Dear Fellow Members,

It was over thirty years ago that Dr. Marianne Kris brought to fruition a dream that she had nourished for a long time: the creation of an organization that could bring together child analysts the world over for the purpose of exchanging ideas as well as developing and promoting the discipline of child analysis. Central to her vision was the belief that such an organization should welcome physicians and lay analysts alike on an equal basis and not adhere to the system of restricted membership which then prevailed in the American Psychoanalytic Association.

Marianne Kris’ dream has become a reality. The ACP has become the organization that she envisioned: a place for the gathering in of those colleagues here and abroad who have been trained in child analysis and are devoted both to its practice and to its development as a discipline.

As your new officers, Judith Chused, Alan Zients and I feel proud and honored to serve the ACP. It is our aim to be as responsible as possible to our membership, and we encourage you to communicate with us about any issue that concerns you.

As we know, the field of child analysis has not fared well in recent years. While some of our members continue to have a sizable number of children and adolescents in analysis, many do not. It is not unusual for child analysts to have either one case in treatment or none at all. In many institutes it has become increasingly difficult to obtain suitable cases for candidates. This situation has created a crisis in the field and, in some quarters, has led to feelings of demoralization and to pessimism about the future of child analysis. Under such circumstances one can anticipate that fewer younger colleagues will be interested in undertaking training in child analysis, and the dearth of applicants will further erode our field.

Recognizing the importance of this problem, last year the executive committee of the ACP took the step of hiring Fischer Communications, a public relations firm, on a one year trial basis to help in our efforts to educate the media and the public about the values of child analysis. In recent months Ms. Bobbi Fischer, who represents both the ACP and the American Psychoanalytic Association in this public relations effort, has sent out press releases, has held media training sessions for our members, and will be attempting to place articles about child analysis in newspapers and magazines. In December the executive committee will evaluate the effectiveness of Ms. Fischer’s work on our behalf and decide whether or not it is worthwhile for the ACP to continue to employ her firm.

In addition to this initiative, Drs. Martin Silverman and Leon Hoffman have been active in taking steps to promote child analysis. Dr. Silverman heads a task force of the American Psychoanalytic Association which is working both to improve the status of child analysis within and without the Association and to make training in child analysis more appealing.

Dr. Hoffman has been instrumental in forming a local organization of child analysts in the greater New York area. Functioning as a clearing house for referrals to child analysts, as well as a group that will seek to coordinate the outreach efforts of child analysts in the area, this type of organization may serve as a model for colleagues in other parts of the country who are interested in cooperating to promote child analysis and to foster referrals.

These initiatives represent valuable efforts to get our

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message across to a public inundated with claims about the value of medications, behavioral approaches, and brief therapy for emotional disorders in children. Equally important, however, are the outreach efforts that, in this climate, individual child analysts must make on their own behalf.

Such efforts include giving talks to lay groups, teaching in adult education programs, consulting at schools and agencies, working with child psychiatry and psychology training programs, and being actively engaged in local and national analytic organizations. Participating in study groups in which child analyst material is presented to adult as well as child analysts is also important.

A number of ACP members who have been successfully engaged in such outreach efforts, will share their experiences with us via the Newsletter or at future meetings of the ACP. It is important that all of us learn from them and consider taking similar steps of our own.

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President’s Message . . .

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The use of such initiatives is not only important for those colleagues who wish to expand their child analytic practices, but will contribute in significant ways to our efforts to educate both our colleagues and the general public about the value of child analysis. For, ultimately, it is to ourselves and our own efforts that we must look to insure the future of our field.

From the Editor

When I first took on the editorship of the ACP Newsletter in 1993 I quickly found that the job went beyond editing. It included solicitation of contributions, familiarity with desktop publishing software, multiple file formats and operating systems, e-mail file transfers, coordination of mailing lists, as well as negotiations around printing, binding, and mailing.

The job also afforded me greater familiarity with the organizational life of the Association. I am sure I know many more members today than I knew three years ago despite the fact that I spend most of my time in out-of-the-way Chapel Hill. I am especially delighted that two fellow members have joined the Newsletter committee and will be adding their ideas and energy to the product you hold in your hands now. Randi Finger’s “Children and media” contribution is a good example of what these new ideas and energy have to offer us.

As this broadening process continues we expect that some ideas that have been bantered about will move from fantasy to reality. Examples include the idea of a “candidates’ column,” addressing issues of special concern to our growing number of candidate members. Interviews with some of our more senior and distinguished members would help to preserve a sense of continuity with the past; while Ted Jacobs refers to Marianne Kris in his “President’s Message” at the beginning of this issue, many members of the ACP have only a vague sense of the political issues which originally led to the formation of the ACP. Another valuable addition to these pages would be increased coverage of news and views from countries where we have relatively few members but where child analysis may have some special opportunities — where it remains unencumbered by the economic and political pressures which have squeezed it so dramatically in the more “developed” countries over the past decade.

Leon Hoffman is leading our efforts to educate both policy-makers and the public about what child analysis has to offer in this “golden age” of psychopharmacology. We need more members who can join Leon in some proactive efforts — e.g., creating some brief “fact sheets” on issues about which child analysts have some important things to say (child care, parental divorce, gifted education, childhood bereavement, et cetera).

Finally — what publication in 1996 can afford to ignore it? — we need to give the ACP a presence on the World-Wide-Web. This may seem esoteric and tangential; certainly Miss Freud never felt entirely comfortable with anything that had to be plugged in; and child analysts are more likely to be thinking about intrapsychic events than about Internet contacts. However, psychoanalysts have always used current tools to communicate about our work. There are some real advantages to posting our membership list, our “fact sheets” (when available), and the most recent issues of our Newsletter on the Web. There almost anyone, almost anywhere in the world, can access these materials. Such a project would not require much money; it would, however, require a lot of time and work from some computer-literate member(s). Any volunteers? Contact Leon Hoffman (details on p. 18).

PMB

From the Abstracts Editor

On behalf of the ACP I want to thank all of the reporters for making the effort to get their summaries of the presentations in on time. We recognize that the timing of our meetings, the American’s meetings, and our publishing deadline results in pressure to “get the job done.” Because of this time constraint, the reports are largely in their original form. Nevertheless, we hope that each summary gives some flavor of its presentation.

Again our meetings demonstrated two important points:

1) Our work is very detailed and meticulous.
2) Such detailed work requires tremendous respect for the inner child.

Currently we do not have the technology to demonstrate the utility of our work to the economic community. In fact, one of our most important tools is our personalized reaction to our patients. Our training and ongoing conferences remain our best efforts to standardize this tool.

And, finally, we need to continue to integrate our respectful depth psychology with the rapidly-evolving neurobiological sciences which are less humanistic than child analysis. We can look forward to this necessary step next year in Cancun when an attempt will be made to apply child analytic understanding to such things as symptoms, neurobiology, psychopharmacology, and epilepsy.

KBH
Workshop Session — Annual Meeting of the Association for Child Psychoanalysis — Chicago, Illinois, USA — March 29, 1996

On the Need to be Understood: Feelings of Desperation and Therapeutic Response in a Psychotic Adolescent Boy

Chair: Theodore Cohen, M.D.
Presenters: Bertram Cohler, Ph.D. and Patrick Zimmerman, Ph.D.
Discussant: Alan Sugarman, Ph.D.
Coordinator and Reporter: M. Hossein Etezady, M.D., with the assistance of Mary Davis, M.D.

This paper reviewed earlier concepts of child development as initially described by Freud and elaborated by later observations and research in the work of Spitz, Mahler, Bowlby, and others. The data from such observations were "experience-distant" and did not address the subjective experience of the relationship and its meaning to the child.

Findings by Emde and Source (1983) and Sander (1962, 1975), together with Stern's (1985, 1989, 1995) discussion of the emergence of sense of self, Winnicott's (1953) "transitional object," Kohut's (1971, 1977) and Stechler & Kaplan's (1980) concept of the selfobject, indicate that the caregiver is initially experienced as a function that the baby performs. To the extent that the caregiver is reliable and expectable, occasional disruptions are transitory. The child early on develops the capacity to overcome disappointment through "transmuting internalization." He can sustain disappointment without experiencing fragmentation of self. Optimism, tension regulation, and the capacity to use others at times of crisis as a source of sustenance and support are made possible by the experience of reliable and empathic caregiving in the first years of life. To the extent that the caregiver has been experienced as failing to provide constancy and dosing of tensions, the child fails to develop a sense of confidence in self and trust in others. Such children are particularly sensitive to even momentary empathic failure since there is little confidence that such disruptions can be resolved. The problem is less that of attachment than that of deficit in sense of self as effective and able to overcome disappointments. This theoretical perspective is reflected in children at the Orthogenic School at the University of Chicago, a therapeutic milieu for children with a background of abuse, neglect, adversity and despair. Often these children have been shifted from foster homes to institutions. Intervention consists of providing a degree of constancy previously not experienced by these children. There is explicit emphasis on supporting the enfeebled self through corrective emotional experience. The staff work with their own affects counter to those of the children in order to tolerate the children's disappointments through empathic appreciation of the terror these children so often experience. The staff makes repeated efforts to demonstrate that care and understanding are available and tension states can be contained and modulated.

Steve entered residential treatment at age 13. He was in treatment twice weekly for the first 1½ years, after which the treatment was converted to four-times-a-week analysis. Steve's father had been diagnosed with schizophrenia three years before Steve's birth. He had been accused of sexually molesting two of Steve's older sisters. He had been abusive toward his wife. When Steve was about 6 months old, his mother separated from her husband and moved back to the west coast with her four children. She exposed the children to neglect, abuse, and her own promiscuity and prostitution. One sister committed suicide to escape her suffering. Steve found her body one morning, thinking she was playing a prank on him. The father then brought the children back to Chicago where they lived in his car and in shelters. Steve was then abandoned and temporarily placed with an uncle who sexually abused Steve in a particularly sadistic manner. Steve became increasingly explosive, exhibiting severe mood swings and suicidal ideation. He then had three psychiatric hospitalizations and two separate placements in residential treatment.

Much of Steve's interaction with the therapist consisted of venting his rage and frustration about peers and staff. He was unable to participate in any real discussions of the circumstances. A great deal of his affectionate feelings were displaced on dogs at home. He recalled his mother with derogation and anger and mentioned his father only occasionally. Later references to family life and home nearly disappeared.

His more animated discussions during the first six months revolved around his pubertal changes, criticism of younger peers, his athletic competitiveness, and criticism of his counselors. His athletic competitiveness was understood both as a need for control and to satisfy early needs for admiration.

As an atmosphere of "open-mindedness" emerged in the treatment, a new kind of play became an important arena. He slowly began to use his own language with tenderness and passion. He frequently could not tolerate even minor disturbances in his dormitory, perhaps in association to the chaos and unpredictability of his early childhood. His vehement complaints about the staff concerned being misunderstood, being treated inappropriately for his age, inconsistency in their reactions, and feeling abandoned as staff unpredictably seemed to shift their attention to others. Anything less than perfect attunement caused him to feel injured. Once, in a verbal tirade, he complained that the counselor would not pitch the ball to him in the exact manner Steve needed. He was able to acknowledge a link between his complaints and his feeling that his mother wouldn't provide for his needs and would constantly shift her attention away from him. He dismissed the statement that his complaints about staff

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might reflect his concern that the therapist might similarly fail him. Steve's dangerous rageful outbursts in the face of staff absence or departure led to two psychiatric hospitalizations. After the second hospital-ization, Steve's demeanor was different during the sessions. He was glad to be back and his complaints about the staff had diminished. He looked forward to his sessions and spent a good deal of time laying quietly on the couch, gazing at the therapist with a sense of longing. He affectionately teased his therapist as if to experience a sense of safe intimacy with an adult not available during his childhood. He began asking and pleading for more frequent sessions and reacted with relief and pleasure when the sessions were increased. He associated the increase with a sense of hope for his future and opportunity to find more adaptive channels for his contentious nature. He talked about making a real contribution to the school. He began to see the act of sharing as a source of enhanced self-worth. His play and free-associative fantasy material included erotized features associated the increase with a sense of hope for his future.

Destructive activity and defiance provide a sense of being disrupted to a world experienced as overwhelming. Such individuals believe that their impulses have been mis-takenly interpreted and what Steve may have interpreted this inconsistency and what fantasies or defenses he may have erected. Interpretations offered Steve ignore the defensive nature of this externalization. The emphasis on corrective emotional experience precludes awareness of his internal conflicts and ignores the role of unconscious fantasy, conflict, and defense. His vulnerability is understood to be rooted in having actually been misunderstood as a child. Little consideration is given to how Steve may have interpreted this inconsistency and what fantasies or defenses he may have erected.

A central component of Steve's pathology, i.e. his sadomasochism, remains unexamined, as are his wish for sadistic control and his masochistic defense of seeing himself as an unfairly-treated victim. His history is replete with traumatic events that are known to give rise to the multi-faceted phenomena of sado-masochism. The Novicks have described delusions of omnipotence as differentiated from the normative developmental experience of the blissful state of omnipotence. These are hostile fantasies of total control of others and relentless refusal to accept reality constraints. It creates rage at being unable to affect the caretaker and to elicit the needed responses from the environment. Such individuals believe that their impulses are omnipotent and capable of destroying others or themselves. Steve is likely to believe that his impulses have played a role in the multiple traumas that have befallen him. Confrontation of Steve's acting out around separations...
On the need to be understood . . .

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from his analyst demonstrated that his rage was not as omnipotent and destructive as he feared, a likely contribution to the shift in the analytic process following this setting of limits. Ignoring his sado-masochism while only emphasizing his vulnerability to separation and loss risks denying him the opportunity to gain insight into his own internal conflicts and to use affects such as anxiety as signals.

Dr. Sugarman noted that adolescents often appear impervious to interpretation long into the analysis until years later when they return to what they had clearly understood the first time. In regard to timing, one must begin with interpreting the superego inhibitions against aggression and intolerance towards, e.g., anger. Even anger as a reaction to failure of empathy can be understood structurally as an aspect of the patient's delusion of omnipotence. One must also consider the patient's search for an idealized object, especially since it is not clear who the analyst represents in the transference.

Julio Morales emphasized the difficulty inherent in the work with adolescents even when they come from intact families. Steve's analytic experience was enhanced by the availability of the milieu as a holding environment. Without such containment, the course of Steve's treatment might be quite uncertain.

Paul Brinich cited the example of a younger child with an absent father who tried to make the analyst into his father. Trying to do analysis in absence of a real object to fulfill an external paternal role is quite difficult. He wondered how Steve manages to engage at all under the circumstances.

Workshop Session — Annual Meeting of the Association for Child Psychoanalysis — Chicago, Illinois, USA — March 29, 1996

The Use of Dream Analysis in the Treatment of a 9-year-old Obsessional Boy

Workshop Leader: Ruth Caruth, M.D.
Workshop Discussant: Robert Berland, M.D.
Workshop Reporter: Adele Kaufman, M.S.W.

The royal road to the unconscious is only a minor byway, it seems, in many child analyses.

Dr. Ruth Caruth opened this workshop with a brief review of the literature and history of dream analysis in the treatment of children, emphasizing that there are strikingly few reports in the literature of work with children’s dreams. Utilizing a richly detailed and sensitive case report of the analysis of a 9-year-old obsessive compulsive boy, Dr. Caruth cogently and enthusiastically argued for a greater use of dream analysis in the treatment of children. In her presentation, she demonstrated her work with the child’s dreams as a fertile source of knowledge about the child’s inner life; as a road to uncovering and understanding the child’s conflicts, defenses and affects; and illustrated changes in defenses, internal object relations, and processes of working through in the course of a 2½-year analysis.

Her patient, the oldest of three siblings, entered analysis because of recurrent nightmares, from which he awoke screaming almost every night of his life that he could remember. The manifest content of his nightmares involved rescuing his family from some dire fate. If not for this rather dramatic symptomatic breakthrough of his aggression and accompanying intense anxiety in his dreams, it seemed unlikely that this constricted, rigidly defended, passive, compliant, eager-to-please child would have been brought to treatment. While his parents sensed that he was not a happy child, they also stated that there was no way to tell how he felt. Although he was an intelligent child, his presentation was of a child so unremarkable in any way that he tended to go unnoticed in comparison to his two younger siblings and his peers.

From the outset, at the initial diagnostic consultation, Dr. Caruth actively inquired about his dreams and nightmares. When he denied remembering dreams or having nightmares, she introduced him to Winnicott’s squiggle game. This game intrigued him and appeared, to this reporter, to have offered him just the right amount of displacement and distance from potentially overwhelming thoughts and feelings, to begin to develop an analytic dialogue in an atmosphere of safety. He turned one squiggle into a 3-headed monster and another into a “falling Eskimo yelling help.”

In his very first analytic hour, he admitted that he really did have dreams and volunteered a dream from a few years earlier: “Prospect Park, which is right next door to my house, was like the Atlantic Ocean. It was all water and filled with whales. One whale had just gobbled a person up.” He characterized this dream as a scary dream.

Dr. Caruth used this dream as an opportunity to educate her patient about dreams as a way of trying to solve problems. Encouraging his curiosity about his own mind, she explained to him that dreams are like puzzles and that every part came from somewhere. She gave him clues to help him remember his dreams. He spontaneously associated that his mother had been huge,

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“very much like a whale. Oh, really not that big.” And then he wondered whether his mother had frightened him when she was pregnant. As they discussed the dream, she asked him about Prospect Park. He spoke of walking his dog in the park and then, with more feeling, spoke of his brother who did not do such a good job of dog walking. In this way, the analyst helped her patient to make his own personal discovery that his dream had meaning. The idea that his dreams had meaning, was intriguing to him and in fact, became “the glue of the therapeutic alliance”.

This dream came up repeatedly in the course of the analysis. It reflected, in condensed form, earlier developmental issues as well as current conflicts. As the analysis deepened there was extensive work on other dreams that elucidated his conflict over his aggression. As he became more aware of the nature of his conflicts and the intensity of his feelings, he returned to working on this dream and deepening his understanding of it.

For example, following work with a dream on the themes of his anger at being blamed for things that were not his fault both in the transference and in his external life, his anger at not being taken seriously, and his belief that it is better to cover things up than risk displeasing his mother, he returned to “the park dream.” He wondered about the part of the dream in which the whale gobbles up a person. “Maybe I was worried that my mother would swallow me up if she were angry at me.” Work continued on his need to please people, including the analyst. He didn’t want anyone angry at him.

Another dream, in which he was late and locked out of the analyst’s office, occurred in the context of elaboration of his belief that his parents preferred his siblings to him and in anticipation of the upcoming summer break in the analysis. He returned again to “the park dream,” now able to admit that he wished his brother had never been born. His spontaneous association was that if his mother knew how he felt about his brother she could be so angry she might swallow him up. The next associative links were to his early theories about pregnancy — that “babies grew in their mommy’s tummies when their mom ate a seed or something.” This was connected interpretively with the dream image of the whale eating the person.

Following the summer break, he returned to the theme of his parents preferring his siblings. After a dream in which his brother goes away for a year, he brought up, for the first time, the nightmares he had prior to beginning analysis. “Each night one of my family would be taken off to the witch’s castle and have all kinds of torture. Almost always the rest of the family would rescue the kidnapped person. Sometimes I’d be taken off.” He could now see that the repetitive nightmare had to do with his own anger and wish to get rid of his siblings. There followed a long period of work on his anger at his siblings and parents; on how the dreams were torturing him and how frightened he was of his angry feelings. He wanted his family to suffer but he didn’t want to lose them. This was linked with his compliance and need to please.

During this phase of the analysis, it became clear that one aspect of his facility and interest in working with dreams was linked with his compliance and need to please the analyst in the transference. Interpretation of his need to please the analyst led to a period in which no dreams were reported. In this way, he continued to try to please the analyst, as he then thought she did not want to hear his dreams. Continued work on this theme led to his reporting a dream in which he is humiliated. They were able to discuss, among other things, the idea that he felt humiliated by the interpretation that one motivation for reporting his dreams was to be pleasing.

The analysis entered a phase in which he reported many dreams with the theme of children being abandoned. Work on these dreams was accompanied by intense affect and then the memory that his parents had gone away on vacations following the births of his siblings. It was then possible to interpret his fear of abandonment for having negative feelings about his siblings and to reconstruct that when his siblings were born he must have wished they had never arrived. Then, just when he had those wishes, his parents had left him to go on vacation. No wonder he worried he would be abandoned if his parents knew how he felt.

Toward the end of the second year of analysis, he brought up the idea of termination. “Everything is fine. I want to have more time in the afternoons. Besides, I’m no longer killing my brother off in my dreams.” There was a brief reappearance of nightmares. Work on these dreams led to clarification and differentiation of his own wishes to end analysis versus the idea of complying with his parents wishes. A termination date was set for six months later.

In her discussion of this case report of a child who took so well to reporting and analyzing dreams, Dr. Caruth pointed out that this child patient was able, at times, to associate freely to his dreams. However, whether or not a child is able to associate freely, attention to the child’s verbal, nonverbal, or play responses to dream interpretations are useful in helping to illuminate the unconscious. In this particular case, dreams were an easier form of communication for him to deal with than were other forms of communication — perhaps because the dreams offered him sufficient distance. His defenses of intellectualization, displacement, and isolation were readily employed in the reporting and working on dreams. This case also posed the dilemma that the child’s interest in dream analysis, serving processes of defense and resistance, also had to come under analytic observation.

Dr. Caruth concluded her discussion with the cogent point that children cannot be expected to know about the importance of dreams and to report them spontaneously. Her view is that the responsibility for inquiring about dreams early in the analysis rests with the analyst who has to take active steps to interest the patient in dreams.

This workshop concluded with a stimulating and lively

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discussion between the presenter, discussion leader, and workshop participants. Dr. Berland focused the discussion on many intriguing theoretical, clinical, and technical questions raised by the presentation. The discussion raised many questions deserving of further study, beginning with an examination of the current status of dream analysis in child psychoanalysis. The paucity of reports in the literature suggested to some participants that there may be a lack of conviction about the usefulness of dreams in work with children. There was exploration and attempt to understand this phenomena. The discussion addressed aspects of the analyst’s attitudes, fantasies, and emotional reactions to children’s dreams and ways in which these factors influence the course of analysis in powerful ways.

Discussion evolved into a consideration of the child analyst’s internal struggle to apply principles of technique and of therapeutic action in the unfolding clinical situation with children. Some of this struggle derives from psychoanalytic education. We are always working to reconcile our training in adult analysis with the clinical situation in child analysis. It was noted that there are no courses on dreams in the child analysis curriculum. Although there was consensus that dream interpretation with children does not differ fundamentally from dream interpretation with adults, technique for obtaining dream material and the patient’s mode of associating depends on the characteristics of childhood and varies with the developmental level of the child.

For example, few children spontaneously report their dreams. Why should it be difficult to say directly to a child that we are interested in their dreams? Does the analyst’s commitment to examining what occurs spontaneously in the process interfere with clearly expressing interest in dreams and educating the child about dreams? To do so moves an aspect of the analyst’s distinctive self-expression into the foreground of the analytic process. For some analysts this may run contrary to “analytic discipline” as they have learned it. Are we dealing with issues of inhibition about inquiry and/or interpretation? Are we dealing with questions of psychoanalytic education? Are we dealing with tensions around reconciling roles as analyst, caregiver, parental surrogate? While lack of specific training in work with children’s dreams may contribute to these tendencies, is this also a vehicle of countertransference expression? Paradoxically, reluctance to actively inquire about the child’s dreams may evoke the child’s experience with parents who are unresponsive to the child’s emotional life.

Because a child may or may not associate verbally to dreams, other modes of expression and communication (e.g., drawing or playing) often carry the process. This raises questions of how the analyst’s activity is guided by his or her sense of the role of their activity in the process. Work with children’s dreams involves an interactional exchange between analyst and child patient of a highly personal nature that may test the limits of established technique as it is taught in the adult curriculums of our Institutes. It seems to this reporter that an underlying principle may be that dream interpretation with children may challenge us and push us to do what is more or less of a stretch for us as individuals in the use of our own associations, playfulness, and activity, while at the same time we must be able to step back and critically observe what has transpired.

Another direction of discussion involved consideration of what kinds of children bring in dreams that lead to fruitful analytic work. Some children bring in dreams that don’t yield much, and some children deny dreaming or remembering dreams. While the discussion addressed aspects of the child’s cognitive and psychological development, the direction of the discussion returned to consideration of the analyst’s contribution and issues of timing and tact.

The discussion concluded with consideration of dream analysis with very young children, ages 3 to 5 years, who often surprise us with their ability to report, associate, and reflect on their dreams. With these very young patients, the capacity to work with dreams co-exists with magical thinking — for example, telling the bad dream to the analyst detoxifies it so the “bad wishes” can’t come true.

This workshop concluded on the note that “All children are dreamers.” Like children who cannot play, when children do not dream, it is an issue for analysis.

News from Paris

Professor Serge Lebovici has sent us, via the Internet, the following details regarding developments in France. He remains involved in training programs in Child Psychoanalysis and Psychotherapy at

- the Institute of Psychoanalysis of the Paris Psychoanalytic Society
- the Department of Psychopathology of the Child and His Family at the University of Paris XIII, Medical School of Bobigny

1. The training program through the Institute of Psychoanalysis remains the same as that available in years past. This involves both individual supervision and participation in a special seminar which takes place twice a month. This training is strictly reserved for candidates; preference is given to young colleagues coming from Central Europe, Russia, and Romania (10) who are staying in Paris. The program is directed by Serge Lebovici and Francoise Bouchard.

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At the ACP meetings in Chicago this past March Mrs. Erna Furman elaborated on her contribution to adapting the Child-Development / Parenting Course for older teenagers to the special needs and circumstances of the Cleveland Public School System.

The Child-Development / Parenting course originally published in *The Teacher’s Guide to Helping Young Children Grow* (E. Furman, 1987) culminated from intensive work of a study group that began in 1974. Mrs. Furman briefly highlighted the goals of this course and then spoke at length about the challenges and success of its application to the Cleveland schools. The course aims at changing attitudes about child rearing in high school students, parents, educators, and mental health professionals by using the principles of Socratic method with emphasis on self-motivation, consideration for self and others, thoughtfulness, and respect. The course is offered for a term, with flexibility in enrollment to allow for fruitful course participation depending on self-motivation and self-selection. It is particularly important to note that the self-motivation of the teenagers came from their developmental position at the transition into adult life, with the prospect of parenthood. Hence, their participation was neither graded nor tested; thus the course was protected from the negative pressures of becoming an academic feather. The milieu was expected to be safe, calm and structured to allow for optimal teaching and learning.

Mrs. Furman remarked that the Cleveland School System lacked all the prerequisites. The pleasure of the work was to be found in identifying the hurdles, addressing them, and overcoming them. The Cleveland School System is typical of inner city schools in this country. The student population is largely black and, regardless of racial and ethnic background, invariably poor and lacking stable family and community ties. Frequent mobility also characterizes this group since many of its members move to live with a family member, to be closer to a job opportunity, or (most often) because of default on rent payments. Drug traffic and teenage pregnancies were frequent problems.

After initial discussions with senior administrative staff, it was decided to make the course available to GRADS students only; eight GRADS teachers were selected as potential participants. GRADS stands for Graduation, Reality, and Dual-role Skills. It is a state-funded project for high schoolers who are pregnant and/or have children and for the children’s fathers if they attend high school. The students were allowed to take the daily class for up to three years, with built-in day-care facilities and close monitoring of attendance and progress. The teachers were not truly self-selected since the motivation appeared to be internal pressure to gain more certificates and degrees with some interest in sharing the system’s ideal of more education being the road to “making it” in life.

A potentially harmful attitude of the teachers was immediately evident. It consisted of a righteous attitude towards the students pushing for goals of parenting “right,” getting the high school diploma, and preferably going on to college. There was a discrepancy between teacher and student goals, resulting in much mutual criticism and hurt feelings. Over time, with Mrs. Furman’s attitude of safety and respect in the milieu, the teachers could contradict, relax, find their own feelings, and develop their own ideas. The thoughtful and invested teachers began to then recollect their more cooperative and productive past experiences with pupils and began to listen more sensitively to themselves and to individual concerns. This created a different learning milieu which began to clearly demonstrate a need for self-enhancement and growing skills and gaining pleasure.

The second year of the program in its beginning phase helped highlight in a painful manner the lack of mutual respect that existed at all levels of staff interaction. Some teachers who had hoped to continue with the course were suddenly re-assigned, with little thought given to their own voice and needs. Such inconsideration pervaded the whole system; there was, for example, a lack of appreciation of students as parents. A teenage mother was seen as being “nothing”; her children were seen as an impediments to the more important goal of successful graduation.

Examples of this were evident in schools prohibiting or restricting mother’s visits to day-care; there was no place for nursing; and attempts to tend for ill children at home or hospital was derided as poor planning; day care staff treated mothers as unwelcome and incompetent and reacted punitively when they raised legitimate concerns. At home the young mothers were pushed aside by the grandmothers and overall the school attitudes intensified the problem; teenage mothers were left with little support to develop a positive image of themselves as capable of mothering.

As a result of changing attitudes in teachers and students, many inner rewards have come by way of teen parents being able to acknowledge that, for the most part, they truly want and love their children. The teachers had to come to accept that the schools’ goals of education are at odds with the students’ goals. The focus was on being good mothers and working on their relationships with men rather than treating them as sex objects. The teachers learned of the horrendous criminal tortures of the young men which are shame-laden and hidden from those who don’t want to know, don’t belong, or don’t want to understand. The greatest gain was the increased ability to think rather than act impulsively.

Finally, Mrs. Furman summarized the gains as the end of four years as raising self esteem of teenage parents with steady work in a mutually respectful environment. The teachers described themselves as having grown, developed (Continued on page 10)
Teaching child development . . .

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listening skills, and helping their students grow.

An active discussion followed which gave more thought to the devaluation of motherhood in this country, as evidenced by lack of appropriate post-natal leave for working mothers (as compared to European countries). Furthermore, the devaluation of teenage mothers could be

borne out of envy of the fertility of younger women. On the other hand, a concern was raised as to how the success of the program impacted on the incidence of teenage pregnancy. Mrs. Furman responded that the task was to support, appreciate, contain and value a new mother no matter what the motivations of pregnancy. Success would be measured by increased sublimation and by rebellion being channeled into appropriate maternal ambition.

Workshop Session — Annual Meeting of the Association for Child Psychoanalysis — Chicago, Illinois, USA — March 29, 1996

Research in Child Psychoanalysis - An Introduction
Presenter: Robert Galatzer-Levy, M.D.
Reporter: Paul C. Holinger, M.D.

Dr. Galatzer-Levy began this very interesting workshop by noting that the meeting inaugurated a series of workshops on research in psychoanalysis. This first workshop essentially consisted of three parts: a history of research in psychoanalysis; there was a "hands-on" demonstration of psychoanalytic research, with the audience participating in the microanalysis of the transcript of a tape-recorded session with a 3½-year-old boy; and finally there was a discussion between audience and presenter.

The first section of the workshop dealt with the history of research in psychoanalysis. Dr. Galatzer-Levy summarized how clinicians, researchers, and institutions had grappled with the various questions raised when studying the efficacy of psychoanalysis. Methodologic problems such as validity, inter-rater reliability, patient populations and controls, outcome measurements, and so on have created formidable obstacles in this area. The ideas of Strupp, Wallerstein (the Menninger research), and Fonagy were discussed in this context of how one deals with such complicated scientific issues. The following question was then raised: Is it possible to study the efficacy of psychoanalysis by examining concepts and processes essential to psychoanalysis — i.e., transference, affects, wishes, defenses, etc.? Three researchers were discussed as examples of efforts to answer this question: Wilma Bucci (with her studies of affective involvement, referential activity, and the use of prepositions), Lester Luborsky (exploring wishes and responses with his Core Conflictual Relationship Theme), and Donald Spence (researching the nature of the transference by studying the use of personal pronouns in the analytic process).

The second part of the presentation consisted of the demonstration of and participation in an example of research methodology in child psychoanalysis: Dr. Galatzer-Levy discussed the case of Mike, a 3½-year-old boy, and the group joined in the microanalysis of a single session, using the methodologies in Luborsky and Spence. Mike, whose parents had divorced acrimoniously about one year prior, had started analysis six weeks ago due to increasingly out-of-control, wild behavior at home and school. The first six weeks of the analysis were marked by the analyst's efforts just to keep Mike in his office and out of the halls and other analysts' offices. The session presented for microanalysis involved various verbal and behavioral interactions between Mike and the analyst. Mike pretended to be a cat and wanted the analyst to be daddy. Mike was variously curious, playful, and biting and ferocious with the analyst and the furniture, occasionally discussing his actions with the analyst; the analyst worked to verbalize Mike's actions and understand what he might be reacting to in the session. As the group read through the session, the main theme initially appeared to involve Mike's aggressivity, what provoked it, and its management. The group then participated in a microanalysis of the session using Luborsky's methodology: Narratives were isolated and wishes and responses to wishes identified. A shift was noted from previous impressions of a focus on aggressivity to subtler expressions of needs and longings to be close to the analyst, with subsequent frustration and anger. Next, the group used Spence's methodology to examine the same session: the proximity and frequency of pronouns "I" and "you" were utilized to explore the shifting intensity of transference and countertransference reactions. Discussion followed regarding the convergence and robustness of methodologies and varying levels of conviction about the validity and reliability of the data.

The third part of the presentation involved further questions from the audience and discussion with the presenter. The questions and discussion raised issues such as the robustness of the various investigatory methodologies, patient - therapist matches and mismatches in psychoanalysis, and nonverbal measures of the efficacy of psychoanalysis (e.g., Herbert Schlesinger's work, physiologic measures, etc.). Dr. Galatzer-Levy concluded by encouraging the submission of topics for future workshops on research in child and adult psychoanalysis.
“Strong and big, very big with a small brain, tusks, and endangered.” These were all associations that the ten-year-old boy gave to Dr. Thomas Barrett during one of their analytic sessions. These associations were his attempts at remembering or not remembering the elephant's trunk and his associations to that trunk.

Dr. Barrett sensitively presented an hour from the analysis of a ten-year-old boy who presented symptoms of not knowing and soiling. Dr. Barrett began by describing the process of his analysis with this boy. It was a process which shifted from knowing to not knowing and again to knowing. It was a process of coming to know. Dr. Barrett felt that he was at times the custodian of reality; he felt that his task was to return knowing to the child. In short, the boy's not knowing was a defense.

A brief history of the child was presented, describing a mother whose desire for high achievement led her to return to work when the child was three months old. At that time his father and maternal grandmother took over the child care until, at eighteen months, he began to attend day care. His father was experienced as both ineffectual and aggressive.

There were numerous physical interventions which included ear infections, shunts, adenoid surgery, and finally a seizure and a spinal tap when he was five years old. Concern was also raised about possible sexual abuse by an older cousin.

At the time of his referral for analysis he was a large boy, one who was verbal and would rather talk than play during the sessions. He described his worry that other kids would know about his soiling.

The session which was presented occurred after seventeen months of analysis. During this phase of the analysis one of the on-going themes reflected the child's anger and struggle with parental controls.

Dr. Barrett proceeded to describe in detail the interaction and interchange between them in the session. The boy tried to remember something that he had forgotten which related to his mother and her political party, “the one with the elephant,” but he could not remember the name of that party. It was his attempt to remember that filled this session.

During this hour one could see the boy's defensive maneuvers such as displacement, avoidance, not knowing, and denial. The analyst supported the boys active efforts to remember. The transference was felt in the area of control, in which the child attempted to control Dr. Barrett by getting him to remember for him. Dr. Barrett felt if he would say it, then he could be blamed for the thought that the child did not want to remember. These thoughts included the associative path of p = party = penis. The power struggle continued with the patient trying to get Dr. Barrett to say what he knew so he could blame him for being in control. Finally the boy remembered; it was the Republican party.

The discussion which followed was given by Dr. Silver who began by describing the ebb and flow of the process to self-discovery. He felt that it was because of the breakdown of the relationship with the mother that the boy's symptoms evolved. It was the pulling away of the mother that left the boy feeling all alone. The secret which was not being faced, the knowing and not knowing, was the leaving of the mother. The mother had not been able to adequately enough libidinalize the child's body through caring. This then left the child with a deficit in his capacity for self-care. This impaired development was helped through the analysis in that Dr. Barrett had become a developmental object.

Dr. Silver than offered ideas from the work of Erna Furman, Robert Furman, Anna Freud, and A. Montague. All of the authors discussed the need for object involvement, stimulation and care if the child is to develop. He felt that the child from the beginning needs stimulation and object investment to grow and master bodily functions.

It was the mother's withdrawing that deprived the boy of the self-feeling he needed to develop psychologically. He was left in a passive-feminine conflicted position.

Following Dr. Silver's thoughtful contribution the discussion was open for questions. One of the first questions raised was “Where is father?” Dr. Barrett described how the father was less involved than the mother. The boy could not identify with the father who was aggressive, less competent and inadequate.

The discussion shifted to wondering about the idea of displacement upwards as a factor in his “stupidity.” Dr. Barrett added that it was both a failure to be prepared and a defense against mother's control. An interesting association was then shared about the role of language and language deficits with this boy. The elephant also has big ears, which may represent his earlier experienced traumas with his ears.

Concerns were raised over the marital relationship which Dr. Barrett confirmed was conflicted. He described how the boy is closer to his mother and in fact attends work activities with her while father stays home.

As the discussion continued concerns were raised about the child's aggression, about his withholding of feces and then letting go. The fear, Dr. Barrett felt, was not the fear of letting go but rather the fear of letting (himself) know. Many other aspects of his struggle were discussed such as masculine vs. feminine, aggressive vs. passive, success vs. failure. To be successful means to identify with mother and to be aggressive is to be like father. This was sometimes seen in his being a sports bully.

A thought was raised as to the similarity between the development of anal sphincter control and the brain. The
Knowing and not knowing . . .

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danger of being out of control was discussed. It appeared that no one had been available to help him manage his aggression. It was then discussed that the analyst allowed himself to be pulled in to be useful to the child in this sphere.

Although resistance seemed to predominate this material Dr. Barrett pointed out that there was a great deal going on behind the scenes. An analytic alliance had developed and Dr. Barrett felt that he had been available as a developmental object.

Someone asked why the boy comes for treatment. The response was that the analyst was respected and helped him feel active so he could be an active male.

The discussion itself was active and, as can be seen, included the child's symptoms, the role of play, how the transference was experienced, and the way the analyst was used as a developmental object.

Dr. Barrett presented a warm and sensitive paper describing one session from the analytic treatment of a ten-year-old boy. He explored the meaning of the boy's not knowing and how the symptom of not knowing seemed to interfere with the boy's developmental progress while at the same time it was a compensation for developmental failures. It was through not knowing and soiling that he could be taken care of and resist the pain of knowing.

Ibsen's Children - Filicidal Themes

Dr. Shopper's thesis is that Henrik Ibsen, whose plays were famed for their criticism of conventional morals and societal hypocrisies, is filled with rage and hatred toward children. His feelings lead to filicidal themes which recur in his plays and relate to his own childhood suffering.

For instance, in "Pillars of Society," a greedy, corrupt father uses shoddy materials in the construction of a ship, dooming a shipload of young men. The father, upon learning of his own son's plans to run away using the doomed vessel, relents and admits the ship is not seaworthy, thereby restoring his conscience and denying his filicidal wish.

"A Doll's House" questions a woman's role as a wife and mother. Nora leaves her children because she feels she cannot be a fit mother for them until she becomes an individual. However, the children are fated to suffer her abandonment and desertion.

"Hedda Gabler" is a highly destructive woman, the antithesis of a nurturing mother. Hedda disparages her pregnancy which is causing her to feel bored and empty. She is cruel to everyone around her and destroys Lovborg's "child," his manuscript, which she throws into the fire. In the end she shoots herself (and her baby), because she has lost control of her life.

"Ghosts" portrays a wife and mother who stays in a troubled marriage with a depraved, womanizing man. Her son, Oswald, is encouraged to have an affair with his own half-sister, Regine. Oswald, who has inherited syphilis from his father, is given poison by his mother when fatal signs of his disease appear. Part of the action is the immolation of an orphanage endowed by the wife in honor of her profligate husband.

"The Wild Duck" treats the uncertain paternity of Hedvig, a prepubescent child. When Gregors raises the paternity issue, Hedvig's father, Hjalmar, reacts in a hateful, rejecting way. Hedvig hopes to prove her love to her father by sacrificing her wild duck, but because of his continuing rejection, she suicides. Her death is almost inevitable — an act of love for the father, a weak, detestable man.

One of Ibsen's greatest works tells of "Little Eyolf" who was crippled as an infant when left unattended while sleeping on a table. Randi was neglected by his parents who were making passionate love. Now neither parent can love him because they view his crutch and his lameness as reminders of their negligence. Eyolf is drowned when he follows the Rat Maid who marches the town's rats, and one small child, down into the sea. His mother Rita wished Eyolf had never been born because he took her husband's attention away from her. To atone for her child's death Rita decides to adopt and care for village children, a sacrifice necessary to redeem the guilt-ridden parents.

Dr. Shopper feels that for most people murder is easy in fantasy, but difficult to put into action. Scholars of warfare say that many soldiers do not fire their weapons. It is difficult to justify killing the innocent, especially children. Even in the Oedipus myth, Laertes orders someone else to kill his child. In "Ghosts," "The Wild Duck," and "The Master Builder," a child is sacrificed. Most cultures and religions permit the killing of a child out of love or obedience to God.

In the plays of Ibsen the pretense of morality is attacked. Ibsen was aware of masks worn by people to conceal their dark motives. But Dr. Shopper finds that in Ibsen's plays, children do not fare well; they are abandoned, maimed, or suffer other terrible fates.

Dr. Shopper discussed some factors which influence Ibsen's attitudes toward children. Three weeks before the birth of Henrik Ibsen, his older brother, aged 18 months, died, making Henrik a replacement child for the brother.

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Ibsen’s children...

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Henrik was rumored to be the son of his mother's prosperous, socially-prominent lover. His legal father, much less prominent, gradually lost his wife and moved to another city.

Henrik was the eldest of five children; the fourth child, Nicholas, was crippled when he fell onto the floor while being cared for by a servant. At 15 Henrik was apprenticed to a pharmacy; at 18, a servant 10 years older than he gave birth to Ibsen's illegitimate child. Ibsen never saw the child, though he supported it for 14 years. He never gave support to the child's mother, who died a pauper. Ibsen exiled himself from the city in which he was born, and eventually from Norway. He must have felt guilt for the denial of his child's existence, and probably wished it dead.

Ibsen's mother, profoundly depressed by the death of her first child, unintentionally destroyed Ibsen's childhood. His perceived illegitimacy was a terrible blow to his narcissism, causing him to feel defective, unwanted, and unloved. He may well have been a scapegoat within his family.

Ibsen married and had one son, in whose education Ibsen's biographers say he was quite interested. However, the child was sent to boarding school when he was seven. One could wonder about a lack of parental warmth and sensitivity to children's needs.

Ibsen, like the Brothers Grimm, spoke to many servants and noted their stories which he integrated into his own work. The servants were highly ambivalent about the children in their care. This was a feeling Ibsen not only understood but shared.

Workshop Session — Annual Meeting of the Association for Child Psychoanalysis — Chicago, Illinois, USA — March 29, 1996

Technical Difficulties in Child Analytic Supervision: Severe Parental Pathology
Moderator: Karen Marschke, C.S.W.
Presenters: Lilo Plaschkes, M.S.W., Laura Kleinerman, and Penelope Hooks, M.D.
Reporter: Ann Kaplan, Ph.D.

Ms. Plaschkes first stated the focus of the workshop: to explore the technical difficulties that arise during the analysis of prelatency and latency aged children when the mother presents with severe personality problems which are intimately intertwined with her child's problems. She particularly wished to focus on the problems of supervision of candidates. Two candidates currently analyzing children of borderline mothers brought case material to demonstrate the problems that can arise. Ms. Plaschkes acknowledged that in the past, many analysts have considered severe parental pathology a counter-indication to analysis. But in this workshop, she wished to explore the potential of working with more difficult parents in carrying out an analysis of a child when the child clearly would profit... and would otherwise be handicapped by the developmental interferences.

Ms. Plaschkes then briefly reviewed some of the literature on work with parents in child analysis. Anna Freud describes a "wide range of possible arrangements, from simultaneous analysis of child and parent to having the mother within the treatment room even if for only a short time, to regular contacts, to occasional contacts only, and so on." Jules Glenn recommends seeing the parents to "help maintain treatment even when the going is rough. The analyst offers parents emotional support (which is) quite different from the interpretive therapy used with analytic patients." Margaret Mahler, in 1945, wrote that as a rule, severe family neurosis or incompatibility of the family's and the analyst's handling of the child patient must be excluded before embarking upon such a deeply affecting and complex procedure as child analysis.

Ms. Plaschkes expressed particular appreciation of Erna Furman's formulation of the necessity for parents to make both narcissistic and object investments in their children, and to shift the balance as the child grows. She thinks that is an area of particular difficulty for severely disturbed mothers. And she thinks supervisors, in a parallel way, have to help candidates navigate their own narcissistic and object investments in their cases as well as those between their child patients and their mothers.

Ms. Laura Kleinerman then presented case material from the analysis of a 5½-year old boy whose single mother presented innumerable difficulties, including refusing, months into the treatment, to pay even a modest fee; refusing, to come to her own sessions; overstimulating the boy at home and in the waiting room with sexualized and/or aggressive play; insisting on continuing bodily care of the boy long after he could manage it himself; and at times refusing to allow the boy access to his father. In spite of all this, she felt the analysis was proceeding beneficially for her patient.

Dr. Penelope Hooks then presented case material from the analysis of a 7-year-old boy of a highly successful professional couple where the mother made no apologies for her total disinterest in child-rearing. The child's father was more parental in his functioning, but seemed to infantilize the boy. As the boy began to get more attached to his analyst, the mother took an intense dislike to her, obtained a consultation to establish a diagnosis of ADD and demanded

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medications for her son. She threatened to leave the home and/or to terminate the boy's analysis.

Ms. Kleinerman and Dr. Hooks then raised a number of questions they and their supervisors have struggled with, centered primarily around how to maintain an alliance with such disturbed and disturbing — to both child and analyst — parents. Can one maintain an alliance and still set limits on parental behavior that is inappropriate and destructive? What if the parent's agenda for treatment is different from, and even antithetical to, the analyst's? Should parents who are at war with each other be seen separately or together? More or less frequently? What might one do about a single mother who limits her child's access to a father with whom he wants to be in touch.

The participants in the workshop generally sympathized with the candidates, recognizing that, in the interests of facilitating training needs, we are often accepting cases with much more parental pathology than we might like. Dr. Heiman van Dam said he thinks parents are entitled to education about the child treatment process, for example an explanation of why we play with children, but he is reluctant to make interpretations to parents. He tries to refer parents to colleagues if they need it and will accept it, and only interprets himself if he feels it might help sustain a threatened treatment.

Dr. Charles Mangham said he thinks it is important to approach parents with the assumption that every parent is trying to do her best. Even when a parent is remote from her child, we might wonder if she is trying to protect her child from her murderousness. Dr. Robert Furman stressed the importance of the child's attachment to his mother, even when she is rejecting of him, and of the father, even if he is rarely or even never seen.

Dr. Scott Dowling sympathized with the counter-transference difficulties in these cases, where it is difficult to avoid becoming the defender of the child in a hostile world. He also stressed the importance of trying to understand the cultural viewpoint of the parents. Others agreed, but said sometimes parents from one's own cultural background are the hardest to evaluate and treat because we tend to assume we have more in common than may be the case.

Dr. Art Farley suggested that analysis can be a way in which children can be helped to know and accept the truth about their parents' limitations so that they can sort out their identifications and pull away in appropriate ways.

All agreed that parental hostility toward the child, the analyst, and the analysis stir up powerful feelings in the analyst, and supervisors must help contain this with and for the candidate.

News from the Anna Freud Centre, London

New Director for the Anna Freud Centre

The Centre is delighted to announce that Julia Fabricius has been appointed to succeed Anne-Marie Sandler as Director of the Anna Freud Centre from 1st September 1996. Julia Fabricius is a member of the British Psycho-Analytic Society, an active participant in the Centre's Young Adult Clinical and Research Programme, and she is completing her child analytic training at the Centre. Though she is retiring as Director, Mrs. Sandler will continue to be involved with the Centre through teaching and supervision; she is also the organiser of the Centre's 1996 Colloquium — to be held in November — and of the Conference on Eating Disorders which is to be held at New York University on 14th December.

Forthcoming Study Weeks

The Anna Freud Centre has run a number of successful study weeks over the last few years. Forthcoming study events planned for Autumn 1996 include: a study week which will focus on the clinical implications of attachment theory; a second week will focus on working with atypical children. Course fees for these study weeks are £450 (excluding accommodation). For further details please contact Janice Lucraft at the Centre: ☎ 011-44-171 794-2313; FAX 011-44-171 794-6506; e-mail: 101332.1547@compuserve.com

Anna Freud Centre Board of Trustees

The Centre is delighted to announce that Robert Tyson has joined its Board of Trustees, further strengthening the Centre's links with the US. This brings the total number of Trustees on the Centre Board to 13. With Bob Tyson's appointment, the current Board now includes four eminent US analysts. The remaining members of the Board are not directly involved with psychoanalysis, but are lay people who have a deep commitment to the advancement of psychoanalysis, and include distinguished lawyers and business people. The Chair of the Board is Brian Jarman, who amongst many other appointments, is Professor of Primary Health Care at St. Mary's Hospital, University of London.

Anna Freud Centre Master’s Degree in Psychoanalytic Developmental Psychology, run in conjunction with University College London

This popular Masters degree will enter its fourth year in September 1996. Full details and a prospectus can be obtained from Sue Coleman at the Centre (details as above).
Dr. Judith Chused introduced the topic by giving a history of the relevance of countertransference in psychoanalysis. Though affective responses and behavioral enactments have long been recognized, a careful examination of the moment-to-moment working of the analyst's mind, and how it influences our work, has not been undertaken. There is the difficulty in child analysis that during most sessions there is little opportunity for reflection, no space to work through the fantasies generated. There is much to be learned from an examination of how the analyst receives, integrates, and reacts to the child.

Dr. Jill Miller presented the fascinating and complex case of 5½-year-old Julia. Julia had suffered from multiple medical interventions. She began her analysis feeling internally confused, frightened that she was crazy and defective, and terrified of abandonment and aggression. Now ten years old, and having conquered some of her difficulties, Julia is a different person.

On the day to be microanalyzed, Dr. Miller was surprised to find Julia hiding under the table in the waiting room. The analyst's association was that it was not usually Julia, but another patient, who typically did this. She realizes that the theme today is about hiding something. Julia blurts out that she feels like she is losing her mind. Losing her mind has been central to Julia's analysis, represented concretely by the loss of her brain, running away in her mind, and defending against her conflicts about knowing and not knowing.

Julia marks an X on a piece of paper, saying that there are two meanings to X. One is "a kiss," the other is "X marks the spot" (of a treasure). Dr. Miller calls to mind a series of memories of previous sessions. The treasure turns out to be "our" baby, which represents the focus of the analytic work, the baby inside of Julia. The baby has come out from hiding and wishes to stay with Dr. Miller forever. Both know that Julia's mind is no longer lost, and that Julia no longer needs her analyst in the same way, though she wishes the baby part of her could stay forever. Dr. Miller pondered what Julia's idealization of her was about and hypothesized that it served as a transference resistance against the loss of being the center of her mother's life whom she no longer needed like she used to. Julia wants to remain Dr. Miller's special treasure.

Dr. James Herzog responded to Dr. Miller's presentation with a sense of pleasure at the multiple levels of dialogue conveyed. The material made him feel certain that Julia lives in her analyst's mind. In the hour reported, the analyst's mind turns to another child, it does not seem like the Julia she was expecting. In this moment, the action takes precedence over the person. Is this how the parents felt with the onset of the neurological catastrophe, that is, is this another child? Is there perhaps a wish for another child? Is this Julia with me, the medication, the increased intracranial pressure, or a transformed someone else, a kind of physical hiding? The previous actual terrors have been converted to defensive operations, which the analyst feels Julia should be able to give up. The analyst shares with us important associations about erotic pressure, aggressive and retaliatory fantasies, and places them in a number of triangles. The hour concludes with each needing less of the other. The baby they have made together is a healthy blend of the libidinal, the aggressive, and the narcissistic survival from annihilation.

Dr. Noah Shaw continued the panel with his presentation of his eleven-year-old patient, Larry, who was seven when he began his analysis. Larry was referred to analysis for reading difficulties and performance anxiety. Larry was only able to communicate through play, and without much self-reflection. Larry had a fear of going to jail for doing something minor. He responded with relief when Dr. Shaw verbalized this conflict. This ushered in a period of exploring his aggressive and sexual fantasies. Larry played a game called "Snatch." In this game one tries to snatch the bigger one's penis, to become the powerful owner. The analysis of this game led to Larry's understanding why he was afraid of succeeding.

Dr. Shaw shared the details of how he worked with Larry's material in the two sessions during which Larry first presented an opportunity to verbalize his homoerotic wishes and fears. When he began with, "I guess you know what I'm worried about for tomorrow," Dr. Shaw ran through several possibilities in his own mind. Wisely, he opted to name the most conscious fear, that is, seeing his friend Joe in the gym; however, Dr. Shaw added that he thought they should be more clear about what those fears were about.

Larry turned upside down in his chair while talking about his fears. When Dr. Shaw addressed this as a defense, Larry was able to tell Dr. Shaw about touching another boy's penis, "like gays." Larry moved from this to his fears of the "weird" doorman in Dr. Shaw's lobby; Larry was afraid to wait there. In the next session, Larry spoke of a book he was reading about a boy who stuck a straw up a frog's butt and blew into it. Dr. Shaw thought that this material was related to the previous day's homoerotic conflict and made this connection for him, worried that Larry might slip back into action play to discharge the tension. Larry wrote his own name all over Dr. Shaw's

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The child analyst’s thinking . . .

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prescription pad, as though signing checks. He talked about eating “Hungry Man” dinners. Dr. Shaw thought that he might say that Larry wanted something of a man inside of him so that he could do the things that adults do, like signing checks. He was even able to make a transference interpretation that Larry would like him to stick his penis up his butt, like the boy did to the frog. Larry assimilated all of this easily, and exited with a jaunty walk.

In her discussion, Dr. Ruth Fischer notes how much has changed since we met Larry. There have been major advances in ego development, symbolic play, verbalization, and improvement in symptoms. Dr. Shaw is concerned about a countertransference enactment or seduction, as the homoerotic feelings are displaced in the abstract onto the doorman and the friend. Who says there is no such thing as transference neurosis in a child?

In opening the discussion from the floor, the reporter commented that it is sometimes difficult to distinguish the useful countertransference from one's own transferences. Dr. Herzog acknowledged that, indeed, this is something that we all struggle with. Questions from the floor included: Is action necessary for discharge, or is it a seduction? Is paradigmatic play sufficient for conflict resolution, or is verbalization necessary? Is bodily interaction necessary when playing? Dr. Bob Furman lamented at not being able to take these beautiful case write-ups back home to use for teaching purposes. 

Notice

Dr. Adriana Lis and her colleagues in Padova are planning a training course in child analysis. She asks that ACP members who are planning to visit Italy and who are interested in helping with a seminar or lecture in that course contact her.

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Post-Meeting Workshop — Annual Meeting of the Association for Child Psychoanalysis — Chicago, Illinois, USA — March 31, 1996

An Adolescent’s Reaction to the Impending Death of a Parent

Presenter: Catherine A. Henderson, Ph.D.
Discussant: Charles Mangham, M.D.
Reporter: Ann Kaplan, Ph.D.

Dr. Henderson presented the analysis of a boy who began treatment at age 15. Fourteen months later, his father was diagnosed with multiple melanoma that had metastasized. His prognosis was grave. Dr. Henderson hoped to illustrate how disturbances in normal development can be ameliorated and necessary internal changes facilitated by the process of analysis.

Dr. Henderson’s patient, T., was initially referred because of his urinary frequency, intractable diarrhea for which no medical cause could be found, emotional explosiveness, severe under-achievement in school, his intense anxiety about getting his father’s approval, his frequent sad, insecure, teary-eyed demeanor, as well as his frequent conflicts with his two younger sisters.

In his first few sessions, T. presented as an articulate, comfortable adult. This soon gave way to a more anxious presentation, as an impending separation for Boy Scout Camp brought an outpouring of worries about his likely success or failure relative to the other boys there. Upon return from camp, T. became entrenched in a belligerent, contemptuous attitude toward his analyst. He became more and more argumentative and provocative, both in his sessions and at home. His somatic symptoms continued.

About one year into his analysis, T. became a bit more co-operative — he was more willing to acknowledge his anxieties and his attachment to and need for his analyst. Several months after that, his father was diagnosed with cancer. T.’s demeanor in his analysis changed. His cocky, cavalier attitude was replaced with a serious, intense engagement. He talked much more directly about his feelings and about his parents. Dr. Henderson thought this represented an identification with the analytic process.

T. struggled over the next 6 months to make sense of what was happening to himself and to his father. He vacillated between magical fantasies of how he could get the doctors to save his father, fears of abandonment, denial of the severity of the illness, and acceptance of his need for analysis to help him with his impending loss. Dr. Henderson formulated his struggles as based in the normal adolescent process of "object removal" (Anny Katan's concept) from his internal world complicated by the actual removal of his father from his external world.

Dr. Mangham focused his discussion on the need to understand loss and mourning in the context of the normal developmental processes that are occurring at the time of the loss. He felt that T.’s long period of contemp for the analysis represented his identification with a hostile father to avoid his regressive pull to merger, Oedipal sexuality, and castration anxiety at the hands of his mother. Dr. Mangham thought T. was in the process of working this through when his father's illness was diagnosed. The illness then complicated T.’s normal adolescent effort at "object removal" (the decathexis of the internalized representations of the parents in adolescence) because the parents need to be there to be left. T. has at least the advantage of an extended

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Impending death of a parent . . .

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period of anticipatory mourning so that he can prepare, dose himself in tolerable ways, and make some attempts at mastery. The analysis has helped him have much more tolerance for his affects so that the loss can be thought about rather than denied.

Participants in the discussion wondered about some of the pre-Oedipal roots of T.'s presenting symptoms, particularly his somatic difficulties, and questioned how this would complicate or undermine a normal adolescent process which is now even further complicated by the impending death. Others stressed the importance of understanding the specific meaning of T.'s relationship and identifications with his father before the diagnosis to understand the mourning process itself. All agreed that T. had made significant progress in the analysis before the diagnosis, and this was making it possible to have some optimism about T.'s capacity to survive his loss without derailing the ongoing developmental process.

There are many types of loss with which children are confronted. Dr. Barrett's patient Robert experienced several losses in his first seventeen months. At birth he and his identical twin brother were placed in foster care, where they lived for two months. When he was two months old he was separated from his brother and placed in another foster home where he lived for ten months.

While Robert was in his second foster home his foster family took in another foster child, a girl, who then took the mother's attention. The care of Robert was taken over by his adolescent foster sisters.

Soon after this Robert was adopted by another family and reunited with his brother. He would, however, never see his foster family again. This was a very confusing time for Robert. His symptoms of a sleep disturbance, bed wetting, thumb sucking, mucous-nasal play, and biting developed at this time.

As his analysis began Robert demonstrated his confusion surrounding transitions and his wish to be adopted by the analyst. This was seen in his bringing in a piece of asphalt for Dr. Barrett to keep on his desk along with another rock which the analyst kept on his desk.

Robert’s need to always be right and to win manifested itself in the analysis. In addition, he often presented himself as a guilty child who found it hard to protect himself. This inability to protect or take care of himself was seen in his aggression and in his falling and getting hurt. His fear of his aggression was seen in the development of tics, i.e., eye blinking, deep sighs, and a cough. Dr. Barrett experienced Robert's coughing at him as an attack and as a displacement from his biting. Halloween was another time that Robert's fears were seen. He became terrified of Dracula which was a projection of his own biting feelings.

Many of Robert’s symptoms were established to help him manage his feelings of loss and loneliness. Robert’s thumb sucking, mentioned earlier, appeared to be a means of self-soothing and a displacement for his masturbation. These feelings were managed in analysis by falling asleep.

It was with this background that Dr. Barrett presented a session which demonstrated the process of the analysis with Robert. This hour demonstrated Robert's attempts at mastery of his many losses and his struggles with his aggression.

Robert came into the session with the zipper of his coat stuck. Dr. Barrett explained that he could help but if he did he would interfere with Robert's trying and doing something hard himself. Robert talked of a fight at school which led to a return of his tics. Dr. Barrett commented on how Robert fights when he is scared and lonely.

In the session they discussed his frustration, his aggression and the defenses he used to manage them. At one point in the session Dr. Barrett began to sing, picking up on Robert’s earlier use of music. The song was also connected to how his foster mother sang to him. This led to discussing how Robert missed her. Robert began to sing but forgot the words. Dr. Barrett was able to add the words for him. The song was an old slave song that was sung as a way to deal with loss. With this help from Dr. Barrett, Robert was able to manage the feelings of loss and aggression and to allow himself to feel the sadness of his loss.

Dr. Balikov's discussion of Dr. Barrett's paper began with a discussion of the cohesiveness of the story that Robert and Dr. Barrett created. Dr. Balikov reflected on his experience with children at the Orthogenic school, many of whom experienced repeated losses like Robert. Dr. Balikov felt that Robert was sad and used aggression to defend against his sadness. Trust was also discussed as a difficult task for him. The patient was progressing at his own rate in developing trust and in managing his aggression.

Dr. Balikov reflected on the work of Margaret Mahler as it applies to Robert's process of attachment and rapprochement. Dr. Balikov felt that Dr. Barrett had been (Continued on page 18)
Early object loss . . .

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able to allow that process to unfold into trust and reliability. He ended with the question of how long will treatment last, suggesting that this would be a long process.

Following Dr. Balikov's empathic comments on Dr. Barrett's paper many questions were raised by the group.

One of the first questions was about the importance of twinship. Dr. Barrett felt this was important and contributed to many of Robert's struggles with his identity and his differentiation of his self.

Dr. Barrett was then asked about his technique, which seemed to be a bit educational. Dr. Barrett responded with an important explanation of the need at times to be educational with atypical children. He felt that it can be important to be a developmental object for the child.

A discussion evolved focusing on Dr. Barrett's counter-transference to Robert's aggression. This led Dr. Barrett to describe briefly his own family experiences which have assisted him in being a container for his patients.

Dr. Barrett ended a rich discussion by sharing his thoughts about the importance of creating a process which occurs over time and allows for a bit-by-bit integration of the child's sad feelings.

From the Communications Committee

As most of us know there has been a long-standing need to develop an effective public information program which would disseminate developmental analytic principles and improve the visibility of child psychoanalysts. Such a program would help a greater number of parents to understand the value of psychoanalysis for their children and adolescents. The ACP has engaged the services of Bobbi Fischer of Fischer Communications. Ms. Fischer has been the media consultant for the San Francisco Foundation, the International Psychoanalytical Association in San Francisco and has worked with The American Psychoanalytic Association.

At the Chicago ACP meeting Ms. Fischer conducted a variety of very successful workshops with our members. Since that time Ms. Fischer has edited and distributed widely a press release describing the effectiveness of child psychoanalysis. These findings were reported in the Journal of the American Psychoanalytic Association in April, 1996.

Drs. Peter Fonagy and Mary Target, of the University of London and the Anna Freud Centre, reviewed almost 800 charts. They documented that more intensive and longer treatments were much more effective than less intensive and shorter forms of therapy. A copy of this press release has been sent to all members of the ACP who indicated their interest in media communications. Ms. Fischer also has developed a series of "Talking points" to help child psychoanalysts respond to a variety of important questions. If you are interested in receiving a copy of the press-release, the talking points, or other media information please contact Bobby Fischer at 510-834-2333.

During the upcoming months, Ms. Fischer will write a variety of press releases and other material for distribution on a variety of topics. She is available for telephone consultation to all ACP members. If you are interested in working on Communications please contact Leon Hoffman, M.D. at 212-249-1163 or via the Internet at 73542.334@Compuserve.com. In addition, we are looking for someone to be in charge of the development of a World-Wide-Web page.

Call for Papers

from the
ACP Program Committee

Laurie Levinson, Ph.D. & Janet Shein-Szydlo, Co-Chairs

The Program Committee has almost completed its work for our meeting in Cancun next Spring. However, the work has just begun on several other future meetings. We are eager to hear from members regarding work that they might be able to present.

Topics we have targeted for future meetings include:

- Analytic work with children from “different” family structures (i.e., children who live in single-parent families, “blended” families, communal living arrangements, etc.)
- Analytic work with children who have unusual beginnings (e.g., children who are products of artificial insemination by donor, in vitro fertilization, or “surrogate” parents)
- Dreams in children and in child analysis, viewed across the developmental span from early childhood through adolescence
- Analytic work with preschool children and their parents

Members who have material relevant to one of these topics are urged to contact one of the chairs of the Program Committee to discuss the possibilities available.

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The 6th Annual Research Conference of the International Psychoanalytic Association was hosted by the Psychoanalysis Unit of the Psychology Department at University College London (UCL). Roughly two hundred analysts and researchers—a fair number of whom are members of our Association for Child Psychoanalysis—convened at the Edward Lewis Theatre [lecture hall] of the Middlesex Hospital Medical School in London’s West End.

The conference theme was “Delayed effects of trauma: The trans-generational transmission of character and pathology.” Altogether five continents were represented (Antarctica and the Antipodes were lacking). In order of their numbers, registrants came from the UK, Germany, the USA, the Netherlands, Sweden, Italy, Norway, Israel, Finland, Austria, Canada, France, Switzerland, Argentina, Denmark, Japan, Portugal, and South Africa.

The conference was organized around a series of six plenary sessions, each followed by a formal, prepared discussion and then by questions and further comments from the floor. Vamik Volkan (Charlottesville) presented a paper entitled “The transgenerational transmission of traumatized self-representation and its consequences”; this was discussed by Robert Emde (Denver). Volkan tried to weave together a brief clinical presentation (in which he examined the effects of the Bataan Death March upon three generations within a single family) with a very broadly-conceived discussion of group psychology (with specific reference to ways in which ancient history continues to affect the inhabitants of Bosnia-Herzegovina).

It quickly became clear that the conference would be troubled by the many ways in which various contributors approached the concept of “trauma;” whether, for example, they were willing to equate a memory of a “trauma” experienced several generations earlier with the experience of a “trauma” in the present. Volkan spoke of how the Serbs of Kosovo may have used a “chosen trauma”—the death of Prince Lazar and many of his Serbian followers at the hands of the Ottoman Turks in the Battle of Kosovo on June 28, 1389—to create in the present a group self-representation which Slobodan Milošević could then use for his own nationalist aims. Volkan added some brief details about Milošević’s personal history, suggesting that these details meshed well with some aspects of the “chosen trauma” of the Serbian people.

In his discussion of Volkan’s paper, Emde took up the issue of non-conscious mental processes as they occur in the context of mother-infant interactions. [Although the papers were circulated amongst the participants, the formal discussions were not. I fear that I cannot do justice to the points which Emde highlighted; as I understood him, he was trying to grapple with the mechanisms (within the mother-infant milieu) which allow a later generation to become affectively attuned to events which occurred to members of a prior generation.]

Wolfgang Tress (Düsseldorf) then spoke on “The delayed effects of trauma (emotional strain): Implications from the interface of medical, psychosocial, and psychoanalytic research.” He attempted to differentiate between shock trauma, cumulative trauma, developmental trauma, sequential traumatization, and universal trauma. In 1980 he and his co-workers had examined three cohorts of 200 Germans who had been born in 1935, 1945, and 1955 (when they were 45, 35, and 25 years old). Their assumption was that these three cohorts had grown up in very different circumstances, with those born in 1945 having experienced severe environmental stressors during early childhood and those born in 1955 having experienced little deprivation, with those born in 1935 falling somewhere in between.

Tress and his colleagues expected these differences in early environment to affect the symptoms reported by members of each group, and especially in the presentation of various psychogenic somatic illnesses. Their findings seemed equivocal; there was no marked difference between the groups in terms of the extent of psychogenic illness; however, those born in 1935 tended toward psychosomatic illnesses while those born in 1955 tended toward narcissistic personality disorders. These differences may have had to do with age, with broad social phenomena, or with the hypothesized independent variables (early life stressors).

The most provocative finding presented by Tress and his colleagues derived from an ex post facto comparison of the 110 research subjects who were classified as chronically psychogenically ill with 239 other subjects who were classified as always healthy. They found that the childhood presence or absence of father had no relationship to health in later life. However, there was a “highly significant positive correlation between childhood strain due to siblings and the present illness.”

Otto Kernberg (New York) discussed Tress’ research in a rather tangential way; his points centered around the growth of psychic structure and of how this can be approached from the development of both affect and object relations. Kernberg also emphasized that genetic or constitutional factors may influence the early world of object relationships; these then will affect later self- and object-representations.

The first day’s program was brought to a close by Janine Puget (Buenos Aires); her topic was “Social trauma and family trauma.” Her research was not systematic (in an academic psychology sense); she first reported some observations derived from her work with people whose family members had been “disappeared” during the years of State terrorism in Argentina. She then presented material from her analysis of an adult man whose Jewish/Catholic background had been hidden from him throughout his

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Delayed effects of trauma . . .

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childhood . . . as was another family “secret” (known by many) regarding his paternal grandfather: this grandfather had run off with another woman just prior to the family’s emigration to Argentina. An important element of the analytic work had to do with this patient’s tendency to “leave things outside” (the analysis), a tendency which Puget linked to the “secret” events which had occurred before the patient had been born.

Puget’s presentation was discussed by Joy Osofsky (New Orleans). She spoke of her work with children from very stressful environments and raised some questions around the issue of revenge. Some children who have been subjected to trauma later kill without remorse; others become saviors. Why do different people take such different paths?

This first day came to an end with a reception for the conference participants. My own feeling at this point was one of disappointment; I thought that “trauma” was being used in many different ways and that data of many different sorts was being jumbled together in a way that left me feeling confused and not very satisfied.

A presentation by Nathaniel Laor (Tel Aviv) opened the second day of the conference; Laor spoke on “The protective matrix as risk-modifying function of traumatic effects in preschool children: A developmental perspective.” This work examined the symptomatology observed in three different groups of children (aged 3 - 5 years) in Israel before, during, and after the war between Iraq and Kuwait. All three groups were in some danger of attack by SCUD missiles. The first group had lost their homes (a component of the “protective matrix”) in these attacks; the second had been under attack but had not lost their homes; and the third lived 100 miles from the areas targeted by the Iraqi missiles.

Laor and his colleagues found that the onset of the war brought a very marked increase in symptoms in all three groups of children, with the greatest increase observed in the children whose homes were destroyed. After the war there was a significant decrease in symptoms in all three groups, but while groups two and three returned to their pre-war baseline, the level of symptoms in the displaced group remained significantly elevated. These findings derived mainly from the 3-year-old and 4-year-old children, however; the correlations between the symptoms observed in 5-year-old children and in their mothers was significantly lower that the correlations observed between the younger children and their mothers.

This difference led Laor and his colleagues to suggest that children’s ability to create and use “imagery-based self-control” plays a part in coping with stressors such as those experienced by the children in this study. They suggest that “the mother’s capacity to contain traumatic memories determines a great deal within the dyad” and that mother’s role in “image control” is greater for 3- and 4-year-old children than for 5-year-olds. Laor suggests that “adaptive dissociation” may play a part here for both mother and child, insofar as it allows the “spatial re-arrangement of self and objects so as to re-establish safe well-being.” Such “adaptive” dissociation must be distinguished from “pathological dissociation [which] goes one step beyond and manipulates adverse stimuli through the restructuring of perception and re-division of consciousness.”

Peter Fonagy (London) expressed his admiration for Laor’s work and highlighted the issue of “image control” in his discussion of the paper. He suggested that children’s developing symbolic capacities allow older children to “remember” traumatic events with an added quality of “as-ifness”; that is, the older children can keep in mind that their memories do not equal the original reality. In contrast, the younger children “are not yet certain that something that they think or feel is not necessarily isomorphic with the external world.” Fonagy suggested that an essential aspect of the phenomena currently labeled as “Post-Traumatic Stress Disorder” (PTSD) is a breakdown in the ability to manipulate and to control the mental images associated with the “traumatic” events. In Fonagy’s view, the child’s caretaker must “create a frame within which the child is able to move the traumatic memory from the domain of psychic equivalence into the domain of pretend . . . .”

The second paper of the day, “The transgenerational repercussions of traumatic expectations,” was presented by Robert Pynoos (Los Angeles). This paper and the formal discussion of it provided by Robert Michels (New York) were, in my opinion, the high points of the conference. In Pynoos’ formulation, “trauma-related expectations” are a critical link between traumatic stress and later character; these expectations are crucial to the trans-generational “transmission” of trauma.

Pynoos summarized his thesis as follows:

I would suggest that a major aspect of a traumatic situation involves the experience of specific failures in developmentally-linked expectations associated with the appraisal and response to external dangers. These may include the failure of infantile alarm reactions to elicit intervention, the failure of social referencing to estimate impending danger, the failure of a protective shield to act as a buffer against threat, the failure of personal efforts to resist coercive violation, the failure of catastrophic emotions to protect against impending harm, the betrayal of basic affiliative assumptions, the disruption of a belief in a socially modulated world, and the experience of resignation in having to surrender to an unavoidable moment of danger.

Pynoos suggests that “traumatic experiences result in altered schematizations of safety, security, risk, injury, loss, protection, and intervention . . . .” The “traumatic expectations” that result are reflected in beliefs that express catastrophic expectations regarding the future, the safety of security of interpersonal life and the ability to trust in others, and the reliance on a just and protective social contract . . . .

Traumatic expectations in the parental generation can affect parents’ abilities to provide appropriate

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Delayed effects of trauma...

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developmental opportunities to their children. In addition, the children may incorporate their parents' traumatic expectations into the children's own schemata. There is evidence that traumatic expectations may also lead to changes in autonomic and sympathetic neural reactivity as well as to neuro-hormonal alterations in the hypothalamic-pituitary-adrenal axis; such biological alterations may cross from one generation to the next. These traumatic references may overlay the normal, expectable ambivalences of daily life and the latter may then contribute to the validation and maintenance of the traumatic expectations. One important implication of this line of thought is that clinicians must first address caretakers' experiences of trauma — both current and past — before the caretakers can be of assistance in helping their children to escape the tendency toward repetition which follows in the wake of trauma.

Michels' discussion of Pynoos' paper began with some personal reminiscences about the ways in which the sinking of a ship had affected his mother, himself, his siblings, and his children. Some had a long-standing aversion to water sports while others had become enthusiastic swimmers. His point was a simple but important one: life without trauma is impossible and if our species could not deal with trauma, it would have become extinct long ago. Trauma may lead to pathology . . . but probably more often it leads to non-pathological or even adaptive outcomes. Trauma are extraordinary but not abnormal. This is an area where psychoanalysts may be able to contribute some important insights; it is probably true to say that most of our patients have converted most of the traumatic experiences of their lives into useful adaptations.

The final paper of the day was presented by Hisako Watanabe (Yokahama) and was discussed by Wilma Bucci (New York). This paper was entitled, “Early alienation and retrieval: Cases of a male fetus and a baby boy whose mothers were abandoned in early infancy.” Watanabe augmented her presentation with videotaped material illustrating her attempts to intervene therapeutically in two specific cases. In the first, a mother was helped to see how she projected her own experiences of abandonment as a child onto her child and repeated them. Discussion of this dynamic eventually led to details regarding the maternal grandmother’s attitude toward the mother (as an infant and child) which also contained repetitions of losses experienced by the maternal grandmother as a child.

Watanabe’s second case involved a young, married, pregnant woman who was referred to treatment because she was distressed about the fact that the sex of her fetus had been determined to be male: “It makes me shudder to think a male is coming out between my thighs.” A strong negative transference developed quickly, one in which the mother accused the therapist of wanting her to have an abortion. The story which emerged in the treatment included the fact that the maternal grandmother had terminated 7 or 8 pregnancies prior to being forced to carry her pregnancy with mother to term. The mother repeatedly confused her own feelings and actions with those of her baby boy; when he vomited, she saw this as a repetition of her own history of bulimic vomiting. The relatively unfused ambivalence which mother had experienced in her relationship with maternal grandmother was repeated in her relationship with her infant son; Watanabe directed her efforts at helping the mother to recognize the loving side of her ambivalent feelings and to set aside some of the hostile projections with which she tended to imbue the child.

All in all, the conference illustrated the strengths and weaknesses of psychoanalytic research. It was heartening to see that child analysts are well-represented amongst those who till these fields.

News from Paris...

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2. A similar program is provided for training in work with adolescent patients; this program is directed by Raymond Cahn.

3. The Medical School of Bobigny offers three “University Diploma” courses; these are in
   • Infant psychopathology
   • Work with family members of terminally ill patients
   • Work with children and families whose members suffer from genetic diseases

4. In Bobigny, we have organized a tele-training with some Mexican colleagues, members or candidates of the Mexican Society. This makes use of French or Mexican videotapes and/or written materials; these are reviewed and discussed in a three-hour-long monthly meeting which includes theoretical discussion.

5. A similar tele-training will be provided to some young Portuguese child analysts; this will focus on therapeutic consultations with infants and their families.

6. In July, 1996 we shall present at the WAIMH Congress the first example of a videotape document with written texts, a glossary, and a bibliography about infant psychopathology. This is the first of a series which will be translated into Russian, Spanish, and Portuguese -- and perhaps into English as well. This videotape and supporting material has been produced by a group from the French-speaking research group affiliated with WAIMH. The series will be called, “A l’aube de la vie.” The same group plans to prepare a series of CD-ROMs with the support of the French Ministry of Research and, we hope, of Presses Universitaires de France and Elsevier. This group will soon open a forum on the Internet; the hope is to produce some CD-ROMs which will contain extensive bibliographies on infant psychopathology and perinatal psychiatry which can be supported by an annual subscription.

For further information, please contact Professor S. Lebovici,
Having just joined the staff of the Newsletter, I'm taking the opportunity to combine two of my favorite interests — children and media — into a regular column under this title. We hope to use the column to explore various forms of media in the context of children, child development, child psychotherapies, parent counseling, and children in society. What developmental tasks are being imposed upon children? How can media allow us to understand and teach about how children feel and think at different stages of development? What is and what should be reviewed to help parents select what is appropriate for their child? What impact can we expect our media culture to have on the evolving nature of society. We will also offer reviews of films, TV shows, music, etc.; summaries of presentations given by others (when the presenters are agreeable) or submitted by the presenters themselves; and opportunities to alert the ACP membership of local and national activities — upcoming and recent. Most importantly, we would like to publish material from any of you. In that interest, we hope you will:

1. Submit material — anything from full-length feature articles to brief comments or vignettes.
2. Call me with ideas, topics, or specific subjects about which you'd like to write or have someone else write.
3. Finally, be sure to let me know what you are doing in your local area and at larger conferences so that we can alert our membership.

I can be reached at:

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ET: Children Out of this World

[My first column will be the text of a discussion of the movie, "ET," written to portray something about latency-aged children for a lay audience. This was the last event in a series entitled "Children Around the World," in which a group of international films were used to discuss issues of childhood such as divorce, death of a parent, identity formation, and adolescence. The series included: "Olivier, Olivier" (discussed by Gene Gordon, MD); "Careful, He Might Hear You" (Carol Ann Dyer, MD, who was also the organizer of the series); "Cinema Paradiso" (Nydia Pieczanski, MD); "The Secret Garden" (Micheline Frank, PhD); "Member of the Wedding" (Justin Frank, MD); and "My Life as a Dog" (Aimee Nover, DSW).

Whenever I do this kind of a discussion, my primary concern is with how to present my ideas simply, in language and concepts that can be understood without raising too much anxiety, but without encouraging too simplistic a view. I'd be very interested in receiving your reactions to this piece and perhaps use them for some dialogue in future columns about how best to bring our concepts to a lay audience.]

When asked if I'd discuss "ET" as "Children out of this world," I was especially intrigued by Dr. Dyer's title. It not only captures the science fictional nature of the title character, but speaks to the nature of the child's reality. I'm going to discuss this film in terms of the place of magic in the thinking of the child who, like Elliot, is in late childhood or latency, that is the period between 6 or 7 and 11. Cognitive psychologists like Piaget, in describing how thinking gradually shifts from magical and self-centered to mature and reality-based, tell us that thinking remains animistic — that is, conscious life is attributed to natural life, animals, rocks, etc. — until puberty. In boys, puberty, on average, starts about age 11 or 12; in girls, there is a wider starting range, from 8 to 11. Bettelheim, a psychoanalyst, pointed out in his book, "The Uses of Enchantment," that before puberty, children may claim to accept the real and scientific explanations adults provide, but do so to please and avoid ridicule, while in their hearts they continue to find magic more convincingly real. The universal appeal of the fairy tale is because it allows children to identify and learn in a context that truly speaks their language.

I think ET is less of a science fiction piece, where alien creatures are typically presented as the embodiment of our fears, and more of a fairy tale. ET is a shy, endearing, needy being, referred to at one point as a long-awaited miracle. The opening scene follows a familiar fairy tale format, "Once upon a time, in an enchanted night forest, a miracle comes to the kingdom." Soon, thereafter, the reader will be introduced to an unfortunate child — like the Simple Son in the kingdom, whose place in his family renders him feeling ignored, impotent, and under-appreciated as he struggles to achieve his place in the world. And soon the child will cross paths with the miracle and the child's plight will be reversed. The Simple Son proves to have as yet unseen courage and skills that, when revealed, will relieve the scorn of older siblings. The magic of the fairy tale is deceptive. Its language makes sense to the child, whose thinking is still magical, but it offers concepts that are the bases of the reality toward which the child is working. For example, Bettelheim has pointed out that the story of the Simple Son (Continued on page 23)
allows the child reader to learn delay and toleration of the
scorn of his older siblings without internalizing it because
the story assures him that when the time is right and he
moves into the world and gains experience, he will be smart,
competent, and ultimately triumphant.

Using this framework, what are the problems Elliot is
working out through the use of that magic which contains
the seeds of future reality? Elliot is like the Simple Son —
here not because he's the youngest (as is often portrayed),
but because he is the middle child; not like Michael, who is
bigger, more knowledgeable and competent; nor like Gertie,
the baby, cutest and most protected. We meet Elliot who,
without friends of his own, lobbies with little success to get
into the game Michael and his friends are playing; painfully
submitting to their taunts and doing their bidding. Elliot is
betwixt and between — in no man's land. And it truly is a
"no man's land" because Elliot's father has gone. Elliot must
deal with the absence of his father and navigate latentcy.

The child's primary task during latency is to establish
an overall identity as a boy or girl who can perform
competently in the world of peers. Speech begins to
dominate action; and thought will increasingly dominate
speech. Both allow great leaps in the capacity to delay and
concentrate, necessary for symbolic and thought-focused
learning. The child develops capacities to sublimate — that
is, to find gratification of unacceptable wishes in acceptable
forms (to beat one's rival in a baseball game rather than to
smack him with a bat). The outcome of a game changes
from win or lose as life or death to — "if I lose this one, I'll
have the next one to get even." One learns to live within the
rules of the peer group, to jockey for positions of power, and
to establish — not just accept — moral codes of fairness.
Having a special friend allows the child to share worries
about not living up to these rules or to his own standards;
failures and limits can be admitted and shared without loss
of self-worth. Sometimes the friend will be an Imaginary
Friend — one who can provide special powers the child
finds necessary for support. This is important because the
perfection of one's parents and of oneself is increasingly
being challenged by contacts with the larger world outside
the home. Disappointing reality can be eased if the child can
hold on to some magic. As competence increases, reality
becomes satisfying and acceptable. And the need for magic
declines.

Elliot is struggling to accomplish the shift from magic
to reality and the move from a primary focus on home to
establishing his identity and competence in the world of
peers. He also is doing this in the absence of a father who
might offer direction and a model for identification; this
absence may increase the need for the special powers of an
imaginary friend. But even without the actual absence of a
father, a part of the child's task requires freeing himself
from dependence on father and mother. So, one way to think
about this story is that Elliot's father in Mexico and his
mother overwhelmed by her own hurt are fairy tale symbols
(like the wicked stepmother) that represent the child's
feeling of alienation from his parents and his need to find
substitutes.

I'm not offering this as the sole way to interpret this
film. It has, in fact, been analyzed from a variety of
sociological, religious, and psychological perspectives.
Other psychological interpretations have focused upon the
child's ambivalence toward his father as a rival for mother's
affection; his search for reunion with the infantile mother;
and the impact of loss on normal development. I am
choosing, for the sake of time and clarity, to use this
symbolic interpretation as a framework that allows the film
to inform us about the normal developmental problems of
the latency aged child.

Elliot, like the Simple Son, is introduced to us in all his
unimportance and powerlessness as he tries to join his
brother's friends and is dispatched to do their bidding and
get the pizza. Here he first meets ET, who offers what the
other boys do not. He returns Elliot's ball — that is, he plays
with him. Nonetheless, Elliot returns shaken, and warns,
"Nobody go out there," his unimportance again established
as the older boys jump up and head out, calling him a
"geek" and a "douche bag."

But something has already begun to change. Despite
his fear, and wondering to himself if he's crazy, Elliot goes
off in search of the creature, alone and armed only with a
flashlight. He is curious, brave, and taking the initiative.
When he and ET face each other, they scream, turn and run.
But again, Elliot returns the next day to drop candy as an
invitation for the creature, interrupted only by the
appearance of "Keys" (as the lead scientist, played by Peter
Coyote, is listed in the credits). That night Elliot makes his
bed in the backyard, waiting to see if the frightening but
fascinating creature will reappear.

Who is this creature who inspires Elliot's new
courage? We will later learn that he is to be called ET,
presumably for Extra-Terrestrial, but also the first and last
letters of Elliot's name, suggesting that they are a unit. In
appearance, ET reminds us of the newborn — a large head
on a small, wrinkly body, huge eyes, and a tiny nose. He
gurgles, gestures, has no words, and puts indeible things
into his mouth. ET learns first by imitation; Elliot touches
his nose; ET touches his nose. As a parent would, he talks,
explaining all about the world, as if the baby understands,
and by which the baby eventually will, but even more
importantly, by which the baby will bond. It shouldn't be
missed, however, that Elliot too is a child, and his mothering
presents the world of magic as the real world — action
figures do battle and miniature cars are described as "these
are the cars we drive." ET is fragile, exuberant, and easily
overwhelmed. After an umbrella opens unexpectedly, Elliot
finds ET shivering in the closet and says, "Too much
excitement, huh?" — the parent helping the child learn

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Children and media . . .

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about his feelings.

ET is Elliot's creation. ET is Elliot's imaginary friend who, because this is a fairy tale, can act and interact with others. Just as Elliot teaches ET about the world, ET enables Elliot to internalize parental nurturing and so become more independent and separate from his parents. The imaginary friend, like the little child's "blankie," carries some of the meaning of the parent while being within the child's control. Just as the blankie lets the little child provide his own comfort and therefore tolerate more separation from his parents, the imaginary friend allows the older child to feel strong enough to venture out alone — into the real world of trying and withstanding anxieties and disappointments.

Elliot is, indeed, becoming more confident and assertive. Look at the poise with which he, working as a collaborator (not a subservient), helps contain the screaming Gertie and get her out of sight of their mother, who has returned home. Look, too, at his facile handling of his mother's upset as she views the disastrous state of his room. He calmly explains, "I'm reorganizing my room." He quickly produces a somewhat plausible lie. The lie is actually one of the hallmarks of a child's ability to separate from his parents. It indicates that the child feels safe having a secret without — as is true of the younger child — needing to immediately confess. The child is saying, "I can take care of myself. I don't need you to know everything." And the next day Elliot does take care of himself — parrying very evenly at the bus stop with Michael's friend who'd tortured him the evening of the pizza party.

ET remains at home while Elliot goes to school. ET comes downstairs in a robe, drinks beer, and watches television — one could say a replacement for the father, a caricature, true, but also the way children understand what it is to be a grown up. They see and copy behavior in a clumsy, exaggerated fashion; first, of the idealized perfect parent; later, at Elliot's age, of the not-so-perfect one. Empathically connected to ET, Elliot is able to experiment with his own power. He rebels against the authority figure of the teacher and decides to save the helpless frogs, reversing his previous lack of power. He becomes the leader as all the children join in. And he even dares to kiss the pretty girl. Latency mastery is being telescoped into one sublime day. ET, too, is maturing fast as he masters spelling and puts together the meaning of objects, television advertisements, and cartoons in such a way that will allow mastery of another develop-mental milestone — invention. ET begins to make a phone on which to call home. I saw this moment as marking the beginning of the end of Elliot's need for ET.

Returning home, Elliot discovers ET dressed, by Gertie, in girl's clothing. He appropriately reacts, asserting his and ET's maleness — as he had been unable to do when called a "douche bag" by Michael's friend. He refocuses as he recognizes that ET is talking! Elliot, the good parent, immediately gives ET his name. ET then says, with Gertie's help, the now famous words, "ET phone home." I think we again have several signs of Elliot's continued lessening of need for a magical friend. It is Gertie who finally moved ET into speech and helped him arrange his words. Further, the words refer to ET's return to his own world.

ET's invention is already underway, with the collection of things from the home. As Elliot and his brother search for other things that might help, Michael comments that ET "doesn't look too good." Elliot anxiously insists, "We're fine." This, then, is the first overt reference to a possible separation; but Elliot, although clearly moving into age-appropriate accomplishments — recoils. He does not yet feel secure enough to operate as "I" rather than "we." Elliot comes across their father's shirt and reminisces, this time able to remember good times and to identify with his dad in ways that provide security, not pain.

Similarly, the next scene shows Elliot and ET listening in as mother reads Peter Pan (the magical story of "I won't grow up") to Gertie. Elliot is struggling between his wish to grow up and move on from magic and imaginary companions and his wish to hold on. Elliot cuts his finger and ET, now the empathic parent, says "ouch," healing it with the touch of his glowing finger (the mother's kiss that makes hurts better). Elliot puts a scarf and his own arm around ET, acknowledging now that ET is not so well. If he carries within himself a positive identification with his father (previous scene) and can offer his own comfort for his hurts without needing his mother (this scene), he can begin to give up the "external" source, ET, and claim his own burgeoning skills. In the scenes that follow, Elliot, as the organizer and leader of the plan to smuggle ET out and as an ally in sending ET's message home, begins the process of renunciation. When the road to the phone site gets "too bumpy," ET magically makes the bicycle soar. Elliot is frightened but increasingly exuberant. He's flying. And, indeed, ET has helped Elliot to negotiate the bumpy road of latency. And Elliot is starting to "fly."

They set up the phone — you may have noticed that the same blade that had cut Elliot as well as the umbrella that had once scared ET are now part of their machine of mastery, the phone. As they remain in the forest over night, scientists are breaking into Elliot's house. I thought of this as another burst of resistance to giving up ET. Elliot is projecting the press to separate onto adult authority.

Elliot and ET are in pain. ET says "ouch" and Elliot begs him to stay, promising that he will love and take care of him. But ET says he must go home. He must be where he belongs. They fall asleep and the next morning Elliot cannot find ET. I thought it was important that Elliot is not able to find ET and, rather, it is Michael who discovers him almost dead in the culvert.

Michael brings ET home and calls upon his mother for help. But she cannot respond to ET calling her "mom." She (Continued on page 25)
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sees only a dangerous monster. I found this to be the most painful part of the movie. ET conveys the fragile nature of the lonely, frightened, dependent child who lies behind the fledgling independent older boy. Giving up one's support — one's imaginary playmate — is not easy nor a linear forward progression. The child who has agreed to put his blankie in the attic today, may cry for it in heartbreaking desperation tomorrow.

Elliot and ET lay dying in the hospital as the grownups work to take care of this "problem" — as if it were one from their world. It isn't. It's a problem from Elliot's world and one which only Elliot can solve. I think it's important that Keys now becomes a supportive figure. He shares the pain, saying that he has also wished for this miracle — since he was ten. He promotes Elliot's sense of competence, saying, "I'm glad he met you first," and indicating that Elliot has done everything that could be done. ET's functions begin to decline and Elliot's improve. Something has happened and Elliot is now able to make the separation, albeit a very painful one, from his special friend. I believe the father or father figure's recognition and validation of his son's developing competence — as well as the son's ability to use his real, albeit imperfect and un-magical, father — allow Elliot to give up ET. And ET is pronounced dead.

Some who have discussed this movie have criticized the subsequent ending as using a magical resurrection to negate Elliot's separation and ability to stand on his own. I disagree. I think one's love for transitional objects, as for the early parental images, remains with us. Like ET, they go away physically, but they remain within our memory as loved and loving sources of comfort and sustenance.

Elliot, Michael, and the other boys, under Elliot's leadership, the group's wits, and a last jolt of magic — or the energy of their shared power — rescue ET and return to the site of farewell. ET has served his function and must now go back to the mothership or the toy closet or one's memory. ET says "Come." Elliot says "Stay." Neither can. ET says, "Ouch" and Elliot says,"Ouch" and they hug. ET's finger points to Elliot's mind and says, "I'll be right here." And Elliot now says "Bye."

The film ends with Elliot standing in the proximity of a loving and respectful family but at some distance, on his own. He is now truly part of the peer group and will, like Michael, use it to create the next illusion: That, within the

Let me freely admit that in these thirty-five years of psychoanalytic practice, I have had this wish [to change professions] more than once. I have had moods in which being a psychoanalyst appeared to me less a profession than a calamity.

— Theodor Reik, Listening with the third ear (1948)
Roster Update Form for ACP Member

Please check your listing as it appears in the 1996 ACP Roster (which all ACP members should have received by now). If any changes or additions are necessary, please complete this form (or a copy) and send it to our administrator, Mrs. Nancy Hall, P.O. Box 253, Ramsey, New Jersey 07446 USA — /FAX: (201) 825-3138 — CompuServe: 76422,3352

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Preferred mailing address for ACP correspondence (circle one): Home Office

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**Call for papers:** A special issue of the *Infant Mental Health Journal* will focus on

**Depression**

Guest Editors:
Hiram E. Fitzgerald (Michigan State University) and
Tiffany Field (Miami University)

Deadline for receipt of papers: **September 15, 1996**

Papers on all facets of depression as it impacts development from conception to three years of age are invited for a special issue of the *Infant Mental Health Journal*. Specific topics might include, but are no means restricted to: infant depression; the effects of maternal depression on fetal development; post-partum depression; effects of maternal depression on the emergent mother-infant attachment relationship; therapeutic interventions with “depressed” mother-infant dyads; effects of parental depression on family system relationships: depression as a co-active correlate of nutritional deficit in the infant; violence and depression during infancy. The deadline for receipt of papers will be stringly followed in order to allow adequate time for the peer review process. Our goal is to have a completed international and multidisciplinary volume submitted to the journal editor no later than August, 1997. Papers not accepted for inclusion in the special issue may be eligible for inclusion in regular issues of the journal.

Send three copies of each submission to:
Hiram E. Fitzgerald, Ph.D.
World Association for Infant Mental Health
Institute for Children, Youth, and Families, Suite 27, Michigan State University, East Lansing, Michigan 48824-1022 USA

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**UNIVERSITÀ DI PADOVA**
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This annual course, organized by Prof. Adriana Lis, is designed to help clinical psychologists to know childhood neuroses better, both in terms of diagnosis and in terms of implications for treatment. The course is offered in collaboration with the Anna Freud Centre, London; Ms. Viviane Green of the Anna Freud Centre provides a focus for the course. Emphasis is given to diagnostic differentiation between neurotic, psychotic, and “atypical” children.

The course is both theoretical and clinical. A diagnostic paper on a child or adolescent case is required. Lecturers include child and adult psychoanalysts, dynamically-oriented psychotherapists, and university faculty.

The course involves a total of 250 hours, offered on three weekends each month throughout the year. It is limited to 20 students each year.

For further information please contact
Prof. Adriana Lis
University of Padua
Department of Developmental and Social Psychology (DPSS)
Via Venezia 8
I-35131 Padova ITALIA
011-39-49 8276570 or FAX 011-39-49 8276511
e-mail: lis@psico.unipd.it or http://www.psico.unipd.it
Calendar of Events

July 14-25, 1996
Tulane at the Anna Freud Centre Summer Program
London, UK
For further information contact
Dr. Diane Manning
Center for Education
Allee Fortier Hall
Tulane University
New Orleans, Louisiana 70118 USA
☎ (504) 865-5342
FAX (504) 865-6771

July 23-28, 1996
4th Delphi International Psychoanalytic Symposium
Delphi, GREECE
For further information contact
Eleni Vouga
Department of Psychiatry
University of Patras
265 00 Rion-Patras GREECE
FAX 011-358-18 892-524

July 25-28, 1996
Sixth World Congress, World Association for Infant Mental Health
Early Intervention and Infant Research: Evaluating Outcomes
Lahti, FINLAND
For further information contact
Helsinki University Development Services, Ltd.
WAIMH Congress 1996
SF-15110 Lahti FINLAND
☎ 011-358-18 892-514
FAX 011-358-18 892-524

July 29 - August 1, 1996
The Amsterdam Summer University
Child Psychoanalysis and the Sociology of the Child
Amsterdam, THE NETHERLANDS
For further information contact
Amsterdam Summer University
P.O. Box 53066
1007 RB Amsterdam THE NETHERLANDS
☎ 011-31-20 6200225
FAX 011-31-20 6249368
e-mail ASU@gn.apc.org

August 2-6, 1998
14th International Congress of the
International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
Stockholm, SWEDEN
For further information contact
Kari Schleimer, M.D., Ph.D.
Department of Child and Adolescent Psychiatry
University of Lund
S-214 01 Malmö SWEDEN
☎ 011-46-40 331 674
FAX 011-46-40 336 253

July 29 - August 1, 1996
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P.O. Box 53066
1007 RB Amsterdam THE NETHERLANDS
☎ 011-31-20 6200225
FAX 011-31-20 6249368
e-mail ASU@gn.apc.org

September 4-7, 1996
Fifth European Meeting of the Society for
Psychotherapy Research
Villa Erba, Cernobbio, ITALY
For further information contact
Alessandra Gabrielli di Carpegna
SPR-Italia, Institute of Clinical Psychiatry
University of Milano
Via F. Sforza 35 - 20122 Milano ITALY
☎ 011-39-2 86453401
FAX or Institute for Psychoanalysis
011-39-2 55013070
e-mail r.basile@agora.stm.it

September 17, 1996
The Cassel Hospital 75th Anniversary Conference
The Psychodynamics of Interdisciplinary Work in Mental Health
London, UK
For further information contact
Vivien Tolffree or Marco Chiesa
Cassel Hospital
1 Ham Common
Richmond, Surrey TW10 7JF UK
☎ 011-44-181 237-2902
FAX 011-44-181 332-6424

October 4-6, 1996
Western Regional Child Psychoanalytic Meetings
Denver, Colorado, USA
For further information contact
Denver Institute for Psychoanalysis
University of Colorado School of Medicine
4200 East 9th Avenue, C255-64
Denver, Colorado 80262
☎ 303-270-7776

December 14, 1996
The Anna Freud Centre Comes to New York
Eating Disorders in Late Adolescence and Young Adulthood
New York University Medical Center
550 First Avenue
New York, New York 10016 USA
For further information contact
Ms. Nancy Hall
P.O. Box 253
Ramsey, New Jersey 07446 USA
☎ 212-825-3138
CompuServe: 76422,3352

March 21-23, 1997
Annual Meeting of the Association for Child Psychoanalysis
Current Thinking on Body-Mind

Interactions
Cancun, MEXICO
For further information contact
Ms. Nancy Hall
P.O. Box 253
Ramsey, New Jersey 07446 USA
☎ 212-825-3138
CompuServe: 76422,3352

Congratualtions!
Donald Rosenblitt, M.D., a longtime member of the ACP and the clinical director of the Lucy Daniels Center for Early Childhood in Cary, North Carolina, has been elected to a three-year term as Chair of the Board on Professional Standards (BOPS) of the American Psychoanalytic Association. Don currently serves as the Secretary of BOPS and will take up the job of Chair when he completes his term as Secretary next year. It is heartening to know that we will have a committed child psychoanalyst at the helm of this influential board as we enter the next millennium.

Nota Bene
Those ACP members who wish to attend the 1997 ACP Annual Meeting in Cancun, Mexico should make their air reservations now as these flights fill up many months in advance.

Notice
Stanley Cath, Laura Tessman, and Moisy Shopper are editing a book on Stepfathers. They would be interested in analytic material from other family members about the stepfather in their family or from men who became stepfathers. In addition, if members have personal experiences that might be suitable contributions, we welcome their submission. Analytic Press is the publisher. Inquiries may be addressed to any one of the editors.
Repeat Query Regarding CME Credits
From the Committee on Study Groups & Continuing Medical Education

If we wish to continue to offer Continuing Medical Education (CME) credits to physicians attending our meetings, we must pay a substantial renewal fee ($1750 for 5 years) and do quite a lot of book-keeping. Individual members should please advise the CME Committee: (1) Do you use the ACP-provided CME credits? (2) Would you pay a nominal administrative fee ($10-$20 per meeting) for this service?

We are repeating this query because, although few members replied when we published a similar notice last year, several members spoke up at the Annual Meeting in Chicago, asking that we maintain CME eligibility for our meetings.

Replies should be directed to Julio Morales, M.D., Chair, Committee on Study Groups & CME, 141 N. Meramec Avenue, St. Louis, Missouri  63105  USA (314) 725-5775

THE ANNA FREUD CENTRE and UNIVERSITY COLLEGE LONDON
MASTER OF SCIENCE (M.Sc.) IN PSYCHOANALYTIC DEVELOPMENTAL PSYCHOLOGY

Applications are invited from individuals interested in psychoanalysis and developmental psychology for a Master’s degree based jointly at University College London and The Anna Freud Centre. The course aims to acquaint individuals with psychoanalytic theories of child development, as well as developing observational and research skills.

The Master's degree constitutes the extension and accreditation of the first part of a well-established teaching programme at The Anna Freud Centre (formerly the Hampstead Clinic) which is an educational, research and clinical institution specializing in the psychological treatment of children and young people. The M.Sc. course has three components:

• academic courses and seminars on psychological and psychoanalytic research and theories of human development;
• professional seminars based on supervised observations of infants, toddlers and pre-school age children;
• research training leading to the completion of an individual project.

The M.Sc. course will extend over one calendar year of full-time study. Applications will be considered from those with an Honours degree in Psychology or related subjects. The course extends over one calendar year starting in September.

For further details and application forms contact:

The M.Sc. Secretary, The Anna Freud Centre, 21 Maresfield Gardens, London NW3 5SH UK
☎ 011-44-171 794-2313  Fax: 011-44-171 794-6506  E-mail: ucjtsjs@ucl.ac.uk