clinical presenters for the Child Panel are Denia Barrett and Liliana Pualuan of Santiago, and the two discussants are Inge Villarreal of Bogota and Abigail Golomb of Tel Aviv. Martin Silverman will be the Moderator. Vincenzo Bonaminio of Rome and Teresa Haudenschild of São Paulo will be the clinical presenters for the Adolescent Panel and Anne Hurry of London and Remigio Gonzales of New Orleans, respectively, will be the discussants. Elizabeth Lima Da Rocha Barros of São Paulo will be the Moderator.

### Liaison to IACAPAP

Stephanie Smith reported that arrangements are underway for the joint ACP/IACAPAP program to be held in New Delhi in 2002. Purnima Mehta and Don Spivak have agreed to develop and share the program which will focus on cross cultural mental health topics. Stephanie Smith will administer.

### Liaison to Clinical Social Work

Stephanie Smith will investigate which of several Social Work organizations will be the best liaison contact for the ACP.

*(Continued on page 29)*

## Annual Business Meeting . . .

(Continued from page 28)

### Long Range Planning Committee

Dr. Jack Novick could not be present. Mrs. Furman reported for him. The Committee will give details of their recommendations for future planning in October at the Executive Committee meeting.

### Membership Committee

Mrs. Furman reported for Kerry Kelly Novick who could not be present. The Committee is processing 5 regular and 17 candidate membership applications.

### Newsletter Committee

Denia Barrett reported that the deadline for submission of articles to the Newsletter for the next edition is April 15, 1999. She and Barbara Streeter extended their thanks to Paul Brinich for his help in the transition. Mrs. Furman thanked them for their excellent work in extending an excellent tradition.

### Nominating Committee

Dr. Marion Gedney thanked the members of her Committee and announced that the three councillors elected were Purnima Mehta, Isabel Paret, and Robin Turner. The President gave thanks to the outgoing councillors: Renee Gelman, M. Barrie Richmond and Jill Miller.

### Study Groups and Continuing Education Committee

Dr. Stanley Leiken was unable to be present. Mrs. Furman reported that his Committee has completed all the necessary work concerning CME/CE credits for the Seattle meetings and also for the Cleveland and Princeton Study Groups. She expressed gratitude for all he has done.

### Program Committee

Dr. Janet Szydlo first gave thanks to Mrs. Hall and to the presenters and then announced that the Program committee will write a regular column for the Newsletter. The major theme for the program of the workshops in Miami will be pre-verbal trauma. Also a member with an active practice will talk about case finding. The President expressed her gratitude to the Program Committee.

Mrs. Furman adjourned the meeting at 10 am.

## REPORT OF THE SECRETARY EXECUTIVE COMMITTEE MEETING MARCH 26, 1999

Submitted by Joseph Bierman, M.D., Secretary

### ACP MEMBERSHIP STATUS

<u>465 Regular Members</u>		<u>142 Candidate Members</u>	
381 USA		122 USA	
84 International		20 International	

### 4 Collegial Members

*\*Note: Dr. Shill, Ann Arbor, MI and Dr. Herve Benhamou, Paris, France have been approved by the Executive Committee but not by the members at large which will be corrected.*

**TOTAL MEMBERSHIP 611**

### Countries Represented

USA	506	England	25
Canada	13	Netherlands	13
Finland	12	Mexico	10
Germany	6	Austria	3
Italy	3	France	2
Argentina, Australia, Denmark, Jamaica, Norway, Poland, Sweden each have 1 member.			

### Membership Changes Since the Executive Meeting, October 10, 1998, Cleveland OH

#### Collegial Member

Merton Shill, Ph.D. Ann Arbor, MI

#### Members Deceased

James G. Delano, M.D.	Atlantic Beach, FL
Adriano Giannotti	Rome, Italy
Lawrence Grossner, L.S.W.	Shaker Hts., OH
Ilse Hellman, Ph.D.	London, England
Cotter Hirschberg, M.D.	Topeka, KS
Judith Kestenberg, M.D.	Sands Point, NY
Ira Mintz, M.D.	Closter, NJ
Joseph Sandler, M.D.	London, England
Jean Yacoubian, M.D.	Bethesda, MD

#### Members Resigned

Albert Cain, Ph.D.	Ann Arbor, MI
Ruth Lax	New York, NY
John E. Schowalter, M.D.	Hamden, CT
Barbara Sheppard	Toronto, ONT
Steven Steury, M.D.	Washington, DC
S.C.B. Yorke, M.D.	London, England

\*Herve Benhamou, M.D., sponsored by Dr. Serge Lebovici and Dr. Colette Chiland, has participated in child psychoanalytic training including supervision at the Institut de Psychoanalytique de Paris. He has traveled each year with Dr. Lebovici to Moscow for exchanges with Russian colleagues about dynamic infant psychiatry. He is currently working as head of a team at the Centre Alfred Binet and Hôpital Esquirol.

\*Merton Shill, Ph.D., sponsored by Dr. Jack Novick, is both a clinical psychologist and a lawyer. He is now a candidate in adult psychoanalysis. He has been a friend and advocate of a psychoanalytic approach with children with his activity in custody evaluations, hospital based developmental research and psychoanalytically oriented therapy with children, adolescents, and adults. He has published on the use of methylphenidate with children.

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**MINUTES of the EXECUTIVE COMMITTEE MEETING**  
 Friday, March 26, 1999 v Four Seasons Hotel v Seattle Washington

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*Any errors or corrections may be sent to the Secretary, Joseph Bierman, M.D., or to the Association's Administrator, Mrs. Nancy Hall, P.O. Box 253, Ramsey, New Jersey 07446. These minutes will be submitted for approval at the Executive Meeting at the Annual Meeting of the Association in Miami in April 2000.*

Mrs. Erna Furman, the President of the Association for Child Psychoanalysis called the meeting of the Executive Committee to order in the Four Seasons Hotel, Seattle, WA at 12:00 noon, PST.

The following were in attendance at the meeting (in alphabetical order): Paula Atkeson, Denia Barrett, Joseph Bierman, Peter Blos, Jr., Barbara Deutsch, Nat Donson, Art Farley, Erna Furman, Marion Gedney, Kent Hart, Ruth Karush, Stanley Leiken, Laurie Levinson, Charles Mangham, Karen Marschke-Tobier, Jill Miller, Julio Morales, Jack Novick, Kerry Kelly Novick, Jack Pelaccio, Lilo Plaschkes, M. Barrie Richmond, Marty Silverman, Stephanie Smith, Barbara Streeter, Janet Szydlo, and Elizabeth Tuters. The executive secretary, Nancy Hall, was also present.

The Committee approved the minutes of the October 10, 1998 meeting of the Executive Committee and then adopted the following agenda: the reports of the Secretary, Treasurer, Committees, and President in that order.

**Secretary's Report**

Dr. Bierman reported that the current membership stands at 611. There had been 9 deaths and 6 resignations of members since the last Executive Committee meeting. The names of Dr. Merton Shill of Ann Arbor and Dr. Herve Benhamou of Paris will be sent out for approval for collegial membership by the general membership along with other names approved by the Membership Committee.

Dr. Shill had been advised of this by telephone. There was a discussion of the possible reasons members had for resigning. The Secretary then brought up the recommendation that the tape recordings of the Executive Committee meetings be kept only until approval of the minutes at the next Committee meeting which was then adopted. Dr. Bierman urged members to inform the Association if they know of the death of any member. Notification will be sent out in the Newsletter and announced at the annual business meeting.

**Treasurer's Report**

*A detailed Treasurer's Report is on file in the Central Office.*

Dr. Morales stressed the importance of the increase in dues in producing the \$9,653.98 surplus. The balance of the Endowment Fund on December 31, 1998 was \$92,361.08, a gain in 1998 of \$21,283.75. On that date the Operating fund stood at \$61,622.06, a gain of \$3,630.57. The bank account balance on December 31, 1998 was \$21,624.88. The dues paid in 1998 totaled \$47,800. Total income was \$90,309.86 and expenses were \$80,655.88.

The 1996 and 1997 arrears in dues (almost 80 of them) were processed successfully with the help of officers' personal contacts. The 1998 delinquent dues (80 at the start of this year) have been cut in half since a letter was sent out to them in February, just one month ago.

Since income from donations during the year was \$2,398, Dr. Morales suggested the appointment of a Committee on Donations with the function of hopefully increasing income from this source.

In his formal report, and reiterated at the meeting, Dr. Morales had suggested the exploration of the feasibility of establishing a relationship with the American Psychoanalytic Association for the joint sponsorship of a credit card. This arrangement would have offered the ACP as well as its members some benefits. However, after further consideration, both Dr. Morales and Dr. Newell Fischer, the Treasurer of the APsA and a member of the ACP, did not think the arrangement feasible.

Mrs. Furman proposed the formation of a Budget Committee. In the discussion of whether there was a need for such a committee, the advantage of paying repetitive, scheduled expenses without having to come to the Executive Committee for approval was noted. It is a bylaws requirement that has not been met hitherto.

The question then arose about whether people who are in so many other organizations to which they also pay dues and might have financial handicaps are delinquent in their dues payments. Mrs. Furman remarked that we have made financial arrangements for members with financial hardships, and that the largest group of non-payers was that of the candidates whose names have been forwarded for membership without their approval. The Membership Committee now requires their participation and approval in the membership process.

The President and the Executive Committee then thanked Dr. Morales for his excellent report. She then announced the establishment of a Budget Committee whose task it would be to consider all aspects of the budget, including donations.

**Committee Reports**

Abstracts Committee

Dr. Kent Hart had been asked by Mrs. Furman to describe his work as Abstracts Chair. In his report, he stated that the task was to facilitate the round-up (in a Western sense) and editing of the reports from the scientific meeting within a three-to-four week period after the meetings. This rapid retrieval enables a timely publication of the newsletter, more accurate reporting of

*(Continued on page 31)*

## Executive Committee Minutes . . .

*(Continued from page 30)*

the meetings, and increased likelihood of report completion. Citing the excellent prototypical job that Dr. Hart had done, the President then asked each Committee Chairperson to similarly set up a similar job description for each Committee in a timely fashion.

### Arrangements Committee

Dr. Pelaccio announced that the number of rooms necessary to book at the Four Seasons to receive free meeting space has been met. The next annual meeting will be held in Miami on April 14-16, 2000. Baltimore was ruled out as a possibility when Dr. Bierman's inquiries showed that satisfactory financial hotel arrangements could not be found. The search in the Miami area has narrowed down to hotels in Miami Beach. The Eden Roc in Miami Beach seems a possibility. The Executive Committee by a vote of 11 to 0 gave Dr. Pelaccio and his Committee approval to commit to a hotel. By another vote of 11 to 0 it also gave official authority to Dr. Pelaccio to use Honey Travel to negotiate hotel arrangements for the ACP.

The discussion then centered on locales for future meetings. One suggestion was to ask Mrs. Kutner of Honey Travel for recommendations of cities that might have affordable hotel arrangements while satisfying our geographic distribution requirements.

Mrs. Furman noted that Los Angeles, San Francisco and Pittsburgh, for example, had never been the site of meetings. Kerry Novick suggested a choice in the middle of the country. She also suggested changing the time of the year for the meeting. Mrs. Furman briefly recounted the history of the choice of the weekend of Palm Sunday, how 25 years ago the choice was made both to allow the European members who are usually on holiday at that time to attend the meeting and to avoid any conflict with the meetings of other organizations. This year there had been a conflict with a meeting of the European Psychoanalytic Federation that featured a child analytic program. Mrs. Furman then suggested that there be a report in the next newsletter on the evolution of the present Palm Sunday weekend meeting policy and of meetings held in Europe.

Los Angeles and Denver emerged as two possibilities for the site of the 2001 meeting. A decision will have to be made by the Arrangements Committee by October.

### Communications Committee

Since Dr. Hoffman was unable to attend the meeting, Mrs. Furman gave a brief summary of matters pertaining to the Committee's functions. Dr. Perry Branson, to whom Mrs. Furman had written a letter of thanks and appreciation for his work in setting up the website, had incorporated the legal note into the website as

recommended by our attorney. This legal note will, it is hoped, deter the inappropriate calls that were coming in and avoid potential ACP liability. We will have to see how the website now works out with this added legal framework. The obituary for Dr. Peter Blos, Sr. has now been on the website for over a year. Dr. Peter Blos, Jr. and the rest of the Committee agreed that one year was a suitable time for an obituary to remain there.

### Eastern European Committee

Lilo Plaschkas reported that the Croatians had wanted a summer school for people working with children and adolescents. She and Peter Blos, Jr. will try to help if the plan can be part of the IPA/EPF framework.

Last year the ACP gave \$1000 to the Eastern European Committee of the European Psychoanalytic Federation to bring 4 or 5 people to the summer school. Four people were able to attend, one each from Poland and Croatia and two from Russia. Papers and supervision by Lilo Plaschkas and Peter Blos, Jr. attracted them to the summer school. The Committee has urged the Croatians to work within the IPA European Psychoanalytic Federation framework, to avoid favoritism. The Committee also urged that the location of the summer school be rotated and not be in Dubrovnic every year. Peter Blos, Jr. stressed how it is important to distinguish between three committees: the Eastern European Committee of the ACP, the Eastern European Committee of the International Psychoanalytic Association and the Eastern European Committee of the European Psychoanalytic Federation.

### Committee on Ethical Guidelines

Peter Blos, Jr. reported that his Committee hoped to have a document on the guidelines ready by the fall. There had been not only the inherent difficulty in establishing the guidelines but the members have not been able to meet as a whole. There followed a discussion as to whether we are having any more difficulties than other organizations. While the opinions were mixed, it was decided that it would be a good idea to have a workshop on ethical issues at the annual meeting.

### Extension Committee

Karen Marschke-Tobier reported that Catherine Henderson had successfully arranged the extension program in Seattle which over 70 (ultimately 115) people will be attending. She raised the question of having a budget for the Extension Committee or negotiating each meeting differently. Mrs. Furman suggested that the Chairperson research the history of the budgeting for the Extension Committee workshops and bring some suggestions back to the Executive Committee. When the question was raised about the plans for an Extension meeting in Miami, it was suggested that the announcements go out not only to Miami members but those in all of Florida. Martin Silverman brought up the idea of an Extension program in New York at the APsaA

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## Executive Committee Minutes . . .

*(Continued from page 31)*

meeting. There should be an invitation in the Newsletter for all those potential speakers at Extension programs who have papers they can present to get in touch with Mrs. Marschke-Tobier.

### Grants Committee

Charlie Mangham changed the wording in his formal report from "approve the grant to the Hanna Perkins Center for \$2000.00" to "approve and submit to the Executive Committee for approval of the grant...." He thanked Jill Miller, Bob Gillman, and Cynthia Carlson for their careful reading of the application material. He reaffirmed the idea that the grantee should agree to present, if at all possible, at the annual meeting. Laurie Levinson, as co-chair of the Program Committee, said that she will get the names of the grantees. Jack Novick asked whether a grant could be for an activity other than child analysis. Erna Furman thought not, since the grant was designed to promote child analysis. If anybody among the attendees at this meeting needs information about grants, that person should call Charlie Mangham or Nancy Hall. Charlie Mangham informed the meeting that the Edith Buxbaum Foundation has an endowment of \$250,000 the income from which is used for promoting child analysis. Anybody from anywhere can apply for a grant, but it will support Seattleites first.

The child analysis grant to the Hanna Perkins Center for \$2000.00 approved by the Grants Committee and referred to the Executive Committee was approved by a vote of 10 to 0.

### Liaison Committee to IACAPAP

Stephanie Smith reported that she will do the administrative work for the next ACP/IACAPAP program to be held in New Delhi, India in 2002, and Purnima Mehta and Don Spivak will come up with a cross-cultural program that could be replicated in other locations.

### Liaison Committee to Association for Clinical Social Work

Stephanie Smith commented that there is no specific Social Work organization that we would be associated with. There are many organizations. This raised the question of whether we should associate ourselves with the discipline and/or with a specific organization and/or respond to inquiries from individual social workers. It is hard to know with which Social Work organization to liaison. After a discussion of this question, Stephanie Smith said that she would investigate which organization would be the best to associate ourselves with and report to the Executive Committee in October.

### Liaison Committee

Marion Gedney and Bert Cohler were approved by a vote of 11 to 0 as liaisons to Division 39 of the American

Psychological Association. Barbara Deutsch reported on the liaison to the American Academy of Child and Adolescent Psychiatry (AACAP) and it was the topic of an extensive discussion. Joe Bierman related how Rachel Ritvo, the chairperson of the AACAP Psychotherapy Committee, had asked him, as Secretary of the ACP, for help in getting some assistance for her Committee from the ACP in promoting psychotherapy. He had suggested talking with Barbara Deutsch and Moisy Shopper. Barbara Deutsch had said that she would call Rachel Ritvo.

Currently, Moisy Shopper and Nat Donson are reviewing psychoanalytic articles for abstracts to be published in the Journal of the AACAP. Members made several suggestions. We should offer panels and workshops at the AACAP that have already been given at the ACP meetings. Nat Donson and Barbara Deutsch should see which papers could be offered. We should also invite people to come to us. Nat Donson recommended that we try to present a symposium at the AACAP, a strategy that would preempt any pigeonholing of our speakers at an unpopular time slot. Barrie Richmond suggested that we advertise our meetings in the AACAP newsletter and have the Liaison Committee handle the sponsor aspect of attendance at the annual meeting.

Dr. Deutsch asked for additional appointments to her Committee of Nathaniel Donson, Marion Gedney, Moisy Shopper, Elizabeth Tutters and Howard Rudominer. Mrs. Furman agreed to process these appointments and submit them to the Executive for confirmation as soon as possible.

### Liaison to the IPA Program Committee

Peter Blos, Jr. announced that the papers for the Child and Adolescent Panels at the 41st International Psychoanalytic Congress in Santiago on July 25-30, 1999 are now in after some delay.

#### a. ACP Reception at the 41st IPA Congress

Peter Blos, Jr. went over the four possibilities for the reception in Santiago which will take place on Thursday evening, July 29, from 7:30 p.m. to 9:30 p.m. The Hyatt is the hotel where people will be staying. The Casa Piedra is the venue where the meetings will be held. The Palladium is a restaurant 15 minutes away from the Hyatt by taxi, and there is a pub across from the Hyatt that would be available. Each facility has its advantages and disadvantages. The Committee decided to leave the choice up to Peter Blos, Jr. who said that the IPA will put a notice of the reception in their newsletter.

### Future Planning Committee

Jack Novick, chairperson, reported for this new committee formed by the President in April 1998 to examine issues and topics relevant to the mission of the organization and thus help insure the future and

*(Continued on page 33)*

## Executive Committee Minutes . . .

*(Continued from page 32)*

effectiveness of the ACP. The Committee prioritized five topics: meetings, the Newsletter, case finding, maintaining the level of membership, and evaluation and tracking of implementation of all recommendations. The Chair described how he had played the role of devil's advocate in the Committee meeting by bringing up the proposition that the ACP no longer has a function. People rose up to combat this idea. The Committee will have a report with suggestions ready by the Executive Committee meeting in October 1999.

### Membership Committee

Kerry Kelly Novick announced that the Committee had received sponsorships for 5 regular memberships and 17 candidate memberships. She stressed the need to send in the sponsorships in a timely fashion so that there will not be up to a year delay in processing the applications.

In order to insure that no candidate member who has discontinued his child analytic training continues to function in any role in the ACP, the letter to candidates in the membership application process will now state that if the candidate withdraws from training, he/she must notify the ACP.

When a discussion of why members withdraw from membership and how many have resigned in the last several years revealed the need for more data, the Secretary volunteered to clarify and review the data available over the past few years. The President very much appreciated the Secretary's offer.

### ACP Newsletter Committee Report

Denia Barrett and Barbara Streeter requested approval of a budget of \$6,504 for the Newsletter, which was approved by a vote of 11 to 0 and announced the preparation of a notice to contributors specifying deadlines, and procedures. The Committee applauded the excellent Newsletter.

### Nominating Committee

Marion Gedney said that the results of the election for Councillors would be announced at the business meeting.

The President announced that she had faxed the results to the nominees and then had telephoned them in order to allow the nominees to take in the results on their own terms, an act they appreciated. There was almost a tie for councillors. She said she would ask legal counsel about how to handle this possibility. After a vigorous discussion the Executive Committee voted 5 to 3 not to reveal the actual vote tallies, but did vote to announce the names of the winners. The elected Councillors were Robin Turner, Isabel Paret, and Purnima Mehta. Jack Pelaccio asked about the manner in which committee

members are appointed and raised the question of the Nominating Committee being elected. This is not provided for in the bylaws which state that the President shall appoint the Committee members including the Chairperson and these appointments are confirmed by the Executive Committee. In practice, Mrs. Furman appointed the members of the Committees in consultation with each Chairperson.

### Study Groups and Continuing Medical

#### Education Committee

Stanley Leiken reported on finishing the necessary work for certifying the credits earned at the Seattle meeting as well as the periodically repeated re-application for accreditation required by the American Psychological Association and the American Psychoanalytic Association. Paula Atkeson asked about Continuing Education credits for Social Workers. He announced that there would be 2 CME credits for the Edith Buxbaum Extension workshop in Seattle. Mrs. Furman thanked him for the great amount of work he had done.

#### Case Registry Committee

The President noted that there had not been a report. The Committee in eleven years had not issued a formal report of any findings of this Committee on the case registry. Although questionnaires have gone out, there have been no reports for some few years to the Executive Committee. Perhaps one reason was that the goals were too ambitious and the technology involved became cumbersome and non-responsive. She plans to replace Robert Galatzer-Levy as Chairperson.

#### Program Committee

Laurie Levinson announced that a tentative program for the 2000 annual meeting in Miami has already been planned from the 19 case reports that have been submitted. The major workshop topic will be preverbal trauma. The President and the Executive Committee thanked her for the work of the Program Committee.

The meeting was adjourned at 3:30 p. m.

ACP



NEWS

**FOR PROMPT PROCESSING OF YOUR SPONSORSHIPS OF NEW CANDIDATE MEMBERS AND FULL MEMBERS, PLEASE MAKE SURE THAT YOUR FORMS REACH MRS. HALL AT THE ACP OFFICE OR THE CHAIR OF THE MEMBERSHIP COMMITTEE, KERRY KELLY NOVICK, BEFORE JUNE 15<sup>th</sup> OR BEFORE DECEMBER 15<sup>th</sup>.**

**FOLLOW UP ON THE FREUD EXHIBIT  
AT THE  
LIBRARY OF CONGRESS  
OPENED ON OCTOBER 15, 1998**

Our ACP files contain three reviews of the Freud exhibit:

1. "Criticized Freud Show Is Revised And On," by Dinitia Smith; published in The New York Times, The Living Arts Section, Wednesday, July 8, 1998, B 1.
2. "The Freud Files," by Nicholas von Hoffman; published in Civilization (Journal of the Library of Congress), August/September 1998, pp. 44-45.
3. "Symbols at an Exhibition," by Paul Robinson, a review of Freud: Conflict and Culture, ed. Michael S. Roth in association with the Library of Congress. New York: Alfred A. Knopf, published in the The New York Times Book Review, November 22, 1998, p. 12.

If you are interested, this list may help you to locate the articles yourself or you may contact Mrs. Nancy Hall. If you accompany your request with a check made out to ACP for \$3.00 (postage and handling), she will mail you copies.

**ACP INTERNET**



The ACP website <http://westnet.com/acp/> is kindly set up and maintained by Perry R. Branson, M.D. Among its limited items is one titled "Referral Information." Experience has shown that we need more specific guidelines to assure appropriate requests and to avoid potential liability related to our responses. Our legal counsel

advised to use the following wording which was approved by the Executive Committee and is now implemented:

If you would like a consultation for, or about your child with a member of the ACP, you can locate a member by using the roster listings. However, contacting a child analyst in your area who is available to assist you and your child may take several days. Therefore, if a parent's concern about his/her child is urgent or in the nature of an emergency, the parent should contact their primary medical care professional and/or take the child to the local emergency care center for treatment. In non-emergency situations, you may contact the ACP by e-mail to receive a list of ACP members in your area by contacting ACP's administrator, Ms. Nancy Hall, at "childanalysis@compuserve.com". Please provide Ms. Hall with your name, address, phone number, the age of the child, and a brief description of the situation. You will thereafter be informed by a return e-mail within a few days as to whether Ms. Hall has been able to locate an ACP member who is available to consult with you and how to contact him or her. It is possible that no local analyst is immediately available to assist you, in which case, you will be so informed. By providing roster listings and/or the names of available analysts, ACP makes no representation and accepts no responsibility concerning the nature or quality of any care, consultation or treatment which may be provided, nor does ACP provide any care, consultation or treatment.

Counsel suggested excluding any communication by phone and not making available a fax number so that all transactions are documented in writing/printing.

Also, when requests come in by friends or relatives on behalf of a child in need, Ms. Hall informs them that the ACP may respond only to requests by the child's legal custodian.

## EDITORS' NOTICES

### *From the Editors . . .*

Our annual meeting in Seattle March 26, 27, and 28 demonstrated clearly that child analysis is neither moribund nor an "impossible profession." The reports of the Friday workshops, of the Saturday plenary session, of Sunday's Marianne Kris Memorial Lecture by Peter Blos, Jr., and of the outreach program for local allied professionals all serve as valuable reminders of the unique and profound effects psychoanalysis can have in the life of an individual child and family. The minutes of the executive committee and membership meetings, along with reports of selected committee meetings, illustrate additional roles child analysts are actively playing in training, consultation, and education. It was invigorating to attend various meetings and hear members encouraging one another to write about their experiences for the Newsletter. We are pleased that so many responded to these requests by sending in articles so that colleagues who were not in attendance might also benefit. Thank you, too, to all the reporters who made sure that summaries of workshop and plenary papers are available to everyone in this edition of the Newsletter.

In our own report to the Executive Committee we identified a number of ways the Newsletter provides information to all members. It is a source to learn about child analytic activities worldwide, including scientific conferences, special programs available in various locations, research efforts, and social policy activism. In addition to communicating ACP administrative activities through minutes of meetings and notices of policy and procedural matters, the Newsletter informs colleagues about new members, resignations, and deaths. Reflections from senior members and articles based on our archives help preserve a link with our past, while a "Candidates Corner" and reports of outreach underscore efforts to ensure our future. We hope that as many members as possible will read the Newsletter and contribute articles about their own child analytic experiences. The accompanying Notes to Contributors provide guidelines regarding how to submit articles. We look forward to hearing from you and welcome any ideas for other ways the Newsletter might serve your interests.

Another primary function identified for the Newsletter is that of providing moral support and a sense of shared purpose as we undertake our difficult work. In the wake of current violence in Kosovo and in our own high schools, it may be easy to feel pessimistic and helpless. It is hard to imagine today that the United Nations might seek the opinions of a child analyst as they did in 1948 when they asked Anna Freud to address UNESCO on "Educational and Psychological Techniques for Changing Mental Attitudes Affecting International Understanding." In doing so she unhesitatingly stated that the success or failure of an adult to establish peaceful and positive relations with his fellow beings depends on his childhood experiences, that aggression is an integral part of human nature, and that

since attitudes which are responsible for tensions, conflicts and hostilities between individuals, or groups of individuals, are established in childhood, they can be influenced most efficiently in childhood. Imagine!

**Barbara Streeter  
Denia Barrett**



### NOTES TO CONTRIBUTORS

Association for Child Psychoanalysis Newsletter

We welcome reports, notices, program descriptions, summaries of scientific meetings and other articles informing members of the ACP about activities of child analysts around the world.

Length of articles:

We request that any one submission be no more than 1,000 words in length.

Deadlines for submission of articles:

The deadline for submission is six weeks prior to publication. The deadline for the June newsletter is April 15<sup>th</sup>. The deadline for the December newsletter is October 15<sup>th</sup>.

Submission of articles:

1. We prefer to receive submissions via e-mail to: [bustreeter@aol.com](mailto:bustreeter@aol.com)
2. Our second choice is to receive articles on 3.5 inch floppy disks. We use Windows 98 with MS Publisher, Microsoft Word and WordPerfect, and can translate most software texts. If you are unsure as to the compatibility of your word processing program, it would be helpful for you to send the document in ASCII.
3. If you prefer, you may submit hard copies of articles which we will type into the newsletter. As well, if you are concerned about accurate punctuation, etc., in the translation of your word processing system, it would be helpful for you to send a hard copy of the item you wished published as well.

Please mail disks and hard copies to:

Barbara Streeter, Editor, ACP Newsletter,  
Hanna Perkins Center, 2084 Cornell Rd., Cleveland, OH 44106  
Hard copies may also be faxed with attention to Barbara Streeter  
at: 216-421-8880.

If you have questions or need clarification, please call  
Barbara Streeter at: 216-421-7880 x226  
Denia Barrett may be reached at 216-932-4165.

Anyone who is aware of the death of a colleague is encouraged to notify Mrs. Nancy Hall. We will inform members in a subsequent Newsletter and we welcome personal reminiscences.

The Editors

**The Anna Freud Centre Training in the Psychoanalytic Study and Treatment of Children and Adolescents**

*Director: Julia Fabricius*

*Head of Clinical Training: Viviane Green*

The Centre offers a 4-year Training Course in child analysis and child psychotherapy to graduates with an honours degree in Psychology or equivalent subjects and some professional experience with children. Personal analysis with an analyst approved by the Training Committee is required. The Course has been substantially reorganized to enable trainees to work part-time to support themselves during the training. (Interest-free loans are sometimes available.) The first (pre-clinical) year of the training can be taken as an MSc in Psychoanalytic Developmental Psychology.

The Course comprises

- A theoretical framework of psychoanalytic and developmental concepts, gained via participation in seminars, workshops, research groups, diagnostic groups and other meetings of the Centre.
- Observation of babies, toddlers, nursery school children, atypical children, disturbed adolescents and adults.
- Supervised clinical work in the psychoanalytic treatment of children of selected age ranges — under-fives, latency and adolescents; also, supervised psychotherapy with children, and supervised work with parents.

The Course is designed for trainees to become qualified in the field of child psychoanalysis and psychotherapy and experienced in diagnostic, consultative and applied work with children and adolescents. It leads to the qualification of Child Psychotherapist and is recognized by the Association of Child Psychotherapists for work in the National Health Service in Britain, and by the Association for Child Psychoanalysis, Inc. Trainees can also register for the Doctorate in Psychotherapy in Child and Adolescent Psychoanalytic Psychotherapy run in conjunction with University College London.

Enquiries and applications should be made to: The Head of Clinical Training, Anna Freud Centre, 21 Maresfield Gardens, London NW3 5FH

**University College London  
M.Sc. in Theoretical Psychoanalytic Studies (non-clinical)**

This one-year full-time (two years part-time) course includes 12 units covering historical and current theoretical developments worldwide, which is taught mainly by members of the British Psycho-Analytical Society. Assessment is through written examination in June and dissertation and viva voce examination in September. The course is offered by the Department of Psychology, in the Psychoanalysis Unit which was directed jointly by Professor Joseph Sandler and Professor Peter Fonagy until Professor Sandler's death and continues now under the direction of Peter Fonagy. University College is the oldest and largest part of London University, and academically ranks a close third to Oxford and Cambridge among British universities.

A grounding in psychoanalytic theory would enable those who already have professional qualifications to add a thorough knowledge of psychoanalytic ideas, students interested in clinical trainings to complement the prevailing trend towards briefer and highly symptom-focused treatment approaches, and those from other disciplines to add this perspective to their understanding of philosophy, literature, art, history, anthropology, and many other fields. The course has been running for two years, and has established a very international, interdisciplinary feel. The only academic requirement is an honours degree in any subject from a university recognized by UCL. Students are not required to be in any therapy or to have clinical work experience, though many do.

Fees for overseas students are approximately \$17,000 for one year, or \$8,500 per year part-time. Application forms and further details may be obtained from: Dr. Mary Target, MSc Course Organizer, Subdepartment of Clinical Health Psychology, UCL, Gower St., London WC1E 6BT, UK. ☎ 011-44-171 380 7899 – Fax 011-44-171 916 8502 - E-mail [mary.target@ucl.ac.uk](mailto:mary.target@ucl.ac.uk).



**Hanna Perkins Center for Child Development  
Course in Child Psychoanalysis**

The Course in Child Psychoanalysis is for non-medical professionals with postgraduate degrees who are experienced in the care of children and who wish to be trained in the psychoanalytic treatment of children. Those with medical degrees are also welcome to apply. This program has been in operation since 1958.

The curriculum begins with courses in theory and technique and observation of infants and observation of young children at the Hanna Perkins Therapeutic Nursery School and Kindergarten. It then proceeds to the supervised clinical treatment of three children by the psychoanalytic method and one case of a preschooler treated via the parent at Hanna Perkins.

The course is designed so that full time employment may be maintained while taking up to two children in analysis. Candidates are required to have a personal analysis and to plan to stay long enough to complete their clinical work. Applications are accepted at any time for groups which begin in September each year. Partial scholarships may be available.

For a brochure on the Program and further information, write to: Thomas F. Barrett, Ph.D., Director, or Elizabeth Fleming, Assistant Director, Hanna Perkins Center for Child Development, 2084 Cornell Road, Cleveland, Ohio 44106. ☎ 216-421-7880

**41<sup>ST</sup> INTERNATIONAL PSYCHOANALYTICAL CONGRESS – JULY 25-30, 1999  
SANTIAGO, CHILE**

**PROGRAMS FOR THE IPA-ACP CO-SPONSORED HALF DAY PANELS ON  
CHILD AND ADOLESCENT PSYCHOANALYSIS**

**Finding Words: Affect, Behavior and Meaning in the Psychoanalysis of Children**  
July 26

**CASE I      The Fear of Disappearing: Affects Aroused by Separation as Observed in  
the Analysis of a Three Year Old Girl**

Clinical Presenter - Liliana Pualuan (Santiago)  
Formal Discussant - Abigail Golomb (Tel Aviv)

**CASE II      From Spitting to Speaking: Fostering Affect Tolerance Through Words in the  
Analysis of a Four Year Old Boy**

Clinical Presenter - Denia Barrett (Cleveland)  
Formal Discussant - Inga Villarreal (Bogotá)

**The Search For Meaning In The Affective Expressions Of The Adolescent Patient: The Psychoanalyst At Work**  
July 29

**CASE I      The Struggle to Integrate 'Foreign' Sensations and Alien Affects:  
Psychoanalytic Material from an Adolescent Boy with Gender Identity Confusion**

Clinical Presenter - Vincenzo Bonaminio (Rome)  
Formal Discussant - Anne Hurry (London)

**CASE II      Affective Understanding and Development of Psychic Objects Of An Adolescent Boy**

Clinical Presenter - Teresa Rocha Leite Haudenschild (São Paulo)  
Formal Discussant - Gunther Perdiagao (New Orleans)

Simultaneous translation into the IPA official four languages will be available for both Panels  
There will be no official break during the Panels.

The ACP Reception will be held:  
Thursday, July 29, 1999 7:30-9:30 PM (19:30-21:30)  
At the PALLADIUM Club – First Floor  
Avanida Las Condes 9177, Santiago, Chile  
☎ 202-0306      FAX 212-8438

Contact: Peter Blos Jr., M.D., ACP Liaison to the 1999 Congress Program Committee

**TO ALL ACP MEMBERS,**

I am glad to let you know that we have started a Psychotherapy and Psychoanalytic child program in Padova. Supervision and papers (in English) are welcome.

Please contact me: Prof.ssa Adriana Lis

Laboratori Interdipartimentali per la Ricerca  
Psicologica Applicata e Clinica (L.I.Ri.P.A.C.)  
(Interdepartmental Laboratories for Clinical  
Research in Psychology)

Via Belzoni 80, 35131, Padova, ITALIA  
☎ +39-049-8275839 / FAX +39-049-8275840

Dipartimento di Psicologia dello Sviluppo e della  
Socializzazione (D.P.S.S.)  
(Department for Development and Socialization  
Psychology)  
Università degli Studi di Padova

Home/Office phone and FAX: 011-049-652300  
E-Mail: lis@ux1.psicopd.it

**CALL FOR PAPERS**

7th Congress World Association for  
Infant Mental Health

**“Diversity: Challenges and Opportunities in Infancy”**

July 26-30, 2000  
Montreal, Quebec, Canada

For information contact:  
WAIMH, Kellogg Center, #27 MSU,  
East Lansing, Michigan 48824, USA  
FAX: 517-432-3694  
E-mail: waimh@pilot.msu.edu

For further information about this, please contact:

Elizabeth Tuters  
☎ 416-964-7878

## IN REMEMBRANCE

*Ilse Hellman-Noach*

*September 28, 1908 - December 3, 1998*

Ilse Hellman Noach, a distinguished British psychoanalyst, has died in London at the age of 90. She was born in Vienna, the youngest of three children into a family influential in the world of music.

As a young child in World War I Ilse had been troubled by the plight of the many young war orphans. She later attributed her choice of profession to the fear that she, like them, would lose her parents. There was indeed a continuing thread in her professional life which led her to care for children who had been hurt or disadvantaged in many different situations, separation from their parents having been a frequent factor.

Ilse began her professional training in Vienna by taking a two-year course in the treatment of juvenile delinquency. She put her training to practical use by working in Paris at a home for young offenders. Unusually, the children in this home were grouped in family units where they had a continuing care giver, a practice which later became crucial, too, for the well-being of the children in the Hampstead War Nurseries.

While in Paris Ilse studied in the evenings at the Sorbonne. On her return to Vienna she studied with Charlotte Bühler. At this time also she earned her Ph.D. in Psychology from the University of Vienna. In 1937 she accepted the invitation of Charlotte Bühler to join her in London to study various types of retardation in children.

At the outbreak of the Second World War in 1939 when the bombing of large cities was anticipated Ilse worked for the British Home Office in helping children over five who were being sent to safer areas in the countryside. She had the difficult task of going daily to the railway station and helping the families with their painful goodbyes. She did continuing work for children who could not adjust to their separation and whose symptoms were linked to it.

In 1941 Anna Freud invited Ilse to join her staff at the Hampstead War Nurseries. She was in charge of the Senior Toddlers Department and remained at the nurseries until they closed at the end of the war. Joanne Benkendorf remembers:

My memories take me back 57 years to 1941, as a newly admitted very young student at the Hampstead War Nurseries where Dr. Hellman was in charge of the Senior Toddler Department, a group of nursery school age children. About two years later I joined her staff after completion of all the other aspects of my training. These were stressful times and Dr. Hellman's initial warm welcome and empathic encouragement were much appreciated.

She was an active contributor to our weekly meetings attended by all the staff and invited guests. Dr. Hellman taught a course on Child Development based on her previous work with Charlotte Bühler. This included testing of some children, where I was invited to assist her. Her testing skills and added interest in Down's Syndrome led to many requests for consultations.

In joining her department with part of my "family," I found Dr. Hellman was "Ilse" to children and staff. Both of us had twins in our "family" and her guidance in their complex care was invaluable; as was observing her understanding and handling of our most troubled children. She patiently shared her insights with us. This proved very helpful in our regular collection of pertinent observations. She was very supportive

when I graduated to become her assistant for the final year of our work.

Dr. Hellman had charm, style, a sense of humor, and a keen interest in all the arts. She tried to brighten our wartime and, for some of us, financially challenged existence. Nothing like giving a lift to our faded blue uniforms with colorful buttons and belt! Her wartime work lives on in her long-term follow-up studies of the fondly referred to "War Babies." Throughout the years, too, until illness intervened, Dr. Hellman continued her interest in and care for one's life, professional and otherwise. "Ilse" leaves us with an untold wealth of treasured memories.

In 1941 Ilse began her training at the British Institute of Psychoanalysis in adult and child analysis. She became a prominent member, one who knew how to maintain a dialogue and friendship with members of different viewpoints.

The war years had been a stressful time; its end brought great personal sorrow when Ilse learned that her mother and older brother had died in Nazi camps. At the end of the war, too, she met Arnold Noach, an eminent Dutch art historian who became her husband. They shared an enthusiasm for the arts and a lively sense of humor. The birth of their daughter Maggie was a great joy for them.

When Anna Freud founded the Child Therapy Course for lay students of child analysis in 1946, Ilse joined her staff; in addition to other commitments she was in charge of clinical and research work with adolescents. She published the results of this work in papers which included "Psychosexual development in adolescence" and "Observations on adolescents in psychoanalytic treatment." Her collected papers on childhood and adolescence are published in her book *From war babies to grandmothers*.

As a supervisor of child cases Ilse knew how to support the student and to share her insights about communicating with the patient. Elizabeth Daunton recalls gratefully her supervision with Ilse in the case of a five-year-old boy who had "a chip on his shoulder." Ilse suggested helping him understand his defensive projections with the question "You don't find the world a friendly place, do you?" which proved most helpful in the work.

Ilse continued her professional work until she was 84 and already in ill health. She had moved to be near her daughter and her granddaughter.

Those who had the pleasure of knowing Ilse will remember her personal kindness, her enthusiasm in whatever she undertook and her lasting commitment to relationships. She is survived by her daughter and granddaughter.

Grateful acknowledgment of information is made to Maggie Noach, Mary Kenny (Interview March 16th, 1982), Clifford Yorke (The Guardian, December 16th, 1998), The Times Obituary Column (December 18, 1998).

Joanne Benkendorf  
Elizabeth Daunton

*Note: A memorial notice written by Luis Rodriguez de la Sierra appeared in the Spring 1999 Anna Freud Centre Newsletter*

## Calendar of Events

**July 2-4, 1999**

Program of the Aspen Child and Adolescent Meeting  
 Presentations by: Jill Miller, Ph.D., Gilbert Kliman, M.D.,  
 Shoshana Alder, Ph.D., Ronnie Shaw, M.S., R.N., Jerome Karasic, M.D.  
 All of the presenters are members of Association for Child Psychoanalysis  
 For further information or registration  
 ☎ ..... 970-923-3022  
 FAX ..... 970-923-4569

**July 23-24, 1999**

41st International Psycho-Analytical Association Congress  
 Training Conference  
 Santiago CHILE

**July 25-30, 1999**

41st International Psycho-Analytical Association Congress  
 Santiago CHILE  
*For further information contact:*  
 International Psychoanalytical Association  
 "Broomhills" Woodside Lane  
 London N12 8UD ENGLAND  
 ☎ ..... 011-44-181-446-8324  
 FAX ..... 011-44-181-445-4729  
 E-mail ..... 100450.1362@compuserve.com

**September 14-18, 1999**

European Society for Child and Adolescent Psychiatry  
 Hamburg, GERMANY

**November 15-18, 1999**

International Seminar on Violence and Adolescence  
 Jerusalem, Israel  
*For further information contact:*  
 Aryeh Lewis, Conference Secretariat  
 P.O. Box 574, Jerusalem, Israel 91004  
 ☎ ..... ++972-2-6520574  
 FAX ..... ++972-2-6520558  
 E-mail ..... isas@netvision.net.il

**December 13-16, 1999**

The International Psychoanalytic Association  
 Freud at the Threshold of the 21st Century  
 Jerusalem Renaissance Hotel, Israel  
 Jerusalem, Israel  
*For further information contact:*  
 Aryeh Lewis, Conference Secretariat  
 P.O. Box 574, Jerusalem, Israel 91004  
 ☎ ..... ++972-2-6520574  
 FAX ..... ++972-2-6520558  
 E-mail ..... isas@netvision.net.il

**December 10-19, 1999**

American Psychoanalytic Association Fall Meeting  
 Waldorf Hotel  
 New York City

**January 21-23, 2000**

The 7th National Conference of the National Membership Committee on  
 Psychoanalysis in Clinical Social Work (Sponsored by NIPER)  
 New York Marriott, World Trade Center  
 New York, NY

**April 21-30, 2000**

American Psychoanalytic Association 89th Annual Meeting  
 Chicago, IL

**July 26 - 30, 2000**

7<sup>th</sup> Congress World Association for Infant Mental Health  
 Montreal, Quebec, Canada  
**"Diversity: Challenges and Opportunities in Infancy"**  
*For information contact:*  
 WAIMH, Kellogg Center, #27 MSU, East Lansing, Michigan 48824, USA  
 FAX ..... 517-432-3694  
 E-mail ..... waimh@pilot.msu.edu

**October 29 - November 2, 2002**

International Association for Child and Adolescent Psychiatry and  
 Allied Professions [IACAPAP] Congress  
 New Delhi, India

**Non-Member Attendance at ACP Meetings**

Non-members wishing to attend the Annual ACP Scientific Meeting may do so under the sponsorship of a member. The application form will include a line for identification of the sponsoring member. If the standard \$200 attendance fee poses hardship for a non-member, requests for a reduction of fee to the level of a candidate's fee of \$100 may be addressed to the Treasurer of the ACP.

**Non-Member Subscriptions to the Newsletter**

Non-members attending an ACP Scientific Meeting will receive one complimentary copy of the ACP Newsletter. Those non-members wishing to receive future copies of the newsletter may do so at a subscription rate of \$10/year (\$5/copy). The charge will cover the cost of production and mailing, a cost covered for members through their annual membership dues. See below for subscription order form.

Because of rising costs, the Association for Child Psychoanalysis can no longer provide this Newsletter free of charge to those who are not members of the Association. If you are not a member of the ACP and would like to continue receiving the Newsletter, please remit the annual subscription cost of \$10 to: Association for Child Psychoanalysis, Inc., P.O. Box 253, Ramsey, NJ 07446

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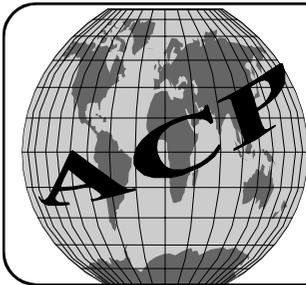
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**Association for Child Psychoanalysis  
Newsletter**  
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