

# Association for Child Psychoanalysis **NEWSLETTER**

October, 1993

## President's Message Peter Blos Jr., M.D.

*Dear Fellow Members,*

It is with pleasure that I report to you on the many activities of the Association since my last letter. But first I want to tell you of some changes among our Officers and Committee Chairs.

Dr. Samuel Wagonfeld resigned for personal reasons as Treasurer of the Association as of the 1993 annual meeting. It is with appreciation and thanks that I note his work on behalf of the Association, especially his bringing promptly to our attention certain potential financial difficulties. Dr. Samuel Weiss, whom I appointed as interim Treasurer, has been hard at work in this capacity and will prepare a 1994 budget for the Executive Committee's consideration at their December meeting. In addition, he has consented to run for the office of Treasurer in the Association's election next winter.

Dr. Kent Hart's willingness to take on editorial tasks in connection with the Association's Scientific Abstracts is cause for celebration. The position of Editor and Chair of the Abstracts Committee has unfortunately been vacant for several years and a number of people have mentioned to me that they have missed this annual publication. With them I look forward to the return of our annual abstracts to print.

Dr. Moisy Shopper, our President-elect, has chaired the Membership Committee for many years and now wishes to step down from this position. We all appreciate his expert and diligent leadership of this most important committee. I am pleased to announce that Dr. Robert Furman has accepted my request to chair this Committee; he began his work at the conclusion of the 1993 annual meeting.

As I review these changes and replacements I am struck with a sense of the Association's good fortune in a

membership that includes so many persons who are both willing and able to contribute so much.

I found the San Antonio Annual Meeting stimulating in its varied content, comfortable in its excellent location, and satisfying in the good attendance. Now that we again have an Editor of Abstracts, those of you who were unable to attend will soon have an opportunity to participate vicariously in the many scientific proceedings and discussions.

The Executive Committee had a very full agenda in San Antonio and its minutes appear elsewhere in the Newsletter. Among a number of issues discussed, two stand out and I would like to report on them briefly:

1 - Membership and Dues. According to our Bylaws these are two quite separate matters. The procedures for becoming a member of the Association were last changed in 1990-91 and since then some concern has evolved about certain significant inequities. I asked Dr. Furman and the Membership Committee to develop appropriate By-law changes which would rectify these concerns; they will present them to the Executive Committee at the December meeting. At the same time Dr. Weiss (as interim Treasurer), Mrs. Novick and I have been reviewing the Association's dues structure. We are preparing some recommendations for the Executive Committee's consideration in December as well. I should remind you, perhaps, that according to our current Bylaws, the annual dues are set by the Executive Committee and passed by majority vote at the annual business meeting.

2 - The Association's Financial Stability. Dr. Wagonfeld, our former Treasurer, expressed considerable concern and the Executive Committee concurred about this

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## President's Message

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matter. Following our discussion (the details of which can be found elsewhere in the Newsletter) I asked our interim Treasurer, Dr. Weiss, to continue the investigation of our financial status and to take such action as seemed appropriate. He will prepare an annual budget for the Executive Committee to examine, discuss, amend as needed, and (finally) approve at the December meeting. This will help us to anticipate financial outlays; it will also enable us to make careful decisions for the future.

I think it is fair to say that the Association had a very visible presence at the International Psychoanalytical Congress in Amsterdam this past summer. As I announced in the winter Newsletter, the ACP and the IPA jointly sponsored two half-day panels: one on child analysis and the other on adolescent analysis. Dr. Shopper (USA) chaired the child analysis panel at which Mrs. Ehrnrooth

(Finland) and Dr. Ungar (Argentina) each presented case material and Mrs. Boegels (Netherlands) and Mrs. O'Shaughnessy (U.K.) were discussants. Dr. Laufer (U.K.) chaired the adolescent panel at which Dr. Ladame (Switzerland) and Dr. Chused (USA) presented case material and Dr. Lopez (Mexico) and Professor Giannotti (Italy) were discussants. The very good attendance and excellent discussion at both of these panels reflects, I think, the high level of interest in the analysis of young people that exists within the international psychoanalytic community. I would like to take this opportunity to thank the members of the IPA Program Committee for their help and cooperation; we hope that we can do as well, with the same cooperative spirit, at the 1996 San Francisco Congress.

The ACP held a reception at the Amsterdam Congress for child analysts and their professional colleagues. Herman Staples, with his usual aplomb and skill, had arranged to hold this reception at the van Loon Huis, an 18th century residence *cum* museum on one of the central canals of Amsterdam. It was a most beautiful and gracious setting and offered an opportunity for many reunions and informal conversations. Attendance was excellent (some estimates ran as high as 250 people!), refreshments were tasty and the white wine nicely chilled. It was a great pleasure for Joan and I to be there and to see so many of you.

As Chair of our Committee to Coordinate Assistance to Child Analysis in Eastern European Countries, Lilo Plaschkes had arranged to hold an open meeting at the Congress. Twenty-two people attended, with representation from Poland, Bulgaria, Canada, the Czech Republic, Germany, Hungary, Lithuania, The Netherlands, Russia, Switzerland, and the USA; representatives from relevant IPA Committees also participated. There was much discussion (in English) about the state of child analysis in various countries. Each, it seems, is in a very different situation. What they have in common, however, is a tremendous need for books, periodicals and visiting teachers; none of the groups have any money. Out of the wide ranging discussion a plan evolved which seemed to be practical, useful and — best of all — feasible. This plan recommended that individuals and/or groups in the Eastern European countries would develop written child and/or adolescent case material which could then be sent, as mutual resources permit, via E-mail, Fax or conventional air mail, to volunteer ACP members for written comments, suggestions regarding bibliographic resources, and perhaps copies of the most relevant articles. The replies would then be shared by local study groups in the originating professional communities. Our hope is that such exchanges might lead, over time, to the development of collegial relationships with some continuity. These could evolve at a mutually comfortable pace and would not strain anyone's resources. To facilitate this plan, the ACP offered its central office as a clearing house which might connect people from specific locations with ACP members who would like to participate. Members who are interested in engaging in such an enterprise should let me know.

We have already received a request for such consulta-

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## ASSOCIATION FOR CHILD PSYCHOANALYSIS

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Stephanie Smith  
Samuel Weiss, M.D.

### Executive Secretary

Mrs. Rachel May  
P.O. Box 366  
Great Falls, VA 22066  
☎ (703) 759-6698  
FAX (703) 759-6783

### Newsletter Editor

Paul M. Brinich, Ph.D.  
320 Glendale Drive  
Chapel Hill, NC 27514-5914  
☎ (919) 967-5819

**Note to contributors:** Send contributions to the Editor at the address above. Deadlines fall one month before our publication dates of March 1 and October 15. If possible, send both hard copy and word processor files on floppy disks (3.5 or 5.25 inch ). MS-DOS format (e.g., WordPerfect, MS Word) files are preferred (including those created under Windows) but Macintosh format files are also acceptable. Contributions can also be sent via E-mail. Our CompuServe address is 73727,3654 and our Internet address is brinich@uncvx1.oit.unc.edu

## President's Message

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tion from Rimvydas Augis, the contact person for the Lithuanian Society for the Application of Psychoanalysis, located in Vilnius, Lithuania. I talked with Dr. Augis when I was teaching in Helsinki in September; he told me that at present there are about twenty-five active members of this group; seven of them are child psychotherapists. Several members of the Society are receiving full analytic training in Helsinki from Finnish analysts. The Lithuanian Society has devised a written plan which proposes an educational alliance with the ACP. I have a copy of this plan and told Dr. Augis that I would look for two or three ACP members, preferably from one geographic location, who would like to work with this group. If you are interested, please let me know and I will provide more detailed information.

Those of you who live and work in the USA must be wondering, as I am, if and how child analysis and child psychotherapy will find a place in the National Health Care plan recently proposed by President Clinton. Dr. Robert Gillman (Chair of the ACP's Public Relations Committee), Dr. Alan Zients, and the ACP Officers have been working on ways for the Association to be heard in the coming debate. We are fortunate that Mr. Buzz Bailey, a Washington, D.C. lawyer and lobbyist (who also happens to be the husband of Candidate Member Dr. Susan Theut), has offered to work with us on a *pro bono* basis. Following a conference call in which we explored what needs to be

done, we have been working on several "assignments," many of which have been quite challenging. We will keep you informed about our efforts and about your opportunities for action.

In summary the ACP seems to have entered a era in which activity and change are necessary requirements. As I review the last six months I see that there have been internal organizational matters to address as well as external public issues. Some of the latter relate to the international scene while others are more closely tied to the development of public policy in the USA. All demand our attention, ingenuity and effort. The Executive Committee's meeting in December will include many of these important matters in its agenda and I anticipate the discussions to be lively. I encourage all of you to write to me expressing your thoughts and ideas about the issues I have discussed here, as well as about other matters which are of concern to you.

Let me close my letter with warm and good wishes to each of you. ❖❖❖

## From the Editor . . .

One of the fringe benefits of the position of *Newsletter* Editor is the fact that, while acting as a conduit for news, one becomes better informed about the Association and the activities of its members.

There are several items in this issue of the *Newsletter* to which I would like to draw special attention. First on my list are the reports regarding contacts between ACP members and other child analysts from around the world. Julio Morales (p. 15) and Lilo Plaschkes (pp. 22-23) describe some of the connections they have made with child analysts who are eager for contact with colleagues across national boundaries. It appears that we now have a special opportunity to encourage the growth of our discipline in some corners of the world where an appreciation of the unconscious has been discouraged in the past.

It seems ironic that some of the most fertile ground for child analysis today may lie in Eastern Europe, in countries which are struggling toward political and economic rejuvenation. Meanwhile, in the USA and the UK, health care policy-makers are focussing their attention on short-term interventions which eliminate the "psyche" from psychology and replace it with a one-dimensional concern for "behavior disorders."

Fortunately there are some hopeful developments to balance the recent difficulties many American and British child analysts have experienced. The Cleveland Center for Research in Child Development has forged a remarkable alliance with TRW, Inc., a *Fortune*-500 multinational company. Barbara Streeter (pp. 12-13) describes how TRW is furnishing some of the administrative and fiscal support required to provide analytically-informed consultation to day care centers at several locations across the USA. Rose Edgcumbe (p. 6) mentions the Anna Freud Centre's efforts to link up with health care "purchasers" within the National Health Service in Britain to provide specialist diagnostic services.

It is unclear where child analysis will fit into the various national health care schemes, in the USA and elsewhere. However, it is clear that ACP members have taken a leadership role as the various representatives of clinical psychoanalysis have appeared before the White House Health Care Task Force. Bob Gillman (pp. 4-5) details some of this work and the cooperative relationships which have been born out of this effort. ACP members have also been active as the Child Psychotherapy Trust has met with members of the UK Parliament regarding the

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## The ACP and the National Health Plan Debate

Robert D. Gillman, M.D.

[Editor's note: The ACP's current President, Dr. Peter Blos, Jr., asked former ACP-President Dr. Robert Gillman to bring the membership up to date regarding the ACP's participation in the debate about the development of a national health plan. What follows is Dr. Gillman's description of our participation in one of *many* meetings during which analysts have tried to educate the various committees which are developing the policies and legislation which will affect health care — and especially mental health care — for decades to come. It is worthwhile noting at least two points which appear below. First, ACP members have been remarkably active in leadership roles during this debate. Second, we are not alone in our fight; alliances have been born out of the perceived threats and these alliances may bring new energy into our profession and science.]

On April 23rd, the American Psychoanalytic Association presented the case for coverage of intensive psychotherapy and psychoanalysis to the Mental Health Working Group of the White House Health Care Task Force. We presented to psychiatrist Bernie Arons and the other mental health workers as part of Tipper Gore's larger Mental Health group. Of the nine presentations, five were by members of the ACP.

Dr. Normal Clemens, Chair of the American Psychoanalytic Association Committee on Government Relations and Insurance, presented an overview of the nature of intensive psychotherapy and psychoanalysis, a description of the kinds of patients for whom it is indicated, and the positive results of those treatments.

Dr. Norman Doidge, of Toronto, presented a survey of the experience in Ontario where there was full coverage of psychoanalysis. He summarized the diagnoses of patients in analysis, showing the severity of illness and frequent history of trauma. He then presented outcome studies demonstrating the efficacy of analysis, and referred to several studies that showed decreased medical-surgical costs when intensive psychotherapy and analysis were made available.

Edwin Husted, formerly chief actuary for the Office of Personnel Management that oversaw the vast Federal Employees Health Benefits Program, reviewed his study of more than 1000 employer-provided health plans over 25 years. He concluded that mental health benefits remained at 8-9% of total insurance costs even when mental health benefits were liberalized. Putting mental health benefits on a par with medical-surgical benefits would increase employee premiums only \$3 per month on average.

Dr. Alan Zients, Medical Director of Health Management Strategies, the organization that oversees mental health benefits for 4,500,000 CHAMPUS beneficiaries representing about \$425,000,000 in mental health care, showed how it was possible to contain costs while maintaining liberal mental health benefits comparable to medical-surgical benefits. By careful monitoring of inpatient hospital and residential treatment care for children and adults, the program saved more than 200 million dollars over three years, with less disruptive monitoring of outpatient care. The program is supporting 70 patients in psychoanalysis.

Dr. Albert Solnit spoke on Intensive Psychotherapy and Psychoanalysis in the Mental Health of Children.

From his perspective as Commissioner of the Connecticut Department of Mental Health he reviewed cost-effective models of mental health services for children, beginning with Anna Freud's work in Vienna and London to present-day programs for disabled vulnerable children. Deriving his recommendations from Freud's 1919 paper, "The ways of psychoanalytic theory," he urged that the "gold" of intensive psychotherapy and analysis be made available in a health package to the most needy 5% of disadvantaged children while the remaining 95% have available the application of analytic knowledge through other services.

Dr. Robert Gillman stressed the concept of treatment of choice. He showed how, in children with the same presenting symptoms, some might be candidates for brief therapy, others might be treated through work with parents, while for still others psychoanalysis is the treatment of choice. From the ACP registry he stressed the severity of illness of our patients. The favorable outcome of analysis was demonstrated in the Hampstead research study of Fonagy & Target. The experience of the Hanna Perkins School and Cleveland Center for Research in Child Development demonstrated the widespread "ripple effect" of child analysts' work.

Dr. June Greenspan-Margolis spoke of the neglect and mistreatment of women and children in the mental health system. She described the case of a severely traumatized woman who had been consistently under-treated and mis-treated in the mental health system, and finally when improving under adequate care, had her funding stopped by managed care. She also described the successful treatment of a mute, suicidal girl whose HMO had abandoned her after ten sessions, and the successful analysis of a physically abusive man following many years of unsuccessful psychotherapy.

Dr. Harold Kolansky presented two successfully-analyzed cases that demonstrated the long-term effectiveness of analysis over a period of more than 30 years. Both patients presented in acute distress. The first, a girl of 3 years, stammered and became phobic following the birth of twin sisters; the second, a man, suffered from panic attacks and impotence. Dr. Kolansky stressed the importance of making available long-term, intensive work at a time when the emphasis is on time-limited psychotherapy.

Dr. Marvin Margolis, Chair, Board of Professional

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## National Health Plan Debate . . .

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Standards, American Psychoanalytic Association, and Dr. Leopold Caligor, President, Division 39 (Psychoanalysis), American Psychological Association, both spoke as representatives of a Psychoanalytic Consortium representing 9,000 psychoanalysts in the United States. They spoke for the significant minority of patients who require long-term treatment and spoke of its effectiveness in both children and adults. ❖❖❖

## From the Editor . . .

*(Continued from page 3)*

encouragement of child psychotherapy services within the National Health Service. It seems that the commitment to early intervention which characterizes most ACP members pushes them to the fore in these discussions.

The ACP and its *Newsletter* can serve a facilitating role for all of these activities: international contacts, support, and development; the dissemination of analytic principles via consultative links; and active participation in the debates regarding national health care policies. I urge all of our members to send news of their activities to the *Newsletter*; these are crucial, difficult times and we must keep in touch. Benjamin Franklin's aphorism seems apropos: "We must indeed all hang together, or, most assuredly, we shall all hang separately." ❖❖❖

The Association for Child Psychoanalysis & The Section for Childhood and Adolescence,  
The Division of Psychoanalysis, The American Psychological Association  
present

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### **Conference Speakers**

## NEWS OF THE ANNA FREUD CENTRE

Rose Edgcombe, Co-Ordinator of Training and Clinical Services, The Anna Freud Centre

For the Anna Freud Centre 1993 has been a much more cheerful and exciting year than 1992. There have been a number of developments which many ACP members already know about, but for those who don't I will list them briefly.

Since the last *ACP Newsletter* Anne-Marie Sandler has taken over as Director and has embarked on a number of new projects. We have also appointed a general manager, Ros Bidmead, to superintend all administrative matters and to organise our fund-raising efforts. These two appointments have permitted me to focus on the training and clinical services of the Centre, and have also allowed Hansi Kennedy and Cliff Yorke to retire . . . but only, we are happy to say, to Honorary Consultant positions. Elizabeth Holder has also left and Marianne Parsons has taken over as Course Tutor.

Last Christmas we began formal negotiations with University College London to get our training accredited at the doctoral level. These negotiations are proceeding slowly. But one unexpectedly rapid outcome was the establishment of a one-year M.Sc. course in Psychoanalytic Developmental Psychology. This is essentially the same as the first year of our full training, with the addition of research seminars, an individual research project, and final examinations. The first group of M.Sc. students has just started; some of these may transfer to the full training. Three people are starting the four-year course and five visitors are joining in some seminars for periods ranging from three months to a year. So we have a large, interesting group of new people joining us. We are used to having an international student body, but this year — in addition to our usual quota of British, EEC, and USA candidates and visitors, we have people from Middle Eastern and Eastern European countries, including Russia.

In another link-up, this time with the Institute of Psycho-Analysis, the AFC is accommodating a branch of the Child and Adolescent Department of the Institute. We will provide institutional support for child analytic candidates from any group ("Kleinian," "Contemporary Freudian," or "Middle") who wish to see their training cases here. This is an extension of the arrangement which has been in place for some years whereby candidates in the Contemporary Freudian (formerly "B") group could opt to do their child analytic training here. All parties to this arrangement hope that it will strengthen and consolidate the

position of child psychoanalysis in London.

We have embarked on a programme of Public Study Days. The first, on "Bullying," was attended by a very mixed audience, discussion was lively, and the day was successful. The next will be on "Divorce: Children, the courts and the law." We plan to have three or four study days a year. We are also planning weekly workshops for professionals, to be run jointly by outside experts and members of our own staff. The first such workshop will start in January and will be on "Atypical children"; this will be run by Viv Green from our own staff and Anne Alvarez who is well known for her work with such children.

We are experimenting with a different format for Wednesday afternoon clinical meetings, selecting topics which will run for several weeks, with a range of informal presentations. The present topic is "Working with parents of children in analysis." Once a month an evening research meeting is now held to track the progress of the Centre's research projects. Visiting colleagues are welcome to attend both of these meetings.

We are developing an expanded assessment service which we hope will attract referrals from National Health Service "purchasers" as well as from private individuals. In addition to our regular team of child therapists, psychiatrists, psychiatric social workers, and clinical psychologists, we are building up a panel of experts in specific areas. So far these include two neuropsychologists (Mark and Karen Solms) and an expert on severe learning disabilities (Valeria Sinason).

A major event this year was a reunion meeting for our graduates. A gratifyingly large number of overseas graduates as well as British residents attended and we had a lively weekend of clinical and research workshops, nostalgia, and parties. There was also considerable sadness as we bade farewell to Hansi Kennedy, Cliff Yorke, and Elizabeth Holder. The reunion gave rise to a number of ideas for maintaining regular contact with graduates via exchanges of information, joint projects, and visits. Staff and students here found the weekend invigorating and stimulating; we hope to make it a regular event.

⌘⌘⌘

### The Anna Freud Centre

is pleased to announce that, as of April, 1993

**Mrs. Anne-Marie Sandler** has become the **Director of the Centre**.

We feel extremely fortunate to have secured the services of an internationally-renowned psychoanalyst who is also a graduate of our own training.

We look forward to a happy association with her.

The Anna Freud Centre for the Psychoanalytic Study and Treatment of Children — 21 Maresfield Gardens — Hampstead — London NW3 5SH

☎ 011-44-71 794-2313

FAX 011-44-71 794-6506

## The Development and Validation of a Manual of Child Psychoanalysis

Jill M. Miller, Ph.D.  
Denver, CO

[Editor's note: Over the past decade several students at the Anna Freud Centre in London have added to their training in child analysis the academic tasks of a research dissertation. Some earned Ph.D. degrees from the University of Lund, Sweden; more recently, several have received doctorates from the University of London. This link with "academic" psychology has its advantages and disadvantages; some graduates have found that the Ph.D. degree broadens their options for licensure and independent practice (especially in the USA). The Anna Freud Centre has recently formalized its links with the Psychology Department of University College, London and now offers an organized, one-year course of study leading to the M.Sc. in Psychoanalytic Developmental Psychology. In a parallel development, the Cleveland Center for Research in Child Development has been exploring ways in which its graduates might obtain a Ph.D. or Psy.D. degree. The following abstract of Dr. Jill Miller's thesis for the University of London is offered as an illustration of what this more academic track may have to offer to child analysts and to child analysis. Readers who wish to learn more about Dr. Miller's study should contact her

directly.]

The creation of a manual outlining the specifics of a particular type of psychotherapy is considered a precondition for systematic research. Thus far there has been no attempt to create such a manual for the description of psychoanalytic treatment. The present research concerns the development of a manual of child psychoanalysis; as such, it is also an investigation of the explicit and implicit principles which guide the work of child psychoanalysts at the Anna Freud Centre, London.

Four separate studies were undertaken. The first consisted of an attempt to "manualise" the key therapeutic ingredients, guidelines, and strategies of child psychoanalysis at a behavioral level. This first study revealed that it was not possible for experienced child analysts to apply the categories of such a manual of child psychoanalysis in any uniform or reliable way. It became clear that the manual had to be re-oriented.

The second study attempted to determine the technical and theoretical concepts which are part of the analyst's "internal working models." Experienced clinicians who were grounded in the approach of the Anna Freud Centre were asked to examine clinical material from the analyses of many different children. They were asked to list the concepts which were brought to mind by the clinical material before them. This led to a set of categories which could be used to "manualise" child analysis.

The third study examined how analysts made use of their conscious (explicit) working models. It focussed on seven specific categories: Defence and resistance; Conflict; Affect; Transference; Object relations in the clinical context; Interpretation; and Psychoanalytic understanding of childhood psychological disturbance.

The fourth study examined some of the preconscious beliefs, theories, and working models which influence the ways in which analysts work. This study involved unstructured interviews with members of a group of child analysts who share a common theoretical and clinical foundation. The interviews touched upon the categories which were used in the third study, with one modification; since "Psychoanalytic understanding of childhood psychological disturbance" proved to be a complicated area

which did not lend itself to the methodology of the study, the diagnostic category of "Developmental disturbance" (together with the "developmental help" thought appropriate to the developmental disturbance) was substituted.

Results from the third and the fourth studies suggested that it is possible to systematize child analytic techniques through the use of semi-structured and unstructured interviews. They also suggested that the examination of analysts' preconscious theories and beliefs -- through interviews based on their own clinical work -- can help to clarify the theories which underlie child analysis (as practiced at the Anna Freud Centre). Certain basic premises emerged across the eight categories; together these

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## Infant Psychiatry with High Income and Low Income Multi-risk Families, 1980-1990

Vulnerable Child Discussion Group

The Association for Child Psychoanalysis ❖ April 2, 1993 ❖ San Antonio, Texas

Chairman: Theodore B. Cohen, M.D.

Presenter: Eleanor Galenson, M.D.

Discussant: Thomas F. Barrett, Ph.D.

Coordinated and Summarized by M. Hossein Etezady, M.D.

In his introduction, Dr. Cohen announced that the International Universities Press will soon publish the first of six forthcoming yearly volumes based on these workshops, now 24 years old. The first meeting in 1969 focused on children in poverty. Many of the same issues and frustrating clinical results will be repeated again today.

In 1982 Selma Fraiberg, four months before her death, presented an optimistic extended analytic report on the failure-to-thrive child. Controversies are healthy in psychoanalysis, especially at this time. At least 15% of our children are thought to be in need of therapeutic intervention. What we can learn from each other can be very useful.

Dr. Galenson's presentation was titled, "Infant Psychiatry with High Income and Low Income Multi-Risk Families, 1980-1990."

Dr. Galenson stated that her paper was based on the follow-up on the Mt. Sinai Therapeutic Nursery. She noted that such facilities for the care of these emotionally disturbed children are scarce, although the government is now indicating that it intends to treat these children. Not only trained workers are few, but there is no agreement on a training curriculum. This training, according to Dr. Galenson, should be under the auspices of clinical resources and not under education in institutions that are already preparing many such individuals.

We need to define for ourselves the nature of the psychopathology that perhaps represents the features of the low socio-economic in contrast to the children from the upper class. We have to identify these features if we are to appropriate resources in order to treat them. With some of these clinical entities, there is little disagreement among the pioneers in the field. Most of our information and literature is based on the work with upper and middle class children. This group of children, however, present with their unique characteristics.

Contribution to psychopathology by parental disorder and aggression during early childhood has long been recognized in psychoanalysis. The contribution of social conditions and environmental circumstances have been well described by sociologists. Very few psychoanalysts have worked with this population in the setting they come from. Dale Meers reported a preponderance of ego deficits and sexual identity problems in his work with these children. Later he observed frequency of sexual trauma in the young children. Most lived in fear that their children would be victimized by visitors, friends or relatives. This is as true today as it was in the early 70's when Dale Meers reported his findings. He reported that in the poor black community, both the social as well as the sexual life between the male and the female are completely separate. Sexuality rarely

seems to be a shared joy, but is instead a source of drive release with a sadomasochistic imperative. Meers attributed these features to the sexual traumatization to which these infants and young children are so readily exposed. He also felt the separation in social as well as sexual life in this group, between men and women, was responsible for children's psychopathology which he described.

Meers was severely criticized and his work was stopped with controversy around racial bias. Dr. Galenson stressed that her 12 years of work with this population supports Meers' findings. Early exposure to sexuality, which is closely associated with aggression, inhibition of anal erotism in favor of oral fixations and high levels of hostile aggression and inhibition of masturbation were ubiquitous in this population. The association of these features with the similarity of environmental conditions are characteristic of this group. We also found, as Meers had, ego deficits, aggression turned against the self, fixations at a sadomasochistic level of sexuality, and failure to achieve oedipal phase development. Deficits in the firm establishment of body boundaries, sexual identity and self/object delineation presented important therapeutic hurdles.

The upper and middle class children in Dr. Galenson's private practice were seen three times a week together with their parents (usually the mother). The mother or also the father would be seen individually as well, once a week. The difference in this group, as compared to the first, could be seen as centered around two issues: 1) development of a cohesive sense of self; and 2) the balance between the libidinal and aggressive impulses.

The treatment was based on Mahler's tri-partite treatment and Selma Fraiberg's approach. Children were all under 4 years of age. A total of 45 children were seen in that decade. Disturbances in sleeping and eating, developmental delays, impulse control problems, phobias, difficulty in establishing social relationships, various anxiety disorders were treated. Most families were intact, but some were divorced or divorcing; some families included twins or adopted children. All fathers were available to the child and to the treatment. Many of the parents had been in psychoanalytic treatment themselves. One-third of the mothers and many fathers had suffered from depression. No parent had been psychotic or addicted to drugs (a few were alcoholic).

Families of the therapeutic nursery children all had one parent, usually a mother who stayed with her own mother (i. e., the maternal grandmother); sometimes there were visits by the father. Often the children had never known or seen their fathers. Drugs and alcohol as well as violence were common in the background. Many non-organic cases of

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## Vulnerable Child . . .

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failure-to-thrive were encountered as were the spectrum of developmental disorders. [Interestingly, autism was seen more often in the private practice group.] The children had been to emergency rooms and doctors very frequently. Somatic disorders were far more frequent in this group.

Dr. Galenson described how, in the private practice group, parents were always available and participated in treatment. Problems of interaction and parental pathology were the focus of every meeting and the mothers were present throughout. The mothers recalled their own childhood and experiences. The aim was to establish a more harmonious relationship within the dyad, the mother and child, as well as between the parents. Much parental and marital disturbance first begins with the birth of a child. The support of the parents during the course of treatment was an essential ingredient. At times when the treatment resulted in the unleashing of rage and other intense emotions the situation would become even more taxing for the parents.

At 21 months, Maude had never uttered a word, but her receptive language was advanced. Since her birth she had been under the care of a housekeeper while both her professional parents worked during the day. Leaving the house every morning, the mother elicited no reaction from this child at all. Maude had severe and frequent tantrums. Mother agreed to join Maude during our lunch on her lunch break and to participate fully. Gradually separation anxiety and anger directed definitely at the mother began to emerge. Mother suffered a great deal and her mild chronic depression increased. Treatment lasted five years. Maude's language gradually emerged. Mother recalled her own painful childhood, ambivalence and passive accommodation to her own mother's punitive disposition. The child was able to continue with her cognitive development and there was improvement in her relationships with her parents and peers. Mother continued her own individual psychotherapy. Three years later mother had accomplished some resolution of her ambivalence toward her own mother. Maude tends to be sensitive to criticism, and can be moody. It was felt she would be able to return and do more during her adolescence.

Jenny was first seen at 2 1/2 years. She was moody, irritable and wouldn't sleep. Six weeks earlier she had been ebullient, happy and experiencing no difficulties at all. Now she had numerous symptoms. She washed her hands compulsively, was always thirsty, and suddenly avidly involved with her dolls which didn't interest her before. She was back on the bottle and was severely regressed. Because of his own detective work, her father discovered that a 16 year old male babysitter had urinated in front of her and had also attempted fellatio. In play therapy the child was able to produce a picture of what she had experienced. Displacement, denial, somatization and regression were predominant as she struggled to master the trauma. Six weeks into her treatment her spirits had improved. She announced that she wanted to become like her mother some day. A year later, some reverberation of her symptoms were noted, but later

she seemed to be back on her developmental track and doing well.

At 34 months Gene had no language, even though he understood everyone and communicated with gestures and vocalization. He had separation anxiety and ruled his family with his tantrums. He preferred his father strongly over his mother. Father and a housekeeper looked after the baby during hospitalization of mother for post-partum depression. As mother's treatment helped her with her depression, Gene began to emerge and six months later he was speaking. He remained unusually attached to his father and had a sexual identity disorder not unlike that of mother's brother whose condition was held secret from the boy.

The poverty group attended the program three mornings a week, two hours at a time, for 1, 2, or 3 years. An individual therapist was assigned to each mother-child pair. Results were not good. We noted prevalence of biting behavior, little evidence of any overt affection towards the child, surprisingly uncommon masturbation and a delay in the development of both pre-symbolic play and language.

In Stone's (1979) view, the anal phase and the experience of toilet training are crucial for psychic structuralization. A normal passage through this phase is necessary for elaboration of non-verbal fantasy and other types of thought before they are transformed into play and language. This implies that any disturbance in the aggressive-libidinal balance in the second year would pose a serious threat to psychic structuralization. Freud in 1920 described erotization of aggression as a defense against its destructive force during the second year. Other defenses include somatization and regression. The destructive force of the aggressive drive is most effectively controlled by its erotization (i.e., proto-masochism or sadomasochism). Father provides a balance against hostile aggression toward the mother. It has been shown that attachment to the father deflects the child's aggression away from the mother during the second year. Boys begin to dis-identify with the mother and girls turn to the father erotically in advance of oedipal attachment. This ameliorates the ambivalence during the second year. In the absence of the father and with abundance of overstimulation, erotization of aggression seems to be the major defense against the threat of heightened aggression. The sado-masochistic quality tends to involve other relationships as well. Interestingly, in these children masturbation does not serve as an outlet for sexual or aggressive feelings.

Dr. Galenson concluded by emphasizing the following observations in this group of children. Predominance of orality. Lack of overt affectionate behavior, perhaps related to the persistence of intense ambivalence between the mother and her own parents. Evidence of early genital phase emergence was not present in these children until 9-10 months later than usual. The most important feature is the conflictual nature of anal phase development. They have no opportunity for elaboration of their internal fantasy life and, therefore, symbolic play, language and all aspects of mentation are affected.

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In his discussion of this presentation, Dr. Barrett focused only on two areas addressed by Dr. Galenson:

- 1) early fusion of sexual and aggressive impulses, and
- 2) establishment of early preventive programs targeted toward economically and socially deprived young children.

Dr. Barrett cautioned about sweeping generalizations regarding children living in impoverished neighborhoods. Children from single parent families are especially vulnerable to imbalance between the drives because of reduced opportunity for libidinal gratification resulting in an increased quantity of unfused aggression. This interferes with resolution of ambivalence, development of relationships and ego functions, compromising the capacity to strive for mastery, especially in self-care skills.

Dr. Barrett elaborated on the distinction between defensive erotization of aggression and the process of fusion of the drives. He regarded the first a defense, compellingly manifested in children exposed to overstimulation in an attempt to integrate an experience that is not integratable. Fusion, on the other hand, is a crucial developmental process that variously occurs throughout all of development, enhanced by a relatively favorable balance of drives. In agreement with Dr. Galenson, Dr. Barrett noted that in her clinic population, fusion was consistently lacking or interfered with. Additionally, erotization of aggression was typically noted as a defense. Problems of fusion were also present in the private practice population.

It is precisely the support of drive fusion in a young child's development that is pivotal in the success of any treatment or intervention modality.

Since 1985, Hanna Perkins' school in Cleveland has been attempting such intervention with toddlers ranging in age from 18 months to 3 years and representing a cross section of socio-economic levels. At no time during the program are the toddlers separated from their mothers. The findings are impressive along two parallel tracts of development. They include, on the one hand, the child's increasing independence and mastery in self-care tasks and, on the other hand, the mother's progress from primarily narcissistic investment in her child to an object investment in him as a loved and separate person. When efforts are focused on supporting this transition in the mother, she is able to value her child's abilities and accomplishments. She brings to her child an increased ability for libidinalization. As she can better support in her child drive fusion, he can use this support to achieve autonomous mastery over self-care tasks. This bodily mastery is crucial in establishment of self-esteem and provides the foundation for all future development. This strategy to support the mother to support her child was also used by Selma Fraiberg. Staff never take over for the mother even though at times, especially in a crisis situation, this is nearly impossible. It is important first to notice and emphasize the baby's dependence and need for the mother and then her unique capacity to know about and respond to the baby's cries and cues. It is this invested response from the mother that provides the libidinalization

crucial for the establishment of increased drive fusion leading to mastery and progressive development.

At The Hanna Perkins School, children of mixed background are grouped together. It helps a mother to see that mothers from all socio-economic backgrounds are struggling with the same issues in dealing with their at-risk children. Treatment via the parent is also made available in day-care settings in other communities for children at risk through an outreach program.

Dr. Barrett thanked Dr. Galenson for her thoughtful paper and for many years of dedicated and scholarly work on which it is based. Dr. Barrett stated that he is not convinced that there is a unique form of psychopathology in culturally or economically divergent populations. He stressed the need to individually assess and appreciate the myriad of factors, from the present as well as the past, that affect the mother's capacity to bring sufficient libidinal investment to her relation with her baby.

**Dr. Maurice Apprey** commented on the inter-generational history of Afro-Americans, victims of slavery, then murder and rape, then incest, and finally depression during each passing generation. This history leaves its mark on psychosexual development and such individuals cannot be viewed in the same light as the rest of the population. Aggression against the self, erotization of aggression, pre-genital fixations and ego impoverishment are the results of this traumatic history. This requires special recognition, understanding and effective intervention.

**Dr. Van Dam** spoke of the identification with members of the ghetto as opposed to the members of the mainstream culture. This enters into the dynamics of intervention and counter-transference. He also commented on the problems of overcrowding and lack of privacy, indicating that minimal housing requirement should include at least three bedrooms, one for the parents and one each for male or female children.

**Dr. Silver** referred to his own published work with children from similar backgrounds. Failure to thrive was encountered frequently, beginning at 2-3 months of age. Often the mother was a depressed adolescent, abused, one of many from a single-parent family, who became pregnant in order to establish some kind of object love and to escape her circumstances. After several months of multi-faceted support and intervention, these mothers could at times recover, attend to their babies and, after a few months, the infants would be back on their developmental track. Given the multitude of factors which derail development before drive differentiation, he questioned the usefulness of a narrow focus on drive development as a central element. He advocated a broader perspective.

**Dr. Galenson** responded that while she agrees with the importance of considering a wide range of factors, she did not agree that focusing on drives is not useful. She stressed the organizing influence of the drives from the very beginning, manifesting differently at each level, and she expressed concern that the drives are so often neglected

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## Vulnerable Child . . .

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when issues such as this are dealt with. She felt that failure to thrive is an entity especially suited for focusing attention on drive development. As for low-income mothers, Dr. Galenson stated that post-partum depression is universal, but more pronounced with this group. She stressed the importance of understanding the fate of aggression in mothers with postpartum depression. Parents repeat their own early history in raising their children. When one generation has been subject to aggression from an external source, it experiences a counter-aggression that affects parent-child relations from one generation to the next. This may falsely be identified as genetic, but in fact it is due to cultural and environmental influences affecting mother-child relationship passing from one generation on to the next. This may manifest as aggression turned against the self, angry acting out or organized social activism.

**Dr. Cohen** commented on the potential for misunderstanding by some who view this material in terms of race and prejudice. He added, however, that as scientists and psychoanalysts, we need to be grounded firmly in reality and deal with conflicts, defenses, and resistances against the recognition of reality (as we do in our analytic work).

**Dr. N. Shaw** asked for elaboration on specifics of anal eroticism and masturbation emphasized by Dr. Galenson. He also referred to Burland's description of mothers in a similar group who knew nothing about child rearing, could not get along with their own mothers, but who learned about baby-care from their maternal grandmothers. They were taught never to pick up a crying baby so as to not "spoil" them. Instead, "you give them something to really carry on about," i.e., a beating. This is crucial in perpetuating the problem.

**Dr. Barrett** felt what we learn about a group should be taken into our relationship with the individual we are working with. There is a danger in assuming that a whole group of people suffer from a specific psychopathology we have observed in a particular neighborhood. This will interfere with our understanding of the individual we try to help, because we are likely to assume rather than listen as we should. We need to establish generalities, yet at the same time not allow generalities to interfere with our relationship with the individual and the understanding of their unique subjective experience. In response to earlier comments on drives, Dr. Barrett used the example of a feeding baby as an excellent example of drive fusion. How could you bring together a better blending of the aggressive drive with the libidinal drive? In failure to thrive, the mother's ability to support this fusion is missing. Therapeutically we focus on what interferes with this aspect of the mother's ability.

**Dr. Raskin** said if you could bring together that feeding experience with the internalization of the gratifying mother's image, then we are concerned with object relationships and it all makes better sense.

**Dr. Alfredo Suescum** noted that one sees many adults raised under circumstances such as those described by Dr. Galenson. It is puzzling how many of these individuals are

no more damaged or handicapped than others from higher socioeconomic backgrounds.

In her concluding remarks, **Dr. Galenson** emphasized the crucial importance of participation of the father at the end of the first year and earlier. The mother who does not have this support is a different kind of a mother. A grandmother cannot provide the same support that a husband does. Much research is underway regarding the differences in the development of boys and girls, as well as how women respond to and handle babies differently from men. In therapeutic setting, it is very instructive to see the response of the mothers and their infants to the male staff, even to those who are young, naive or inexperienced. Regarding the question of resiliency in many of the children, Dr. Galenson felt we have no clear answers, but one wonders at what price are these children able to lead what appears to be reasonably well-adjusted lives.

Regarding the anal phase, Dr. Galenson stressed the importance of this period in the formation of fantasy. The anal phase is also extremely important in development of language. Motor movement, exploration, practicing and pre-symbolic play are not tolerated or appropriately fostered by mothers of the clinic group. The anal phase and anal derivative behavior and their relationships to the formation of internal fantasy, language and subsequent development provide ample opportunity for future research.

In his concluding remarks, **Dr. Barrett** noted that many children manage to survive these difficult circumstances and do well. He felt if we could spend the time to look carefully, we would find that there is much good also to be found in these conditions that help with growth and favorable development. This is the reason why we need to respect and regard each individual case as unique and separate from all others in a group with a common set of circumstance and experience. ❖❖❖

## NEWS FROM THE CLEVELAND CENTER FOR RESEARCH IN CHILD DEVELOPMENT

Barbara U. Streeter, Associate Director, CCRCD Extension Division

### **"Early Intervention Alliance" CCRCD and TRW Join Forces to Implement Early Intervention Project**

"Weakness in our schools begets weakness in our research labs, our technology centers, our production lines, and thus, and most critically, weakness in our ability to retain the jobs that will secure our prosperity for the future. Business is the primary customer of American education, and we are experiencing these weaknesses in all of our markets, which are increasingly global and fiercely competitive . . . we must remove obstacles that leave too many children entering kindergarten ill-nourished, ill-nurtured and ill-prepared to learn."

John F. Akers [past Chairman of the IBM Corporation and past Chairman of the National Business Roundtable's Education Task Force] in *The Wall Street Journal*, March 20, 1991.

In the past decade, the importance of investing in young children and their development has become increasingly apparent to certain members of the business sector. One of the leaders in this movement is Joseph Gorman, CEO of TRW, Inc. and current Chair of the Education Task Force of the National Business Roundtable. In addition to speaking widely about the imperative need to revamp the entire educational system in America, he has helped develop the mission of the Governor's Office in Ohio that "all children shall be ready to learn by the time they enter Kindergarten".

It is through our link to Mr. Gorman that therapists at the Cleveland Center for Research in Child Development have become involved in a model early intervention project of national scope. The project is designed to unite the business sector with professionals in child development in efforts to improve the quality of care provided to children in day care. It is modeled after CCRCD's consultation to day care programs in Cleveland, and currently involves the provision of consultation to selected day care centers in TRW communities across the country.

The relationship between TRW and CCRCD began several years ago when the TRW Foundation provided a \$25,000 grant supporting CCRCD's consultations to six day care centers (of the Center for Human Services) and to several Head Start programs (of the "West Side Ecumenical Ministry"). It developed further when Joseph Gorman visited CCRCD and Hanna Perkins and learned first hand of the quality of the work at these two institutions. As a result of the visit, we were asked to develop a project to serve as a model for other corporations.

When officials of the TRW Foundation presented this request to CCRCD, it was suggested we might provide

workshops in Cleveland for teachers from around the country. We responded that, instead of asking teachers to come to us to learn what we think they need to know, we would be considerably more effective by going to the teachers' communities and asking them how they felt we could be helpful. This was the beginning of a series of conversations that eventually developed into a planned project, now titled the "Early Intervention Alliance".

### **Development of the Project**

In developing the project, we were guided by three basic tenets:

1) While day care practice has traditionally been modeled after nursery schools, day care is qualitatively different from nursery school and practice therefore needs to be altered accordingly. This premise is presented by Dr. Robert Furman in his article, "What is Day Care?", found in the CCRCD's journal, *Child Analysis* (volume 3, June 1992). It fits well with Joseph Gorman's often-stated belief that, in order for change to occur, the system must change.

2) Any successful intervention entails the development of enduring relationships, relationships that are allowed to develop over time in response to the needs of those being assisted.

3) Business support for young children is essential to the future stability of this country.

The plan that emerged is one that includes several components and involves several phases. The first phase has been to facilitate the development of relationships between selected business representatives, mental health consultants and day care centers, relationships within which the needs of children can be addressed.

The business representatives will maintain ongoing relationships with the day care directors and staff, will support the services of the mental health consultants, and will participate in ongoing needs assessments for the centers. If it becomes apparent that a given day care center is in need of additional classroom services (such as an assistant to help with children with developmental difficulties) or is in need of improved facilities (such as a bathroom next to the Toddler room), the representative of that center will play a key role in procuring the funding. The TRW Foundation will have a fund designated for this purpose.

The services of the mental health consultants will be similar to those currently provided by CCRCD therapists at day care centers in Cleveland. They will be available to day care staff at selected centers on a regular basis to respond to their needs and to aid them in their work with children and parents. The consultants will be assisted in learning from the experience of CCRCD therapists through attendance at workshops in Cleveland and through ongoing consultation with CCRCD therapists.

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## News from the CCRCD . . .

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### **The Consultation Model**

CCRCD therapists have provided ongoing consultation groups to day care centers for the past forty years and "outreach" programs for the past twelve. During the consultation groups, staff present cases of children with difficulties, concerns about classroom management, and challenges they have encountered in their work with parents. Outreach programs are an extension of this, along with opportunities for the consultant to provide treatment-via-the-parent, as is done at the Hanna Perkins School, to parents of children in the day care programs. In both modes, we respond to the needs of the particular day care program, at times meeting privately with the day care director to discuss such things as staff management, at times observing a child in the classroom, at times presenting an overview of some aspect of child development.

The recognition of the crucial role of relationships in children's development and ways to assist in the maintenance of those relationships, despite the interruptions caused by placement in day care, are often a focus of the work. As we discuss such simple things as a child's need to receive phone calls from his parent during the day, we realize that such cannot be accomplished without full cooperation and empathic understanding on the part of both the caregiver and the parent. This requires that the caregivers develop close working relationships with parents.

The task of working together on behalf of a child, which comes naturally to some caregivers and parents, is generally a most difficult one for quite a variety of reasons. Both caregivers and parents struggle with feelings of inadequacy and fears of criticism or condescension from the other. Both caregivers and parents are often unclear as to their respective roles in assisting the child and can worry lest they intrude on the other's turf. Both caregivers and parents have their own stresses to deal with: Parents are burdened by the competing demands of work, home and child rearing, while teachers have to share themselves with and attend to many children; and each can feel the other does not fully appreciate these stresses.

One of our jobs as consultants is to assist the caregivers in dealing with and overcoming the many misunderstandings and resistances that arise in their work with parents. In order to accomplish this we must take care to develop working relationships with the caregivers which are based on mutual respect -- enduring relationships which

serve as models for those the teachers will form with parents.

We have been delighted that the representatives of the TRW Foundation have been able to understand the nature of what we are proposing and to appreciate what it will take. Because the development of long-term, dedicated relationships are integral to the project, they have committed to support the project for at least ten years.

### **The First Phase of the Project**

The first phase of the project entailed an orientation for the business representatives and the selection of consultants and day care centers. In January, CCRCD consultants met with the TRW business representatives from the four selected sites: Detroit, Michigan; Huntsville, Alabama; Allen (Dallas), Texas; and San Bernardino, California. This meeting provided an opportunity to acquaint the representatives with the project and its origins and to begin to discuss the needs of their respective communities. Subsequently the CCRCD consultants and the business representatives worked together to identify appropriate psychoanalysts or other mental health workers in their communities to serve as professional consultants to their day care centers.

These consultants have been selected and oriented to the project. Some have already identified appropriate day care centers while others are still in the process of doing so. The selected consultants include ACP member Sarah Rabb Bennett, who trained at the Hampstead Clinic (now the Anna Freud Centre) and who is currently located in Dallas. The others are: B. Kaye Campbell, Ph.D., a member of the Detroit Psychoanalytic Institute; Martha Strieff Nelson, affiliated with the Los Angeles Psychoanalytic Institute; and Charlotte Hoffman, Ph.D., a psychologist in Huntsville.

Several child analysts located in other areas are interested in developing similar projects in their communities and have begun to connect up with corporations and other funding agencies to obtain support. As the project proceeds, we hope to be able to include these people as well as others in ongoing sharing and study of our work in day care centers.        ❖❖❖

### **Dedication of the Katan Archives**

On Friday evening, March 12th, a group of friends and colleagues of Drs. Maurits and Anny Katan gathered to recognize them and the generous donation of their library to the Cleveland Center for Research in Child Development.

The collection consists of approximately 2000 volumes of books and journals which are now housed in glass-enclosed shelves specially built for the purpose in the Maurits Katan Auditorium in the Hanna Perkins Building.

Memories shared of Dr. Anny included those of her

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## News from the CCRCD . . .

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warmth and zest for life, her courageous efforts to help colleagues in Vienna escape during the war, her analytic training and relationship with the Freuds in Vienna, the beginnings of her determined work to develop the child analytic community and therapeutic school in Cleveland, the sharing of her home for Monday night seminars, and her interactions with the children at the Hanna Perkins School.

In addressing Dr. Anny's dedication to child analysis, Dr. Furman described how she was absolutely rigid about certain analytic principles while she was amazingly flexible about certain other perspectives. He noted that she had the wisdom to know when to apply each. Ms. Daunton, who reviewed aspects of Dr. Anny's early days in Vienna, shared a comment that Freud made about her: One of Freud's colleagues had expressed concern as to the young Anny's involvement in the radical underground working against the Austrian Fascist government. Freud responded with tolerant humor, "Wherever Anny is, the revolution will begin".

The collection in the Katan Archives includes first

editions by Sigmund Freud, Anna Freud, and their colleagues, a number of which are signed. There are several hundred copies of professional papers by a variety of authors, some of which are unpublished, some of which are preliminary drafts of published articles. There also is an extensive correspondence between Anna Freud and the Katans — consisting of more than 120 letters — and several other items of Freud memorabilia.

The materials are available to all members of the psychoanalytic community as well as anyone else interested in using them for educational and scholarship purposes. The CCRCD Archives Committee is currently making plans to catalog the books to facilitate their use. Any person wishing to utilize the library is encouraged to contact Mrs. Donna Antonio, the Executive Secretary of the CCRCD, at (216) 421-7880.

Contributions to the Archives will be welcomed. Any books, journals, articles and memorabilia will be carefully housed and preserved with the same care extended to the initial contribution from the Katans. ❖❖❖

### Psychoanalytic books and libraries needed

Dr. Moisy Shopper notes that many of our colleagues in other parts of the world would be most grateful for donations of books or collections of books which have been unavailable to them for political and economic reasons.

He suggests that Members who are interested in this contact him or one of the other intermediary parties mentioned in Lilo Plaschkes' report on the Committee to Coordinate Assistance to Child Analysis in Eastern European Countries [see Minutes of the

### Notice — Call for Papers

Doctors Jules Glenn and Arden Rothstein of the Psychoanalytic Institute, New York University Medical Center, are editing a case book of

#### psychoanalytic patients with learning disabilities

(adults, children, and adolescents).

If you have such a case and would be interested in contributing to the volume, please contact

Dr. Glenn at (516) 482-6302 or  
Dr. Rothstein at (212) 496-0808.

### Book Notice

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## Child Psychoanalysis in Europe and Scandinavia

Julio Morales, M.D.

Chair, Continuing Education and Study Groups Committee

A successful reception for child analysts was organized and hosted by our Association during the 38th meeting of the IPA held in Amsterdam from July 27- August 4, 1993. During that period I initiated a series of interesting talks with European and Scandinavian colleagues who reported on the status and development of child analysis in their respective countries.

Dr. Norman, President of the Swedish Association of Child Analysis and a member of our Association, reported that Stockholm has eight graduates from their child analytic training program, which is enriched by the periodic visit of child analyst from London. Further, a child and adolescent clinic has recently been established.

Dr. Pennamen and Dr. Ehrnrooth from Finland noted that the Helsinki training program in child analysis has so far graduated twelve child analysts, with ten more candidates in training.

Dr. Jensen reported that, although in Denmark there is no training program in child analysis, some analysts work with children in their private practices and quite a few others practice psychoanalytically-oriented child psychotherapy.

Dr. Oosterhuis from Holland wrote that the Dutch Society includes forty members and trainees in its division of child analysis. Six of this group are ACP members; others are interested in joining our Association and they were planing to meet with Dr. Peter Blos Jr. in Amsterdam. In Holland child analysis is conducted five times a week. A study group meets monthly.

Ms. Müller and Ms. Schurig, from Frankfurt, Germany, reported that there is not a child analytic training program but there is a child psychoanalytic psychotherapy program affiliated with both of the psychoanalytic institutes in Frankfurt. This program follows the model of the Hampstead Clinic. The graduates have a few child analytic cases in treatment but most children are seen in psychoanalytic psychotherapy. A study group of graduates meets monthly and many are interested in joining our Association. Information about the status of child psychoanalysis in other areas of Germany was not available.

Ms. Kronberger from Vienna reported that within their society of fifty members about twenty, including both faculty and candidates, are dedicated to child analysis. During a 3-year training program candidates are required to analyze two children and one adolescent five times per week. Graduates have very few child analytic cases and they primarily work in Child Guidance Clinics, doing psychoanalytic child therapy. Some members attend the autumn conference in London each year.

Professor Lebovici from Paris informed me that classic child analysis with four sessions per week does not

exist in France. The two Psychoanalytic Societies recognized by the IPA do not train child analysts nor are candidates in adult psychoanalytic training required to analyze a child or adolescent. Members of the popular Lacanian group consider themselves child analysts, but have no formal training in child analysis. The Tavistock Clinic has significant influence in France, the Hampstead Clinic almost none. With only a few exceptions American child analysts and their work are unknown in France. The only occasion at which American child analysts were heard in France was at the ACP meeting in 1983 at Cannes.

Professor Giannotti, from Rome, informed us that a child analytic training program does exist in Rome.

In Portugal, in the absence of a formal training in child psychoanalysis, seminars on child analysis are held as part of the adult psychoanalytic training. Psychoanalytic training in Portugal is heavily influenced by French psychoanalysts. ¶¶¶

### Psychoanalytic Psychotherapy

The Journal of the Association for  
Psychoanalytic Psychotherapy  
in the National Health Service

Sponsored by the British Psycho-Analytic Society,  
the Journal's founding board consisted of John  
Steiner, Ron Britton, Judith Trowell, Mike Sinason,  
and Joan Schachter.

Now in its seventh volume,  
the Journal is edited by Robin Anderson.

Contributors are psychoanalysts, child  
psychotherapists,  
and psychoanalytically-trained adult  
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24th Annual Margaret S. Mahler Symposium  
**Mahler and Kohut: Two Perspectives on Development, Psychopathology, and  
 Technique of Psychoanalysis**

Reporter: William M. Singletary, M.D.

On Saturday, May 1, 1993, Selma Kramer, M.D., presented the psychoanalytic community with the 24th Mahler Symposium, co-sponsored by the Department of Psychiatry and Human Behavior of Jefferson Medical College and The Philadelphia Psychoanalytic Institute and Society, with the enthusiastic encouragement of the Margaret S. Mahler Research Foundation. As usual the audience included prominent members of the psychoanalytic community from Philadelphia and New York as well as prominent child psychiatrists and other workers in the mental health field. Conference attendees included: Troy Thompson, Chief of the Department of Psychiatry at Jefferson, Bernard Pacella, President of the American Psychoanalytic Association, Harold Blum, Helen Schur, Patricia Nachman, Charles Socarides, Lucy Daniels Inman, and Patsy Turrini. Dr. Kramer noted that Dr. Mahler developed her theory from work with children while Dr. Kohut developed his theory from work with adult patients. Also, she mentioned that all three of these presentations and their discussions are to be published in a book by Jason Aronson, Inc.

In his presentation, "On the Contribution of Separation-Individuation Theory To Psychoanalysis: Developmental Process, Pathogenesis, Therapeutic Process, and Technique", Calvin Settlage, M.D. drew on his own association with Dr. Mahler which began in 1950 and on his subsequent exploration of the clinical application of her separation-individuation theory and on his observational research involving the child-parent interaction during the rapprochement subphase.

In separation-individuation theory, the innate thrust toward individuation is a major developmental motivation. The role of the drives and their regulation is seen to be shaped by the object relationship. Development entails the incremental loss of the parent's participation in the child's adaptive and regulatory processes. The formation of self-regulatory functions and structures through internalization and identification with the parent facilitates the child's letting go of the involvement with the love object. A predominance of loving feelings over hostile feelings enables the integration of the representations of good and bad aspects of experience of the self with the object. This leads to the formation of self and object constancy structures which embody feelings of security and trust in oneself and in others and serve the sense of self and the regulation of relationships. Because repressed aggressive feelings are thought to be at the center of pre-oedipal pathology, the processing of the child's anger within the parent-child interaction is considered to be of particular importance.

Dr. Settlage underscored the possibility for prevention and intervention efforts in mental health involving the

parent-child interaction during pre-oedipal development. The parent's love and respect for the child and the child's development as well as the parent's appropriate emotional availability to the child, help support the separation-individuation process.

Pathogenic influences include parental failure to encourage and sanction separation-individuation, the parent's inability to assuage and regulate the child's angry feelings and re-establish a viable developmental relationship, and an excessive parental need to control the child. The child's defensive-adaptive responses include a close identification with the mother with the aim of holding on to the mother, identification with the aggressor, omnipotence defenses and behavior evoked by feelings of helplessness and vulnerability during pre-oedipal development, and precocious ego and cognitive development at the expense of development of self and object constancy structures. Repressed hostility and rage injure the sense of self by creating the feeling that one is bad and potentially destructive and, furthermore, create the fear of loss of control over the repressed aggression. In an established clinical disorder, the combination of fantasies of omnipotence along with repressed rage are particularly threatening to the patient and highly resistant to access in treatment. Intrapsychically, repressed anger tends to neutralize the integrative effect of positive experience in relationships and maintains a predominance of angry feelings over loving feelings. Thus, the development of self and object constancy requires analysis and resolution of repressed anger.

In the analytic situation, patient and analyst confront the transferences of a developmental relationship gone awry and encounter both pathology, e.g. intrapsychic conflict, and developmental arrest. Resolving pathology involves a therapeutic process with the analyst functioning as a transference object, while resolving the developmental arrest relies on a developmental process with the analyst serving as a developmental object. Therapeutic process, involving intrapsychic conflict, transference, and transference interpretation, resolves pathology which opens up the possibility of resuming development in areas previously closed by pathology. Developmental process, involving the interaction between the patient and the analyst, strengthens the personality structure which increases the patient's tolerance for further therapeutic exploration of repressed material. Thus, therapeutic process and developmental process compliment one another and proceed hand-in-hand during treatment. Alongside the negative transference, there is a positive, developmental transference. The analyst represents an organizing influence, a temporary auxiliary

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ego, empathic understanding, a safe and secure relationship, a source of security and constancy, and an object for identification and provides respect and support for the patient's need for initiative, agency, and autonomy, as well as affirmation of the existing and emerging healthy sense of self.

By interpreting the transference and by behaving differently than the childhood parent and not reinforcing the transference expectations, the analyst furthers the undoing of pathology as well as makes the analyst suitable for developmental identification. Dr. Settlege stated that one does not do anything that is different than what is typically done in the analytic situation. However, he does emphasize several principles of technique:

- 1) actively engaging the analytic relationship which requires the analyst to be empathically and emotionally available to the patient and evokes the patient's transference fears and wishes about forming a relationship;
- 2) expressing empathy affectively and verbally;
- 3) encouraging and acknowledging developmental initiatives and achievements;
- 4) respecting the patient's need for control over the intrapsychic boundaries, recognizing and analyzing the power of libidinal and physical separations to evoke pre-oedipal transferences;
- 5) acknowledging and taking responsibility for disruptions of the relationship caused by failures on the part of the analyst;
- 6) offering and demonstrating availability when such is clearly needed;
- 7) analyzing the patient's repressed anger and aggression;
- 8) analyzing the patient's defensive inhibitions against receiving and giving love; and
- 9) helping the patient to re-confront and to mourn the losses of the past.

In discussing Dr. Settlege's presentation, Mary Anne Delaney, M.D. underscored the critical role of maternal empathy in child development as demonstrated by Dr. Settlege's observational research involving parents and children during the rapprochement subphase. Out of this research grew Dr. Settlege's formulations concerning the appeal cycle, which is thought of as reflecting a segment of developmental process.

Dr. Settlege feels that the appeal cycle offers insights into the relational and regulatory conditions that govern normal and pathological development and that the same relational and regulatory conditions apply in the analytic relationship. In this cycle, the child responds to mother's lessened attention with increasing distress. The child then "appeals" to the mother either directly or indirectly. If the mother responds appropriately to the child's distress, the child can return to her previous level of adaptive, independent functioning.

While recognizing the importance of the appeal cycle in child development, Dr. Delaney drew attention to other

factors, e.g. temperament, drive endowment, and cultural influences, which could affect a child's behavior in the observational setting. She also stated that the role of fathers and other caregivers needs to be examined. Also, Dr. Settlege has drawn on appeal cycle phenomena in understanding pre-oedipal psychopathology and the transference and developmental aspects of the patient-analyst interaction and in formulating principles of analytic technique. Again, while appreciating the importance of Dr. Settlege's contributions to our understanding of the analytic situation and to our analytic technique, Dr. Delaney underscored the conceptual problems inherent in applying findings from child observational research to the adult analytic situation and noted the necessity to maintain the distinction between the two.

In "Selfobject Experiences: Development, Psychopathology, Treatment", Ernest Wolf, M.D. highlighted the centrality of the psychopathology to the treatment of disorders of the self. The selfobject relationship refers to an intrapsychic experience which evokes and maintains cohesion of the self. Dr. Wolf noted seven types of needed selfobject experiences:

1. mirroring selfobject experiences - Feeling affirmed as significant.
2. idealizing selfobject experiences - Experiencing oneself as being part of an admired, stable, calm, wise, powerful, and protective other.
3. merger selfobject experiences - Finding confirmation of the self in the experience of being totally one with the selfobject.
4. alterego selfobject experiences - Experiencing an essential likeness with the selfobject.
5. adversarial selfobject experiences - Experiencing an assertive and adversarial confrontation with a selfobject without losing the selfobject's responsiveness.
6. efficacy experiences - Experiencing oneself as bringing about needed responses from the other.
7. vitalizing selfobject experiences - Experiencing an affectively attuned caregiver.

Throughout the lifespan, from infancy to old age, the needed types of selfobject experiences change. In considering the oedipal period, Dr. Wolf stressed that "self psychologists generally think that the child can traverse the oedipal experience without permanent damage if the parental response is benignly appropriate and not neurotically reactive." He added that "castration anxiety and penis envy, therefore, are not inescapable experiences for the child."

Pathogenic selfobject experiences may result in a self that is impaired in structure and functioning due to arrested development of the self and/or traumatic injury to the self. Absent or disturbing selfobject experiences may occur because of loss or separation, under- or over-responsiveness, rejection or intrusion, instability, under- or over-stimulation, inappropriate sexual stimulation, or destructive aggression. Because pathogenic events lead to

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a vulnerable self and to the development of defensive and compensatory functions to protect the remaining self structures, therapeutic activity should first be directed toward strengthening the self, which diminishes the need for such defensive structures.

Dr. Wolf differentiates two types of psychotherapy process. First, the ambient process refers to the therapist's providing the patient with a needed selfobject experience of feeling understood, appreciated, and valued. The therapist's activity essentially consists of trying to understand the patient empathically and conveying that understanding to the patient verbally. Next, the disruption-restoration process is thought to occur in most, if not all, psychoanalytic treatments. The disruption occurs when the patient experiences the analyst as not being attuned or attentive and, thus experiences himself as ineffective. However, Dr. Wolf points out that he does not feel that a failure of the therapist is the cause of the disruption.

A number of positive experiences ensue when the analyst can simply acknowledge that the patient has experienced a lack of empathy and understanding. This usually leads to collaborative work regarding both the dynamic and genetic causes of the disruption. The patient now has an experience of feeling understood, an experience of efficacy in communicating with the analyst, and a vitalizing experience of affective attunement with the analyst. This leads to a strengthening of the patient's self, to an increase in the patient's self-esteem, and to a restoration of the collaborative ambience between the patient and analyst.

In his discussion of Dr. Wolf's presentation, Salman Akhtar, M.D. highlighted the concepts of "need" and "disruption." He summarized the self psychology model presented by Dr. Wolf. If the environment fails to meet the growing child's needs, then a deficit results. Effects of this deficit remain and lead the individual to seek psychotherapeutic help. During treatment, these unmet needs get reactivated. A disruption arises when the analyst fails to meet or to appreciate the existence and validity of these needs. If the analyst can acknowledge that he has been experienced by the patient in such a way as to trigger disruption, this leads to their collaborative inquiry into the dynamic and genetic causes of the disruption. This kind of cycle is repeated throughout the analysis and leads to deepening insight, reconstructions, internalizations, and enhanced solidity of the analysand's self.

For Dr. Akhtar, deficit does not exist apart from conflict. Needs cannot be clearly separated from wishes, the psychic derivatives of instinctual drives. Disruption is not only a painful experience of one's needs not being met, it is also an integral part of the developmental and analytic processes. Restoration, in form of empathic affirmation of subjective experience, is helpful but does not replace interpretation. In addition, Dr. Akhtar feels that the self-psychology concept of the need to preserve and restore psychic structure and its smooth functioning is a disguised resurrection of Freud's early notion of ego instincts.

In "Mahler and Kohut: A Comparative View", Howard Levine, M.D. focused on how the work of Kohut and Mahler each attempted to respond to a need within psychoanalysis to refine our concepts of the object and of the real object relationship and of the roles that these play in development and in analysis. Each elaborates on the vicissitudes of adaptation and the developmental point of view, and each contributes to our understanding of psychic regulation and homeostasis, self-esteem regulation, organization of the self, self cohesion, and object constancy.

Both Kohut and Mahler appreciate the role played by the real object relationship in normal and pathological development and in the therapeutic process. Mahler and Kohut each made significant contributions to our understanding of the processes of internalization and the formation of psychic structure and to our understanding of the ways in which actual object relationships provide support for the development of internalized psychic regulatory structures.

The theories of Kohut and Mahler both have contributed to our clinical technique, e.g., to our understanding of the subtle interactional aspects of the psychoanalytic process and the nature of the analyst's participation in the analytic process and to our recognition of the way that previously arrested developmental trends may be resumed in the analytic situation. The major difference is that Kohut sought to replace the classical paradigm of psychoanalysis as a theory of conflict with a theory of deficit while Mahler attempted to integrate her work into the paradigm of classical psychoanalytic theory and to preserve and enhance drive theory.

Kohut, through his analytic work with adults, had a reconstructive focus on the development and functions of the self. A self psychological analysis is seen to reflect the individual's adaptive struggles as his need for organization, modulation, and stimulation are expressed in the patient-analyst relationship. These needs are analogous to needs which existed in relation to the primary objects in infancy and childhood. These childhood needs were unmet because of failure of the child's environment. Certain organizing, growth-enhancing, and sustaining qualities of the actual external object relationships were absent. This led to a relative absence of internal self-regulatory structures and, therefore, certain selfobject relationship needs persisted. This is a theory of deficit. Therapeutic change is a result of the environmental provision of particular kinds of actual object relationships and their internalization. Thus, Kohut emphasized empathy and transmuting internalization, a process involving the internalization of new psychic structures in analysis, as curative factors in psychoanalysis.

Empathy connotes a quality of relationship that has a mutative therapeutic impact on the patient, above and beyond that produced by understanding and insight. The analyst's empathic relationship to the patient creates or reflects the existence of a relationship between the patient and the analyst in which the patient's needs are seen and

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## Mahler and Kohut . . .

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responded to as comprehensible, developmentally progressive, and therefore justified. Thus, through analysis, the patient becomes able to experience empathic resonance and to use appropriate selfobjects in his everyday life for sustenance.

Mahler, through her direct observational studies of infants and toddlers with their mothers, had a prospective focus on the development of identity and a sense of self. Through her emphasis on the mother-infant dyad in early development, Mahler's work draws attention to the analyst-patient dyad.

Mahler's work is closely connected to that of many other contributors to the mainstream of psychoanalytic thought, including Loewald, Blum, Fleming, and Greenacre. Each of these believed that previously arrested development can be re-mobilized in analysis and that this is an integral feature and powerful therapeutic force within the psychoanalytic process. Mahler's separation-individuation theory is complimentary to psychosexual theory. Mahler's contribution to our understanding of pre-oedipal development served to focus analytic attention on the residues of pre-oedipal developmental conflicts that inevitably arise in the analyses of neurotic patients as well as primitive personality types.

Separation-individuation conflicts are worthy of interpretation in their own right, not merely as regressive avoidances of oedipal configurations. The psychoanalytic process is a developmental process, especially when analyzable pre-oedipal conflicts are resolved and the establishment of an analyzable oedipal transference is facilitated. A particular form of object relationship with an analyst often appears to be necessary, but not sufficient, in the analytic resolution of pre-oedipal conflicts. In conducting an analysis, the patient's developmental needs have to be taken into account. However, the provision of a growth-promoting relationship is only an adjunctive therapeutic factor in analysis and can never replace interpretation.

In his discussion of Dr. Levine's presentation, Thomas Wolman, M.D. noted that the comparison between Mahler and Kohut is useful in highlighting the tensions and interrelationships between "deficit" and "conflict" in contemporary psychoanalytic thinking and in demonstrating the impossibility of creating a complete theoretical synthesis. He noted that the common ground between Mahler and Kohut includes the importance of empathy, the role of real object relationships, the impact of early environmental failure, and the viewpoint that analysis embodies developmental process. However, he limited his discussion to one area of similarity in the work of Mahler and Kohut, that of the phenomenon of "mirroring identification" which they seem to have discovered independently of each other. While agreeing on many aspects of mirroring phenomena in early development, differences in their ideas concerning the fate of early mirroring are reflected in their differences regarding pathogenesis and psychoanalytic technique. Dr. Wolman referred specifically to Kohut's emphasis on the importance

of empathy and the empathic bond in development and in the analytic situation and to Mahler's emphasis on the importance of separation and of verbalization in the achievement of separation and, by extension, in the psychoanalytic process.

In his overview of the presentations by Drs. Settlage, Wolf, and Levine, Newell Fischer, M.D. underscored the emphasis placed on the interactional factors in development, in pathogenesis, and in the therapeutic process. He expressed concern that this shift in emphasis is occurring at the expense of what he sees as the primary task in the psychoanalytic endeavor, i.e., of trying to understand the inner world of our patients and to meaningfully convey this understanding to them. While Dr. Fischer is convinced that an interactional component at some level is intrinsic to the efficacy of all treatment endeavors, he feels that the therapeutic goal of increasing our understanding of the inner experience of our analysands should remain central in our thinking. He is concerned that otherwise we may be unable to determine the impact and meaning of the interactional components of our interventions.

At a special ceremony during the symposium, the Margaret S. Mahler Literature Prize was awarded to Kenneth Wright, M.D., of Great Britain, for his book, Vision and Separation. Jules Glenn, M. D. (who unfortunately could not be present) was awarded a plaque of honorable mention for his paper, "Developmental Transformations in Latency: Considerations Regarding the Isakower Phenomenon."

The program concluded with a spirited discussion among panelists and guests. Issues raised included the extent to which the analyst is seen as a new object as opposed to a transference object, the importance of both the developmental and the therapeutic processes in psychoanalysis, the importance of understanding the patient's inner world, and the need to look at what actually happens as we work with our patients in psychoanalysis. In closing, Dr. Kramer invited us back to next year's celebratory 25th Mahler Symposium.

## MINUTES of the EXECUTIVE COMMITTEE MEETING

Friday, April 2, 1993 ❖ La Mansion del Rio Hotel ❖ San Antonio, Texas

**PRESENT:** Peter Blos, Jr., M.D., President; Kerry Kelly Novick, Secretary; Samuel Wagonfeld, M.D., Treasurer; Moisy Shopper, M.D., President-Elect; D. Clifton Wilkerson, M.D., Secretary-Elect; Thomas F. Barrett, Ph.D., Paul Brinich, Ph.D.; Judith F. Chused, M.D., Robert Galatzer-Levy, M.D., Robert D. Gillman, M.D., Kent Hart, M.D., Julio Morales, M.D., Lilo Plaschkes, M.S.W., Martin Silverman, LCSW, Herman Staples, M.D., Samuel Weiss, M.D., and Rachel May, Executive Secretary

### WELCOME AND REPORT OF THE PRESIDENT

*Peter Blos Jr., M.D.*

The President welcomed those in attendance. He announced that Treasurer, Samuel Wagonfeld, M.D., had asked to resign from the position for personal reasons. Samuel Weiss, M.D., had accepted Blos' request to be Treasurer for the remainder of Wagonfeld's term. A new Treasurer will be elected at the next election to be held in January 1994.

### MINUTES

It was moved, seconded, and a motion passed to accept the minutes as presented from the last Executive Committee Meeting held December 18, 1992 in New York City at the Waldorf Astoria Hotel.

### SECRETARY'S REPORT

*submitted by Kerry Kelly Novick*

#### ACP Membership: Current Status

Voting Members	491	(412 US, 79 International)
Candidate Members	60	(58 US, 2 International)
Friend	1	(1 US)
Total Membership	552	

Interesting statistics regarding international membership:

Australia (1), Austria (2), Canada (5), Denmark (1), England (33), Finland (6), France (3), Germany (8), Italy (3), Israel (1), Mexico (3), The Netherlands (11), Norway (1), Sweden (1), Switzerland (3), The West Indies (1).

Interesting to note: 23.4% of our members are 70+ years and exempt from paying dues. (US/70+ = 115; International/70+ = 14).

#### Results of the Recent Election for Councillors

Mail ballots were sent to all 492 voting members. 206 ballots (42%) were received (188 US and 18 international) by the close of the mail ballot deadline.

Congratulations to the newly elected Councillors who 3 year term expire March 1996:

Barry Childress, M.D.

Leon Hoffman, M.D.

Eva Landauer

Thank you to the outgoing councillors whose term expire April 1993:

Judith F. Chused, M.D.

Kent Hart, M.D.

Philip Spielman, M.D.

Thank you, also, to Maurice Apprey, Ph.D., Robin Turner, and Gustavo Lage, M.D., the other councillor candidates.

#### Membership Changes Since the Last Report

(4/12/92 -- Atlanta)

#### Members died:

Anny Katan (Cleveland Heights, OH)

Lottie Newman (Woodbridge, CT)

Sally Provence (New Haven, CT)

#### Members resigned:

Ann Auestad (Norway)

Veronica Machtlinger (Germany)

Marlene Robinson, (England) unknown address

#### New Members:

Martta Pennanen (Helsinki, Finland)

Denia Barrett, M.S.W. (Cleveland Heights, OH)

Nancy Curry, Ph.D. (Pittsburgh, PA)

Robert Epstein, M.D. (Berkeley, CA)

Joanne Callan, Ph.D. (La Jolla, CA)

#### New Candidate Members:

##### Denver Psychoanalytic Institute

Steve Shulruff, M.D.

Shoshana Adler, Ph.D.

Paula Bernstein, Ph.D.

Gary Martin, M.D.

Ronnie Shaw, RN, C.S.

Peggy Stall, Psy.D.

Barbara Unger, Ph.D.

##### Houston-Galveston Psychoanalytic Institute

Daniel Koppersmith, M.D.

##### San Francisco Psychoanalytic Institute

Janis Baeuerlen, M.D.

Shahla Chehrazi, M.D.

Linda Goettina, D.M.H.

Mark Scott, Ph.D.

Harriet Wolfe, M.D.

### REPORT OF THE EXECUTIVE SECRETARY

*submitted by Rachel May, Executive Secretary*

Since the last meeting held (New York, December 1992) the office of the ACP has been quite busy. The current President, Peter Blos, Jr., M. D. and Secretary, Kerry Kelly Novick, are in frequent touch about all facets of ACP functioning.

As Financial Manager of the ACP, I am being encouraged to transfer the manual bookkeeping to a computer program. This would make my job easier and facilitate, speed up the report process considerably. The bookkeeping and maintenance of the accounts, dues collection, and being treasurer for the annual meetings has take a good portion of my time. I prepared a balanced End of the Year 1992 Report. This was the base document for the accountants to prepare the tax forms required by non-profit, tax-exempt 501(c) organizations. The accountants have also been helpful in obtaining state sales tax exemption (currently valid in Texas, applied for in Virginia and D.C.). The accountants will also be instrumental in documenting the incorporating of the European monies in the Financial Reporting of the ACP. The 1st Quarter 1993 Financial Report has been prepared and distributed. Dues notices were sent out in January to all US/North American members. I work with Marianne Parsons providing assistance with dues collection, and reports of the European Treasury.

Maintaining accurate mailing lists of the total membership is an ongoing challenge. Mailing list/labels are also maintained for candidates-in-training at the various institutes, and for a general list of non-members. Mailing labels are available to committee chairman for various projects.

I continue to work with Herman Staples, M.D., in the organization and preparation, and follow up of the Annual Meetings. Planning for San Antonio included mailings in September and January. I have also concentrated on the registration of the participants and the preparation of meeting materials for the meeting in San Antonio.

I worked with Paul Brinich, incoming editor of the Winter issue of the newsletter. His ideas regarding computers are really encouraging me to stretch my own computer skills. Most of the materials for the Annual Meeting, including the Program, were produced in-house. I hope to expand my computer knowledge this summer, learning accounting software and simple desktop publishing.

Under the direction of Jules Glenn, chair of the Nominating Committee a ballot was mailed to all voting members. The voting results were collected and tabulated, and will be announced at the Annual Meeting.

I work with Moisy Shopper, chair of the Membership Committee. I see that the correspondence regarding nominees for membership is

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## Executive Committee Minutes, April 2, 1993

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circulated, as well as any correspondence with the proposed nominee. A list of nominees for membership was circulated to the voting membership for comment by mail. A New Member packet has been developed which introduces the member to the spirit and structure of the ACP.

I work with Lilo Plaschkes, chair of the committee to assist Eastern Europe. It is fun to send and receive faxes from all over Europe. I am helping the old/new chair of the CME/CE Committee. Two mailings were sent out under the direction of Cliff Wilkerson, to collect data for CME accreditation requirements. The CME form and the Evaluation form were readied for the Annual Meeting after being prepared and approved by the committee.

This is my 9th Report to the Executive Committee Meeting. I continue to enjoy working with the President and officers of the ACP, and look forward to planning the next Annual Meeting in Washington D.C.

### REPORT OF THE TREASURER/GRANT COMMITTEE CHAIR

*written report submitted by Samuel Wagonfeld, M.D.*

Although the Association is still fiscally sound, we have been faced with a second consecutive yearly deficit. In 1992, our net worth declined by \$7,751.03. A review of the last 6 years of operation (1987-92) offers some explanations of our predicament

1) Although the expenses for our annual meeting have risen significantly, we have not had a comparable increase in revenues from the meetings. In the past, annual meetings have generated as much as a \$7,000 surplus (1987 and 1990). In the last two years, surplus funds from the meetings have been less than \$1,000 each year. This has been due to increased costs and variable attendance. The Arrangements Committee is vigorously pursuing ways of reducing expenses. It is the sense of the Executive Committee that an increase in registration fees would not be appropriate at this time.

2) Although there has been a 25% increase in dues (from \$85 to \$100), we have not had a corresponding increase in collected dues. This matter will be actively pursued and hopefully our efforts will add to our net worth.

3) Expenses for printing and postage have more than doubled in the last three years. We are currently pursuing ways of reducing these costs through the use of computers for desktop publishing. It is unlikely that we will have a significant effect on the ways of the USPS.

4) We have added a yearly expenditure of \$2,000 for director's insurance to cover the officers of the Association. This is a new and recurring expense.

5) Interest earned on our accounts has decreased by over \$2,000 for each of the last two years. This is in large measure due to the twenty year low in interest rates. This has been partly offset by the higher yield of the monies we have transferred to an equity (stock fund) account. It is the recommendation of the trust officer at Seafirst that we change our portfolio distribution (see enclosed letter). This would seem a prudent move for the Council to consider.

6) There are intermittently recurring expenses (CME Certification, publication of the directory, etc.), which we have not adequately anticipated in the past. A review of such items and including them in our annual budget projections will give us a better chance to manage our resources.

7) The Association is currently discussing various changes in its goals and activity. This will impact our allocation of resources and will require prioritizing and choosing how we spend our funds. I strongly urge that the financial implications be thoroughly discussed as part of the decision making process of future activities.

8) Because of the shortfall of funds, the Executive Committee has decided to authorize the distribution of \$2,000 for grants in 1993. Two grants of \$1,000 each will be chosen by lot at the Council meeting. These funds will come from funds donated by members specifically for this purpose.

This will be my last Treasurer's report and I want to thank the officers and members for their trust and help during my years as Treasurer.

The Executive Secretary distributed a detailed End of Year Financial Report for 1992. The Chart of Accounts outlined the assets, liabilities, income, expenses, and net worth. The totals for each category are listed below:

Assets:		\$126,833.25
Liabilities:		0.00
Fund Balance		126,834.35
Income:		66,364.83
Expenses:		73,915.86
Fund Balance:		-7,551.03
Net Worth	(1/1/92)	\$134,385.38
	(12/31/92)	126,834.35

The Executive Secretary also distributed a detailed Financial Report of the 1st Quarter of 1993. The totals for each category are listed below:

Assets		\$158,528.72
Liabilities		0.00
Fund Balance		158,528.72
Income		47,530.39
Expenses		15,834.89
Fund Balance		+ 31,695.50
Net Worth	(1/1/93)	\$126,834.35
	(3/24/93)	158,529.85

As of 1/1/93, the European Treasury operates with 2 accounts

Treasury balance	£458.22
Bank accounts	£1,595.76
Total	£2,053.98

According to *USA Today*, on 3/24/93 one UK£ was worth US\$ 1.4832; therefore £2,053.98 = approximately \$3,046.46

ACP Total Net Worth \$161,576.31

After these formal reports were given, there was a lively discussion regarding the financial state of the ACP. Wagonfeld thanked Herman Staples for all the missionary work he has done for the Annual Meetings. These meetings are crucial to the function of the ACP. A chart outlining the financial overview of the ACP from 1987-92 was distributed. There was a discussion of the Annual Meetings over the past few years. The issue was raised should ACP just break even with these meetings, or perhaps try a different approach of raising revenue. It was noted that the Regional meetings usually break even, although some profit has been declared according to Silverman. It was shown how the current financial situation of the ACP has dramatically impacted the ability for the organization to fund grant proposals. And last year a long awaited Abstract publication was not printed, due to lack of funds. The Treasurer discussed that the ACP will have to make tough choices with the resources available. Various avenues for increasing revenue were discussed. It was thought that the Extension Committee could do some scouting, by contacting other mental health organizations (national/regional/local) to see if there is interest in an ACP co-sponsored event. Staples will pursue ways to increase revenue at the Annual Meetings (such as book sales, or exhibits). The Treasurer and President also emphasized that the membership needs to know that the current avenue for ACP obtaining grant money is through direct contributions from members. Blos, Jr. said that the new Treasurer's challenge will be to develop a projected budget.

### GRANTS

The Executive Secretary distributed a one-page Summary of Grant Funds Paid from 1982 to 1992. A total of \$69,900.00 has been awarded. The Executive Committee decided to fund all four grant proposals and vetoed the suggested lottery. Since \$2,000 is available for grants, each proposal will be awarded \$500. These awards go to Denver Institute for Psychoanalysis - Ronnie Shaw, MS, RN, CS; Seattle Institute for Psychoanalysis - Leland M. Johnston, M.D.; Cleveland Center for Research in Child Development - Lorraine Weissman; and The Psychoanalytic Institute of New York - Sylvia S. Welsh, Ph.D.

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### REPORT OF THE MEMBERSHIP COMMITTEE

submitted by Moisy Shopper, M.D.

The Membership Chair reported that the committee is in agreement that it is important for the ACP to maintain a clear standard for what constitutes child and adolescent analysis. He has received letters from training programs that express a desire to build a curriculum that meets our membership standards. There has been enthusiasm about the new category of membership for candidates in training. All that is required is a letter of sponsorship from an ACP member, usually someone affiliated with the training program. This candidate membership does not automatically evolve into regular membership. Shopper indicated that the role of the sponsor needs to be clarified. An outline of the responsibilities of the sponsor will be drafted, and published in the *Newsletter* (and in future editions of the Roster of Members). There was much discussion regarding the European members and the increase in dues. Shopper announced that he was stepping down as Chairman of this committee, and that Robert Furman, M.D., has agreed to be the new Chairperson of the Membership Committee. Bloss thanked Shopper for his years of dedicated service and leadership.

### REPORTS OF THE ARRANGEMENTS AND PROGRAM COMMITTEES

submitted by Herman Staples, M.D., Chair, Arrangements and by Martin Silverman, M.D., Chair, Program

Dr. Staples declared that he thought the 1993 Annual Meeting held in San Antonio, Texas was off to a good start. The costs have been kept down, especially concerning the social events. On Friday evening a cocktail party was held, with a cash bar. Members were then on their own for dinner. On Saturday evening, charter buses transported the group to the Guadalupe Cultural Arts Center, for a simple Mexican dinner, and entertainment by the music and dance students of the Center. Staples also announced that the ACP was hosting a reception at the IPA congress in July 1993 in Amsterdam. It will be held July from 7 -8:30pm at the Huis van Loon along the canal. There will be a cash bar, hors d'oeuvres and a pre-negotiated rental rate agreement. This lovely home is in central Amsterdam not far from the main activities of the IPA. The 1994 Annual Meeting will be in Washington, D.C. (the location to be announced). There is a date conflict with Passover and the Palm Sunday weekend of the Annual Meeting. It was proposed, seconded, and so moved to change the meeting date to the week before Palm Sunday. The new dates will be March 18-20, 1994. This will be taken up at the Business Meeting for a final vote. The possibilities of several locations for the 1995 meeting were discussed. An interest in expanding our meeting location beyond the US shores was also discussed.

Dr. Silverman reported that the Program Committee will be considering the panel format, with number of presentations on various aspects of 'Working with Families of Children/Adolescents in Analysis.' He also remarked that there are many interesting topics for workshops in the works, one of which is the 'Use of Psychopharmaceuticals in Child Analysis.' The Vulnerable Child Workshop maintains its popularity from year to year. The Program Committee would very much appreciate ideas or topics for future meetings. Other topics discussed were: Use of Psychoanalytic Skills & Knowledge in Community Work, Sibling Transference, and Forensic Issues.

### REPORT OF THE NOMINATING COMMITTEE

submitted by Jules Glenn, M.D.,

The chairman submitted a written report regarding the election of Councillors. This information has been incorporated in the Secretary's Report.

### REPORT OF THE CONTINUING EDUCATION (CME/CE) AND STUDY GROUPS COMMITTEE

submitted by D. Clifton Wilkerson, M.D.

#### Study Groups

The annual letter was personalized and sent out to a revised list of names representative of areas throughout the United States and other countries where there are members of the ACP. There was a rather sparse response to this and to last year's letter. The major reason for this decline, I believe is that letters sent out in the past had been on the Chairman's

personal stationary and were addressed to individuals he had known or had personal correspondence with. In shifting the work of sending out mailings to the Washington office, that personal contact was lost and as a consequence, there were fewer responses.

There are two workshops ongoing at the Anna Freud Centre. One is on Termination and the other on Technique in Child and Adolescent Analysis. This second workshop, though clinical, has special reference to two research areas, "Resilience as related to awareness of the inner world in self and other," and "non-verbal interaction within treatment, and its relationship to both the patient's pathology and verbal interaction."

There are no study groups in Denmark though there are C/A analysts there and they do have informal discussions with each other and with psychoanalytically oriented child therapists regarding issues of technique. One of our members there, Reimer Jensen, has written an article on Ethical Aspects of treatment of Children in Psychoanalysis and Psychoanalytically Oriented Psychotherapy.

In the Baltimore-Washington and Topeka Institutes the study groups are part of the C/A Analysis Training programs. In the last several years these groups have been studying contributions of Winnicott, Klein, Anna Freud, Coles and Ogden. At Topeka during the last year they have been discussing the developmental Aspects of Masochism.

#### Continuing Education

In an ongoing attempt to address the educational needs and interest of our members of all professional backgrounds, the committee has reviewed several Needs Assessment instruments developed over the past two years.

#### Satisfaction Evaluation Form--Annual Meeting 1992

There was some mild dissatisfaction with the quality of the facility used last year, but overall it was felt to be excellent to outstanding. All other aspects of the program were thought to be excellent to outstanding. Some suggestions as to how the program could be improved were given. One person thought that there should be separate discussions for each paper. Another did not think the cases presented were of neurotic patients, implying a better selection of cases to be presented.

There were several suggestions for future meetings. It was suggested that it would be interesting to have papers discussed from several different theoretical points of view. The use of Psychoanalytic knowledge and skills in community work, such as nursery schools was suggested. Sibling transference, pre-adolescence and forensic issues were suggested as topics for the general meetings or the special topics workshops.

There were several suggestions that there be better accommodations and food and no after dinner speaker at the Saturday Night Banquet.

#### Member Physicians Practice Profile

Letters were sent to all physicians attending last year's meeting asking if they had gained useful information at the conference and, if so, how they were able to utilize it. To summarize the response, it was felt that the meetings were very beneficial, particularly in providing for an ongoing review of pertinent, immediate issues in C/A analysis. There was a strong feeling that the contact with peers was a unique "energizing" and intellectually stimulating experience. The special workshops helped some to better understand a child's or adolescent's behavior and manifest adjustment to unusual circumstances; this insight assisting the practitioner to recognize and help these children in an office practice.

A review of the questionnaires completed indicated that there was learning taking place or that the quality of understanding of the participants is very high to begin with. The answers indicated a grasp of the material in line with the stated educational aims of the program.

A review of the ACP Satellite Study Group satisfaction Evaluation Forms showed a uniform agreement that the program was excellent to outstanding.

Dr. Wilkerson indicated his desire to resign as chairman of this committee since he has become Secretary-Elect of the ACP. Julio Morales, M.D., has agreed to be the new Chair of this committee. Bloss, Jr., thanked Wilkerson for his yeoman's work in securing the very important CME/CE accreditations of the ACP's meetings and activities for physician, psychologist, and social worker members.

### REPORT OF THE COMMITTEE TO COORDINATE ASSISTANCE TO CHILD ANALYSIS IN EASTERN EUROPEAN COUNTRIES

submitted by Lilo Plaschkes, M.S.W.

(Continued on page 23)

## Executive Committee Minutes, April 2, 1993

(Continued from page 22)

A letter was sent on January 27, 1993 to all the people with whom I had been in contact and/or with whom I had had a correspondence. The letter suggested a possible meeting in conjunction with the IPA Meeting in Amsterdam where any group from any of the Eastern European Countries could meet with a visiting analyst, who is also a member of the ACP, attending the IPA Meeting, for a consultation, supervision, or to hear a paper presented. A second possibility would also be that individual ACP members might want to visit countries of their choice, after the IPA meeting. Continuity of the same person visiting the same country was deemed preferable. This letter was also published in the ACP newsletter in March 1993.

I received responses and replies from:

Dr. Charles Hanley, Toronto, Canada -- The International New Groups Committee of the IPA  
 Dr. John Kafka, Chicago -- co-chair of the Eastern European Committee of the IPA  
 Alexander Moser, Zurich, Switzerland -- co-chair of the Eastern European Committee in Zurich  
 Anna Czowincka, Warsaw, Poland  
 Dr. Jan Groen-Prakken, Amsterdam  
 Lydia Tischler, London, England  
 Dr. Gyorgy Gergely, Ph.D. Budapest  
 Mrs. Helen Klimova, Prague, Czech Republic

All would welcome some members in their countries. Dr. Kafka and Dr. Moser and Dr. Hanley will be attending the Eastern European Committee, April 4 - 6, in Vienna. They have already faxed my letter to the appropriate people in February, and will discuss these issues and responses at the meeting. I have spoken with Dr. Moser at length and he said he felt stimulated by our interest and our offers, regarding child analysis. He will participate in this meeting and will convey our interest on this subject. He also felt that a meeting in Amsterdam of all parties and members interested should be organized. He will discuss these possibilities with this committee and the other organizing committee members in Vienna. I have sent him the dates of the meetings that the ACP is sponsoring at the IPA in Amsterdam, which he did not have. He will get in touch with me after the meeting in April, and let me know of the possibilities suggested at the outcome of this meeting. I also promised to let him know the ideas and information from the ACP Meeting in San Antonio, prior to his departure from Vienna.

Drs. Hanley and Groen-Prakken also suggested a joint meeting or program in Amsterdam and gave information as to with whom to make these arrangements. Dr. Moser was meeting with Dr. Alan Gibeault who is the chairman of the Eastern European Federation.

### Transportation of Books

Lilka Croydon (Toronto) has some further information and points for discussion. Dr. Moser informed me that there is a central place for sending books. Mrs. Whipplee is the person to whom to write.

Attn. Mrs. Whipplee  
 Psychoanalytic Institute  
 P.O. Box 71099  
 1008 BB Amsterdam  
 The Netherlands

### Central Eastern European Library Service of the IPA/EPS

The IPA is attempting to centralize all the books for the Eastern European Countries from that address and trying to see that there are not duplications of the same material sent to the same country. They also are requiring that where the books are sent by the IPA, that they are made available to all the groups in those countries, so that nobody can be excluded because of internal political disagreements. Also, they are attempting to encourage institute or development of academic centers, psychoanalytically oriented, around the places where the library books are being sent.

### REPORT OF THE NEWSLETTER

submitted by Paul Brinich, Ph.D.

The first issue of the *Newsletter* assembled entirely on a desktop publishing (DTP) system was scheduled to be mailed out to the members early in March. Hopefully, you received your personal copy in good time.

The use of a DTP system promises to save the ACP a substantial amount of money; printing costs for the latest issue came to a total of \$860, as compared with the previous issue's printing costs of \$3135. The DTP system has two other benefits: (1) we can change the format of the *Newsletter* very easily, in accordance with suggestions from the members; (2) we can expect to get the printed newsletter back from the printer, ready for mailing, one week from the time we give the final proofs to the printer. This speeded-up turn-around time can be used in either of two ways: We can include last-minute news or we can use some of the time gained to switch to third-class mailing (for the US members) and to printed matter/air mail (for overseas members), thus reducing postage costs from roughly \$940 (for the most recent issue) to something closer to \$400. We would appreciate guidance from the Executive Committee and from members on this matter.

I would like to suggest to the Executive Committee that this year's savings (in newsletter production costs) be plowed back into some computer equipment and software for the executive secretary's office and for the *Newsletter*. For the Secretary I have in mind a machine from Gateway (Model 4SX-33). For the *Newsletter* I would recommend a slightly larger monitor (included in Gateway Model 4SX-33V); the larger monitor reduces the need to scroll through the pages, switch page-viewing sizes, etc. A CD-ROM drive would be a help, too, for "clip-art". Both of the machines mentioned included software (Microsoft Publisher, Money, and Works) which would simplify keeping the membership records, putting out flyers, printing mailing labels, communicating via e-mail, etc. Rachel May's current machine cannot run Windows 3.1 efficiently (it is a '286 machine) and it is too slow for graphics-intensive applications like DTP. While my own machine can run Windows 3.1, it is heavily committed to other uses; I have to unload many programs from my current system in order to run the DTP system.

I would also like to suggest the ACP consider getting its own third class, non-profit mailing permit. This costs \$75 for an application fee and then an annual \$75 fee, plus the cost of the mailings made under the permit. As mentioned above, this would save us a good deal on postage when we are sending things out that are not time-critical.

I would suggest that we allow interested non-members to receive the *Newsletter* regularly if they pay postage and handling fee (not a subscription fee). I would suggest that the fee be set at about \$5.00 per issue, reflecting the time necessary to maintain our files.

I also think we should get a CompuServe account number for Rachel May; this would help in sending messages (including manuscripts) for publication in the *Newsletter*. A number of ACP members subscribe to this service; it is especially efficient for international communications.

Finally, a collection of some miscellaneous ideas and questions:

I would like to suggest that the *Newsletter* follow APA (American Psychological Association) publication guidelines. They are pretty standard and easily available; many scholarly journals use that set of guidelines.

Should we copyright the contents of each issue? And should we get an ISSN number? Should we offer members the option of retaining copyright of their contributions (e.g., the Cohen/Etezady reports that appear regularly).

What size (i.e., number of pages) and what frequency (per year) is ideal? I had planned to stick to Dr. Shopper's twice-yearly schedule, but am open to suggestions. I don't think I would want to go beyond a three-times-yearly schedule (e.g. March, July, November).

Should we send a complimentary copy of the *Newsletter* to each IPA-approved institute and/or society?

Should we include black-and-white 'photos' in the *Newsletter*? I'd be happy to do this; all it requires is a hand-scanner (about \$250) and some hard disk space.

Should we regularly list the entire executive committee and their associated addresses and telephone numbers in the *Newsletter*? Many organizations do this.

Feedback and suggestions on these matters is most welcome.

The committee discussed the Editor's report. It was moved, seconded, and motion approved for the purchase of the recommended new equipment.

### REPORT OF THE PUBLIC RELATIONS COMMITTEE

(Continued on page 24)

## Executive Committee Minutes, April 2, 1993

*(Continued from page 23)*

Robert D. Gillman, M.D., Chair

Thomas F. Barrett, Ph.D. expressed an urgent need, during this time of decision making regarding the future health care in this country, for child analysts to submit information about their work to those persons making decisions. This topic was of great interest to the committee. He urged those present to write to Mrs. Clinton, Mrs. Gore, and local elected representatives. There is a great deal of activity in Washington D.C. regarding health care changes, but the knowledge of what child analysis contributes to the care and treatment of children, seems to be lacking. A call is out for both individual and association action to affect appropriate input for mental health for children. Right now managed care does not recognize analysis. Members were asked to prepare and submit a written document detailing information regarding their child psychoanalytic practice; to stress not only the numbers of children seen in analysis, but emphasize the ripple effect of their work. This document should include mention of your work with parents, and your applied work within the community. Emphasized in this context will be the preventive influence of child analysis as well as the opportunity to offer treatment to severely disturbed children, ones deemed "untreatable" by others.

Bob Gillman asked that copies of any correspondence be sent to him, so the committee can collate the efforts. The Executive Secretary will be distributing a flyer at the Annual Business Meeting on Sunday, asking the members to urgently support child analysis.

Kerry Kelly Novick said she had a good outcome study of child analysis from London. Erna Furman told of a study in Finland that showed national acceptance and encouragement of the psychoanalytic work with children/adolescents.

### REPORT OF THE REGISTRY OF CHILD ANALYSIS

*submitted by Robert Galatzer-Levy, M.D.*

Dr. Galatzer-Levy has data in the Child Registry regarding types of cases, and the severity of diagnosis of children/adolescents in analysis which would be useful for the White House committee. This could provide a description of child psychoanalytic practice in this country. He observes that analysts treat the very "at risk" children, the severely disturbed, not the 'worried well', as is the misconception of those outside the field. Galatzer-Levy said that a new survey would be sent out in the next several weeks. In the future he hopes to publish summaries of the data collected. The Registry started out as a unified listing of analytic cases treated by members of the ACP. With research the scope of the project has grown to a database of child analytic cases.

### REPORT OF THE LIAISONS TO THE ACP

American Psychoanalytic Association -- Judith Chused, M.D.

IPA Program Committee -- Peter Blos, Jr., M.D.

The official theme of the 38th IPA Congress, July 1993, Amsterdam, is the Psychoanalyst's Mind: From Listening to Interpretation. The IPA and the ACP will jointly sponsor two 1/2 day Panels during the Congress; one on Child Psychoanalysis and the other on Adolescent Psychoanalysis. Dr. Blos will open each panel with a brief opening comment and introduction of the panel participants. They are listed below.

#### From Listening to Interpretation in the Analysis of Children

Coordinator - Peter Blos, Jr., M.D. (Ann Arbor, USA)  
 Moderator - Moisy Shopper, M.D. (St. Louis, USA)  
 CASE I - Mrs. Christel Ehrnrooth (Helsinki, Finland)  
 Formal discussant - Mw G.F. Bogels (Amsterdam, Netherlands)  
 CASE II - Virginia Ungar, M.D. (Buenos Aires, Argentina)  
 Formal Discussant - Mrs. Edna O'Shaughnessy (London, England)  
 Panel and audience - Open Discussion

#### From Listening to Interpretation in the Analysis of Adolescents

Coordinator - Peter Blos, Jr., M.D. (Ann Arbor, USA)  
 Moderator - Moses Laufer, Ph.D. (London, England)  
 CASE I - Dr. Francois Ladame (Cologny, Switzerland)  
 Formal Discussant - Dr. Manuel Lopez (Mexico City, Mexico)  
 Case II - Judith Chused, M.D. (Washington, D.C., USA)  
 Formal Discussant - Prof. Adriano Giannotti (Rome, Italy)  
 Panel and audience - Open Discussion

The ACP is hosting a cocktail party for its members and guests. Herman Staples, M.D., chair of the Arrangements Committee, is organizing this event.

Lilo Plaschkes said that the IPA has offered to provide a room and a time for ACP members to talk with those interested about issues pertaining to child analysis in Eastern Europe.

American Psychiatric Association -- Barbara Deutsch, M.D.  
 review of Practice Guidelines for discussion

American Academy of Child/ Adolescent Psychiatry -- John Schowalter, M.D.

## MINUTES of the ANNUAL BUSINESS MEETING

Sunday, April 4, 1993 ❖ La Mansion del Rio Hotel ❖ San Antonio, Texas

**PRESIDING:** Peter Blos, Jr., M.D., President; Kerry Kelly Novick, Secretary; Samuel Weiss, M.D., Treasurer; and Rachel May, Executive Secretary.

### WELCOME AND REPORT OF THE PRESIDENT

Peter Blos welcomed those in attendance to the Annual Business Meeting of the Association for Child Psychoanalysis. He thanked the members who attended the Open Discussion, sponsored by the Executive Committee. There are several changes in committee chair positions. He thanked Moisy Shopper, M.D. for his years of dedication in editing and producing the *ACP Newsletter*. Shopper in turn, announced that Paul Brinich, Ph.D. is the new Editor. Many members have already seen the newest edition, which was produced via 'desktop publishing'. This will allow production of the *Newsletter* to be much more cost efficient, as well as enlarge the scope of the Editor. Cliff Wilkerson, M.D. is stepping down as Chair of the CME/CE/Study Group Committee. Wilkerson has done yeoman's work in obtaining and ensuring that our Annual Scientific Meetings are accredited for CME/CE with the AMA and the American Psychological Association. Julio Morales, M.D., is the new Chair of the

CME/CE/Study Group Committee. He expressed a need for a psychologist and a social worker to assist him, to ensure that the needs of their profession are met. Moisy Shopper has turned over the position of Chair of the Membership Committee to Robert Furman, M.D. Blos, Jr., thanked Shopper for his great attention and service to this most important committee. Samuel Wagonfeld, M.D., has resigned as Treasurer. The President has appointed Samuel Weiss, M.D., as interim Treasurer. Weiss has graciously accepted to serve. At the next election, nominees for Treasurer will be on the ballot.

### MINUTES

It was moved, seconded and a motion passed to accept the minutes as presented at the last Annual Business Meeting held April 12, 1992 in Atlanta, GA, at the Ritz Carlton Hotel.

### SECRETARY'S REPORT

*submitted by Kerry Kelly Novick*

*(Continued on page 25)*

## Executive Committee Minutes, April 2, 1993

(Continued from page 24)

[See the Secretary's Report in the Minutes of the Executive Committee Meeting, p. 19 ff.]

### Urgent Support of Child Analysis Needed:

Thomas Barrett, Ph.D. distributed a hand out expressing an urgent need, during this time of decision making regarding the future health care in the U.S., for child analysts to submit information about their work to those persons making decisions. This topic had occupied much time at the Open Discussion. A call is out for both individual and Association action to affect appropriate input concerning mental health benefits of programs for children. There is a great deal of activity in Washington D.C. regarding health care changes, but there seems to be a lack of knowledge concerning the contributions of child analysis to the care and treatment of children. Currently, managed care does not recognize analysis. Members were asked to prepare and submit a written document detailing information regarding their child psychoanalytic practice; to stress not only the numbers of children seen in analysis, but emphasize the ripple effect of their work. This document should include mention of your work with parents, and your applied work within the community. Emphasized, in this context, will be the preventive influence of child analysis as well as the opportunity to offer treatment to severely disturbed children, ones deemed "untreatable" by others. Members were asked to submit their write up to Mrs. Tipper Gore and her committee at the address indicated below, to send copies to their Senator and Congressman, and to send a copy to the ACP, so Bob Gillman, Chair of the Public Relations Committee can collate the efforts, and report back to ACP.

Mrs. Tipper Gore  
200 Old Executive Office Building  
Washington, D.C. 20500

Ms. Carol Regan  
c/o Children's Defense Fund  
25 "E" Street, NW  
Washington, D.C. 20001

Ms. Hillary Rodham Clinton  
c/o The White House  
1600 Pennsylvania Avenue  
Washington, D.C. 20500

### REPORT OF THE TREASURER

presented by Peter Bloss, Jr., for Samuel Wagonfeld, M.D.

Although the Association is still fiscally sound, we have been faced with a second consecutive yearly deficit. In 1992, our net worth declined by \$7,751.03. A review of the last 6 years of operation (1987-1992) offers some explanations. These were outlined in the Executive Committee Meeting. Bloss also announced that Wagonfeld has asked to resign as Treasurer, and that Samuel Weiss, M.D. has accepted to serve as interim Treasurer for the ACP. The Exec. Sec. distributed a detailed financial report of the ACP for the Year of 1992. The Chart of Accounts outlined the assets, liabilities, income, expenses, and net worth. The 1992 year end totals for each category are listed below:

Assets:	\$126,833.25
Liabilities:	0.00
Fund Balance	126,834.35
Income:	66,364.83
Expenses:	73,915.86
Fund Balance:	-7,551.03
Net Worth	(1/1/92) \$134,385.38
	(12/31/92) 126,834.35

Bloss noted that ACP has never had a budget, and that Weiss has been asked to present to the Executive Committee Meeting in December 1993, proposed budget for 1994. It has become necessary to make decisions, before, rather than after, the fact.

### Report of Grant Activity

Bloss announced that ACP will distribute the \$2,000 available for grants among the four approved grant applications. Each applicant will be awarded \$500.00. The Executive Committee and Council were unanimous in their agreement to continue to award these grants, in spite of financial woes. Supporting these cases through grants is a symbolic action, as well as a financial one. The Exec. Sec. distributed a History of Grant Fact sheet. Since 1982, ACP has awarded a total of \$69,901.00 grant monies; and since 1987 contributed a total of \$12,521.00 to the Anna Freud Centre/Foundation.

### REPORT OF THE EXECUTIVE SECRETARY

submitted by Rachel May, Executive Secretary

Since the last meeting held (Atlanta, April 1992) the office of the ACP has been quite busy. I researched and recommended different Directors and Officers Liability insurance plans. The insurance has been obtained, and is in force (to be renewed annually).

This past summer I was able to really clean out and clean up the ACP files. They have never been so neatly organized.

A new Roster of Members was compiled, printed, and mailed this past August 1992. Supplements will be sent to the membership that announce changes. These announcements will also be printed in the *Newsletter*.

As Financial Manager of the ACP, I am being encouraged to transfer the manual bookkeeping to a computer program. This would make my job easier, speeding up the report process considerably. The bookkeeping and maintenance of the accounts, dues collection, and being treasurer for the annual meetings takes a good portion of my time spent with the ACP. I prepared a balanced End of the Year 1992 Report. This was the base document for the accountants to prepare the tax forms required by non-profit, tax-exempt 501(c) organizations such as the ACP. The accountants have also been helpful in obtaining state sales tax exemption (currently valid in Texas, applied for in Virginia and D.C.). The accountants will also be instrumental in documenting the incorporating of the European monies into the Financial Reporting of the ACP. The 1st Quarter 1993 Financial Report has been prepared and distributed. Dues notices were sent out in January to all US/North American members. I work with Marianne Parsons providing assistance with dues collection, and reports of the European Treasury.

Maintaining accurate mailing lists of the membership is an ongoing challenge. Mailing list/labels are also maintained for candidates-in-training at the various institutes, and for a general list of non-members. Mailing labels are available to committee chairman for various projects.

I continue to work with Herman Staples, M.D., in the organization and preparation, and follow up of the Annual Meetings. The 28th Annual Meeting in Atlanta was successful. Planning for San Antonio included mailings in September and January. I have also concentrated on the registration of the participants and the preparation of meeting materials for the meeting in San Antonio.

I worked with Moisy Shopper, editor of the *Newsletter*, in sending out the Fall 1992 issue.

I worked with Paul Brinich, incoming editor of the newest issue of the *Newsletter*. His ideas regarding computers are really encouraging me to stretch my own computer skills. Most of the materials for the Annual Meeting, including the Program, were produced in-house. I hope to expand my computer knowledge this summer, learning accounting software and simple desktop publishing.

Under the direction of Jules Glenn, chair of the Nominating Committee a ballot was mailed to all voting members. The voting results were collected and tabulated, and will be announced at the Annual Meeting.

I work with Moisy Shopper, chair of the Membership Committee. I see that the correspondence regarding the nominees is circulated, as well as any correspondence with the proposed nominee. A list of nominees for membership was circulated to the voting membership for comment by mail. A New Member packet has been developed which introduces the member to the spirit and structure of the ACP.

I work with Lilo Plaschkes, chair of the committee to assist Eastern Europe. It is fun to send and receive faxes from all over Europe.

I am helping the old/new chair of the CME/CE Committee. Two

(Continued on page 26)

## Annual Business Meeting Minutes, April 4, 1993

*(Continued from page 25)*

mailings were sent out under the direction of Cliff Wilkerson, to collect data for CME accreditation requirements. The CME form and the Evaluation form were readied for the Annual Meeting after being prepared and approved by the committee.

This is my 5th Report to the Annual Business Meeting. I continue to enjoy working with the President and officers of the ACP, and look forward to planning for the Annual Meeting in Washington D.C.

### REPORT OF THE MEMBERSHIP COMMITTEE

*submitted by Moisy Shopper, M.D.*

Dr. Shopper, the outgoing chairman, told of the committee's activities which in many ways reflects the change ongoing in the organization. ACP is an inclusive, as well as international organization. Many overseas members look to ACP to belong to and to identify with professionally. He has received letters inquiring about training programs desiring to create a standard of training so their graduates would be eligible for membership. ACP takes a strong position not to be an accrediting body, but to serve a function within the field to maintain standards. ACP will continue to maintain the individual sponsorship. A proposed nominee would need 2 sponsors, irrespective of their training. Candidate members would need 1 sponsor. More responsibility will be placed on the Role of the Sponsor. An outline for the Sponsor is being drafted, and will be published in the *Newsletter*. There has been some discontent about the dues structure. Currently, all members (USA/international) have one vote, and pay the same dues of \$100.00; Candidate Members pay dues of \$35.00; Members over 70 years, are exempt from dues. There is some discussion of revising the overseas membership dues and structure. Shopper also announced that Robert Furman, M.D. has accepted the position of Chair of the Membership Committee.

### REPORT OF THE ARRANGEMENTS COMMITTEE

*submitted by Herman Staples, M.D.*

Dr. Staples expressed, for everyone, that the meeting at the La Mansion del Rio Hotel, in San Antonio, was delightful. The social events were fun and well attended. The next Annual Meeting will be in Washington, D.C. The dates have been changed from the usual Palm Sunday weekend tradition, because of the conflict with Passover in 1994. Therefore, the ACP will hold its Annual Meeting March 18-20, 1994, the week before. The ACP is also hosting a reception at the IPA in Amsterdam.

### REPORT OF THE PROGRAM COMMITTEE

*submitted by Martin Silverman, M.D.*

Dr. Silverman described the success of the San Antonio scientific meeting. There have been many open, candid, but collegial, discussions. The topic for the 1994 Annual Meeting will be Working with Parents of Children and Adolescents in Psychoanalysis. The plans are already underway and the Program Committee would like to encourage all members to submit suggestions for future topics, or recommendations for workshops. People who are interested in participating in the Program, are asked to contact Silverman. Other topics being considered are Sibling Transferences, Sibling Relationships, Issues of Psychopharmacology of Children in Analysis, Role of Transference that Unfold in Child Caregivers (non-parents).

### REPORT OF THE COMMITTEE ON CME/CE/STUDY GROUPS

*submitted by outgoing chair Cliff Wilkerson, M.D.*

Dr. Wilkerson thanked everyone for answering his letters of inquiry and questionnaires. Ideas for the Program Committee are generated from these responses. He also reminded members that the questions must be answered on the CME/CE form for the San Antonio Annual Meeting in order to obtain credit. Otherwise the credit is not valid. He welcomed Julio Morales, M.D. as the new Chair for this committee.

### REPORT OF THE NEWSLETTER

*submitted by Paul Brinich, Ph.D.*

The new Editor commented that he is a committee of one, and that he welcomes any and all suggestions. The March 1993 issue was produced via desktop publishing. This reduces the cost and time involved; it also makes the format quite flexible. He is looking at other ways to save money, such as reducing mailing costs by sending out the *Newsletter* via third class mail. He needs reporters from the various ACP Workshops and he also hopes that members will be willing to write for the *Newsletter* regarding activities in their own areas. Material can be sent to him on computer disc, via electronic mail, or in typed format.

### REPORT OF THE EXTENSION COMMITTEE

*submitted by Kerry Kelly Novick*

Mrs. Novick reports that the committee has not been very active. Its purpose is to support local activity. ACP can offer seed money for generation of mailings for instance. Then split the profits with the local group. This committee desires to make child analysts and child analysis more visible. All inquiries are welcome. Martin Silverman spoke that the ACP will be co-sponsoring a meeting January 1994 in New York City with Division 39/Section 2 of the American Psychological Association. The topic will be Children and Adolescents who have been Analyzed, and are Back in Analysis as Adults. His committee for this meeting, Laurie Levinson and Katherine Rees, are expecting a large turnout.

### REPORT OF THE PUBLIC RELATIONS COMMITTEE

*submitted by Bob Gillman, M.D.*

Dr. Gillman reinforced what was mentioned earlier in the meeting by Thomas Barrett, Ph.D. He will be collecting the data regarding the national health care crisis. He urges members to write to Mrs. Clinton and Mrs. Gore, and their local Senators and Congressman.

### REPORT OF THE REGISTRY OF CASES

*submitted by Robert Galatzer-Levy, M.D.*

Dr. Galatzer-Levy reports that a 3rd round of survey mailings will be sent out in the near future. He hopes to publish his general findings in the *Newsletter*. He noted that the public currently think that analysts treat the 'worried well', when in fact his research shows that isn't so at all. The Registry will be able to document that many analysts are seeing patients who are deeply disturbed, or children who are at great risk. The Survey was originally set up as a resource for members on types of cases, or for those looking for case presentations on a particular topic. He urges all members to respond to the survey.

### REPORT OF THE COMMITTEE TO COORDINATE ASSISTANCE TO CHILD ANALYSIS IN EASTERN EUROPEAN COUNTRIES

*submitted by Lilo Plaschkes, MSW*

Ms. Plaschkes reported that her committee has been active, and her findings are that there is a great need for assistance, but little cooperation or coordination among the groups in Eastern Europe. She is investigating how to send books and literature. She is also in the process of organizing a joint meeting of the ACP with the Eastern European Psychoanalysts attending the IPA Congress in Amsterdam. Blois noted that it is impressive that a committee such as this exists, and that Plaschkes letters of inquiry are greeted with enthusiasm.

### REPORT OF THE ABSTRACT COMMITTEE

Dr. Furman asked what happened to this committee. Blois explained that Dr. Reidy resigned due to health problems, and that with the current financial constraints of the ACP, the Executive Committee is discussing the cost of producing a volume of Abstracts. Furman suggested that the *Newsletter* might be a forum to publish abstracts.

### REPORT OF LIAISONS

**Barbara Deutsch, M.D.**, liaison to the American Psychiatric Association, reported that the APA Practice Guidelines for the Treatment of Depression will not include any remarks concerning the treatment of child and adolescent depression. There is to be a separate Guideline on the

## Calendar of Events

### November 24-28, 1993

International Congress of Infant, Child and Adolescent Psychiatry and Allied Professions  
 "Change and development: The infant, child and adolescent in the twenty-first century"  
 Punta del Este, Uruguay

**For information contact**

Prof. Dr. Miguel Cherro-Aguerre  
 Avenue 8 de Octubre 2773  
 Montevideo 11600  
 URUGUAY

*For information contact*

Mrs. Rachel May, Executive Secretary, ACP  
 P.O. Box 366  
 Great Falls, VA 22066  
 ☎ (703) 759-6698      FAX: (703) 759-6783

### January 29-30, 1994

The Association for Child Psychoanalysis and the Section for Childhood and Adolescence of the American Psychological Association's Division of Psychoanalysis  
 "On the nature of change: Child analytic patients who return to treatment as adults"

Teachers College, Columbia University  
 New York, NY

**For information contact**

Office of Continuing Professional Education  
 Teachers College, Columbia University  
 120th Street at Broadway  
 New York, NY  
 ☎ (212) 678-3987      FAX: (212) 678-4048

### June, 1994

Regional Congress, World Association for Infant Mental Health (WAIMH)

Riga, Latvia

*For information contact*

Dr. Kaspar Tuters  
 315 Avenue Road, Suite #9  
 Toronto, Ontario M4V 2H2  
 CANADA  
 ☎ (416) 964-6777      FAX (416) 928-0870

### July 24-28, 1994

13th International Congress, International Association for Child and Adolescent Psychiatry and Allied Professions  
 "Violence and vulnerability"

San Francisco, California

*For information contact*

Office of Continuing Medical Education  
 Room LS-105, Box 0742  
 University of California  
 San Francisco, CA 94143-0742  
 ☎ (415) 476-5808      FAX: (415) 476-0318

### March 18-20, 1994

29th Annual Meeting, Association for Child Psychoanalysis  
 ANA Hotel  
 Washington, DC

## Advance Notice, 1994 ACP Annual Meeting

ANA Hotel, Washington, DC  
 Friday to Sunday, **March 18-20**  
**Note that this is a change in date!**

### *Theme: Working with Parents of Children and Adolescents in Analysis*

#### Hotel

ANA Hotel (a Westin-managed hotel)  
 2401 M Street, NW  
 Washington, DC  
 (202) 429-2400      FAX (202) 957-5010

#### Airline

Delta is our official airline. Call 1-800 241-6760 and ask for File XD 0636 for discounted air fares.

#### Marianne Kris Lecturer

Robert Furman, M.D.

In addition to our Child Psychoanalytic Program, we are exploring psychoanalytic, political, social, and sight-seeing connections and opportunities.

There is so much to see and do during your visit to

Washington and the District of Columbia. People enjoy coming because of the city's historical and political importance; they also enjoy the cosmopolitan personality of the city. We look forward to seeing you in Washington and know that you will enjoy the Annual Meeting and the chance to explore.

Registration materials will be sent in January; be ready to respond quickly, as spring is an extremely popular time to visit Washington, DC. In particular, be sure to reserve your room at the ANA Hotel by February 15th.

Rachel May  
 Executive Secretary

Herman Staples, M.D.  
 Chairman, Arrangements

## Lottie Maury Newman 1919 - 1993

Lottie Maury Newman, B.A., of Woodbridge, Connecticut, a lecturer at the Child Study Center of Yale University, died on February 25, 1993 at Yale-New Haven Hospital at the age of 73 following complications of an automobile accident two weeks earlier.

Born in Vienna, Austria, Mrs. Newman originally trained as a speech therapist at the University of Vienna. She worked in London for a year before coming to the United States in 1940. She received her B.A. degree at the New School for Social Research in New York and for more than forty years served as senior editor and consultant to many of the major psychoanalytic writers and publishers in the United States and the United Kingdom.

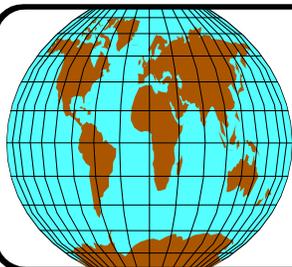
Lottie Newman was a close friend and editorial collaborator of Anna Freud, Ernst Kris, Heinz Hartmann, Ralph Greenson, and Leo Rangell as well as several generations of younger psychoanalysts. Because of her long and particularly close collaboration with Anna

Freud, she became Miss Freud's literary executor.

Mrs. Newman was a founding member of the Sigmund Freud Archives and a long-time member of the Editorial Board and Associate Editor of *The Psychoanalytic Study of the Child*. Her greatest satisfaction was in teaching and helping young psychoanalysts to write and publish their scholarly work. In 1984 she received the Distinguished Contributor Award of the American Psychoanalytic Association.

Mrs. Newman was predeceased by her husband, Richard Newman, a distinguished psychoanalyst. She is survived by her step-daughter, Ellen Rothchild, M.D., of Cleveland, Ohio and her step-son, Nicholas Newman, Ph. D., of Cambridge, Massachusetts.

Albert J. Solnit, M.D.



**Association for  
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Executive Secretary  
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