

Association for Child Psychoanalysis **NEWSLETTER**

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November, 1997

President's Message Theodore Jacobs, M.D.

Dear Fellow Members,

Several weeks ago you received a letter from me outlining my proposal for non-voting candidate membership on the Executive Council, and Robert Furman's alternate proposal for keeping the candidates informed about the issues faced by our organization and the decisions made by Council. Although the proposal for candidate membership was approved by the Executive Committee at our last meeting, it requires an addition to our bylaws which must be voted on by the membership.

Since this is a most important matter, one which concerns the future governance of the ACP and the relationship of all members to candidate members, I urge you, if at all possible, to attend the special meeting to discuss this proposal which will be held at 7:45 a.m. on Friday, December 19, 1997, at the Beekman Towers Hotel in New York City. If you cannot attend, by all means, return your mail ballot to Nancy Hall at the earliest opportunity.

In December the Executive Committee will also be taking up another important matter. At present the ACP has no ethics committee and no established procedure for responding to charges either of ethical misconduct brought against a member, or questions concerning ethical matters which are raised about an individual applying for membership. While such situations rarely occur, we are faced with them from time to time. In order to remedy this situation and to put procedures in place for the investigation of any questions or concerns of ethical issues that may arise in the future, I asked Moisy Shopper to chair an Ad Hoc committee to make recommendations to the Executive Committee about this important matter. Working with Drs. Peter Blos, Jr. and Judith Chused, Moisy and his committee have developed an excellent plan for procedures to be followed in the future. The report of his committee will be taken up at our next Executive Council meeting. If you have any thoughts about this question, or have had experiences

dealing with ethical issues that you think might be helpful to share with the Council, please contact me.

As part of our outreach efforts and our plans to offer more educational programs to the mental health community, the Extension Committee, headed by Karen Marschke-Tobier, will be holding a half-day meeting on "Learning Disabilities From a Psychoanalytic Perspective" at the Beekman Towers Hotel from 2:00 p.m. to 5:00 p.m. on Sunday, December 21st. Karen has arranged an excellent program, one that, I believe, will bring a most important perspective to the complex questions of learning disorders. Drs. Susan Sherkow and Martin Silverman will present clinical material and their presentations will be discussed by Jules Glenn. Paulina Kernberg will be the moderator. All members of the ACP are cordially invited to attend this program. No fee will be charged to our members, but contributions to the ACP will be gratefully accepted. If you are going to be in New York for the meetings of The American Psychoanalytic Association or for other reasons, by all means plan to attend this meeting. It should be a rewarding experience and Karen would be most appreciative of feedback from our members which will help her in planning future programs.

With regard to the future, Karen is looking into our holding another Extension Division program in connection with our Annual Meeting in Boston, April 3-5, 1998. This meeting, incidentally, is shaping up very well. Its theme is "The Obsessional Child" and Laurie Levinson and Janet Szydlo have arranged a superb scientific program. Donald Cohen of the Yale Child Study Center will be our Marianne Kris lecturer. Please mark the date of the meeting on your calendar. Jack Pelaccio has made excellent arrangements for us, including some delightful social events. Our hotel is the Back Bay Hilton, which is conveniently located near

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museums and Boston's cultural center. A cocktail party, sponsored by The Boston Psychoanalytic Society, will be held at the Harvard Club. While the hotel rates are moderate, we realize that this expense may present a problem for some of our members. We will, therefore, look into the possibility of making alternate arrangements for those who require them. Please contact Dr. Pelaccio about this.

The ACP's presence at the International Psychoanalytical Association meeting in Barcelona this past summer was a notable one. In this issue of the *Newsletter* Peter Blos, Jr. reports [p. 5] on the two half-day panels co-sponsored by the ACP, one focusing on children, and one on adolescents. These panels each drew upwards of 300 people and were the most stimulating and best-attended panels of the meeting. Peter has done a superb job in arranging these programs. Fortunately, he will continue to do so and is already at work planning for the next half-day panels, in the

summer of 1999 in Santiago, Chile.

The International Psychoanalytical Association has formed a new committee on child analysis, headed by Anne-Marie Sandler. The major purpose of this committee is to foster child analytic training and the development of child analytic programs in countries that either have none or are just beginning to develop such programs. Several ACP members have been appointed to this committee and will, I am sure, keep us informed about future developments. [p. 6]

Also in this issue of the *Newsletter*, Lilo Plaschkes reports [p. 10] on the experience that she and Peter Blos, Jr. had teaching in Eastern Europe this summer. This is the second summer that they have done so, and in arranging these teaching and supervisory seminars they are making a notable contribution to the education of our colleagues in countries which are very short of experienced, analytically-trained clinician-teachers. Also on the foreign scene, Dr. Adriana Lis has developed a new child therapy and analytic training program in Padua, Italy. Adriana is always interested in having ACP members visit and teach in the program. If you plan to travel in Northern Italy, let her

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A non-profit, tax-exempt 501-c organization founded in 1965 — Tax ID# 06-610-3158

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Note to contributors: Send contributions to the Editor at the address above. Deadlines fall one month before our publication dates of June 1 and November 1. Whenever possible, send both hard copy and word processor files on floppy disks (3.5 or 5.25 inch ). MS-DOS format files (e.g., WordPerfect, Microsoft Word) are preferred (including those created under Windows) but Macintosh format files are also acceptable. Contributions can also be sent via E-mail; indeed, this mode is preferred. Use either of the addresses listed above — brinich@compuserve.com or brinich@unc.edu

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know.

Those of you who are involved in the Internet can now peruse our new web page. Perry Branson, along with Leon Hoffman, has been instrumental in developing this page which provides basic information about the ACP. It is located at <http://www.westnet.com/acp/>. Perry has placed a "counter" on the site so that we can determine the number of replies that it draws. Based on that information and on the kinds of responses and queries that we receive, we will decide what changes, if any, should be made to our page. If, after viewing our page, you have any comments or suggestions about its format or content, please contact Perry Branson. We will provide more follow-up information about our web page in the next issue of the *Newsletter*.

A very important problem that faces us at the present time, and has done so for a number of years, is the matter of unpaid dues. A number of members are in arrears, some for quite lengthy periods of time. This situation creates very great difficulties for our association which depends entirely on income from dues to meet our expenses.

We currently are sending out dues statements for the coming year, together with notices to those who are not up to date in their payments. Please keep in mind that prompt payment of your dues not only helps the ACP, but is an obligation of membership. It will not be possible for us to

keep on our membership rolls those who do not meet this obligation. Also, for the first time, it will be possible to pay your dues by credit card. Due to the efforts of Alan Zients and Nancy Hall, we have made arrangements to accept payment by Visa or MasterCard. Information about this will accompany your dues statement. If you have any questions about this arrangement or about your status with regard to your dues payment, please contact Alan Zients.

Our members are continuing their outreach efforts in various parts of the country. This spring at our Annual Meeting we will be able to exchange information about these initiatives. In the meantime, please send information about any program or activity that is taking place in your geographic area to Leon Hoffman. Leon, incidentally, has been very active in writing letters to the editors of several newspapers about the importance of psychological factors in children who have symptoms of ADD. He is preparing material on this issue which can be distributed to parents and teachers. Leon would be glad to hear from any of you who have experience doing educational work in this or related areas.

I look forward to seeing many of you in December, and, hopefully, many more at our Annual Meeting in Boston.

Around the ACP — Around the World

Frances Salo [f.thomson-salo@medicine.unimelb.edu.au] has provided us with what she terms "a short and very personal account of my view of the current child psychoanalytic scene in Australia," for which we are most grateful. Frances now lives near Melbourne, at the southern tip of Australia, just across the Bass Strait from Tasmania.

I had been unprepared for the size of the country when I arrived in Melbourne from London nearly six years ago : it looks much smaller on maps of the world than it really is. It can also be breathtakingly beautiful particularly where, as in Queensland, the rainforest sweeps down to the silver sand of the beach with remnants of old coral in the sea. I have been on a steep learning curve ever since arriving!

Sadly, the child analysis scene, having I gather been quite active some time ago, seems virtually nonexistent nowadays. Currently I am the Secretary of the Committee for Child Psychoanalysis of the Australian Psychoanalytic Society (APS), though I should qualify what I say by pointing out that the distances in the country make it difficult as a relative newcomer to always speak with accuracy. Primarily, it seems to me, the difficulties facing child psychoanalysis here have a lot to do with the prevailing culture which is not generally supportive of psychoanalysis, and, to a lesser extent, funding arrangements. Parents find it difficult to make the

commitment to intensive treatment. Because of the small numbers of psychoanalysts here (about sixty in the Australian Psychoanalytic Society amongst a population of 18 million) there has not in the past been as vigorous a repudiation of the criticisms of psychoanalysis as we would have liked. This is however changing as within the Society there is a new move toward reaching out to other related disciplines and the interested public.

In a few institutions, such as the Royal Children's Hospital in Melbourne, analysis used in the past to be quite frequent both on an inpatient and outpatient basis. With a change of some of the senior hospital personnel who were committed to a psychoanalytic viewpoint as well as a change in philosophy in the local government Health Department (which does not support a psychoanalytic approach), intensive treatment of children through the Hospital has ceased. A few very disturbed children can still be offered twice a week treatment under the hospital aegis.

Funding arrangements under the Government Medicare system (a national health service) are such that child patients in private intensive treatment with a psychiatrist receive a considerable rebate from the Government of the fees that they pay, whereas this is not the case if they are treated by a nonmedical professional; in the latter case the rebate is minimal or nonexistent. This has meant that in the

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past a number of children were seen in intensive treatment by psychiatrists, very few of whom had had training in a specialised approach to clinical work with children. With the current political climate of trying to maximise the health dollar the rebate for children's private intensive treatment was recently under threat although it may be restored.

Within the Australian Psychoanalytic Society there are six IPA trained child psychoanalysts in the three Branches, three in Sydney, two in Melbourne and one in Adelaide, virtually none of whom are currently conducting any intensive child psychoanalytic work. Dr. Joan Symington has, however, recently read papers to the APS on intensive work with two child patients, and in 1992 Mrs. Sue Laganza (now a qualified child analyst) read a paper on one of her child training cases.

At present no analytic training is proceeding in any of the three Branches mainly because of the difficulty in finding training cases. However, earlier this year the Australian Psychoanalytic Society passed a motion that the required frequency of treatment for child training cases was reduced from 5x a week to 3x a week. This has increased interest in psychoanalysts undertaking the child analytic training. Several analysts in Sydney and Melbourne currently contribute to teaching and supervision in hospital and university departments, psychotherapy trainings, the Australian and New Zealand Royal College of Psychiatry and other related bodies.

There is a considerable degree of awareness of infant mental health and infant needs generally. I have been

involved in setting up two courses in the Department of Psychiatry of the University of Melbourne — the Graduate Diploma and the Masters of Infant and Parent Mental Health — for which I am the co-ordinator for the Infant Observation seminars and the Clinical seminars.

There are also beginning to be child psychotherapy trainings run within Universities, and I will mention a few. The longest-established is the Masters degree in Child Psychoanalytic Psychotherapy at Monash University. This developed out of a child psychotherapy training program set up in 1977 by George Lipton, a child psychiatrist who had done some of his training in Cleveland, Ohio. While in Cleveland Lipton received supervision from some child analysts (including two trained in London — Elizabeth Daunt and Ehud Koch) and he was very influenced by psychoanalytic thinking and infant observation.

In 1998 a Graduate Diploma will be offered in Psychodynamic Psychotherapy by the University of Wollongong in New South Wales, to cover psychotherapy with infants, children, adolescents and adults. There is also a Course in Psychoanalytic Observation Studies in Sydney which will be expanded to a full psychotherapy training. Since the 1970s a number of Tavistock-trained child psychotherapists have settled here and been influential in raising awareness of the need for a psychoanalytically based knowledge of children's developmental needs and treatment.

It is probably too early to say whether recent moves within the Australian Psychoanalytic Society and the increasing awareness of the needs of infants and children will lead to a greater interest in intensive child analytic work and training, but it now looks more hopeful than previously.

Leon Hoffman [73542.334@compuserve.com], chair of the ACP Communications Committee, has forwarded the following letters to us.

Letters to the Editor
The New York Times

Failure and Avoidance

To the Editor:

As a child psychoanalyst and psychiatrist with an interest in learning disabilities, I object to Robert J. Sternberg's assertions ("Extra Credit for Doing Poorly," Op-Ed, Aug. 25). While any disability assistance program can be subject to abuses, such abuses do not have any bearing on the legitimacy of the disability and the needs of individuals so diagnosed.

Unlike adults, children and adolescents are required to perform tasks and master skills from the range of cognitive endeavors. Adults have the luxury of dedicating themselves to their sphere of excellence and are not penalized or impeded in their career if they show no aptitude for unrelated disciplines.

The argument that individuals with superior talents will

emerge despite the obstacles ignores the daily humiliations and suffering of children who struggle mightily in conventional learning situations over some of the tasks demanded of them, tasks "we grownups" no longer face.

Moreover, Dr. Sternberg shows a misunderstanding of learning disabilities if he believes that "failing" will help individuals with disabilities "correct [their] weaknesses." There is no evidence to suggest that failure due to learning disabilities facilitates anything but avoidance, behavioral problems and psychological distress.

Karen Gilmore, M.D.
New York, August 26, 1997

Letters to the Editor
The Wall Street Journal

ADD, Chemistry and Self Control

To the Editor:

[As a child psychoanalyst and child psychiatrist, I was very troubled by John McGinnis's article, "Attention Deficit Disaster" (September 18, 1997).] Mr. McGinnis is certainly

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correct to deplore the over-diagnosis of ADD and the over-prescription of Ritalin in school-aged children. He believes that this problem is the result of teachers and counselors recommending an ADD diagnosis to parents of rambunctious youngsters in order to get troublesome children on Ritalin. His solution is the restoration of old-fashioned discipline to substitute for a "phony therapeutic approach." Both his diagnosis and solution are simplistic and ultimately self-defeating for our nation's children.

It is important to consider two facts of development. Firstly, children often express their emotions and feelings through action. Secondly, children with a variety of psychological and emotional stresses may have difficulties attending to required tasks. Thus, when a child has behavioral and/or attentional problems one cannot automatically assume that the child has an Attention Deficit Disorder. For example, an overactive child or a child who cannot concentrate may be anxious, depressed, or may be responding to familial or other stresses. It is critical for the mental health professional to make an accurate individualized assessment of the child's and family's situation in order to determine the best course of action. Children may need to talk to a trained child psychoanalyst

or psychotherapist about their problems and parents may require psychological help in order to examine their contribution to the child's difficulties, to understand the impact of the child's symptoms on them, and to differentiate between punitive discipline and appropriate limit-setting for their children. Certainly a psychopharmacological approach may be indicated.

[All parents, children, and professionals hope to find a treatment route for difficult problems, a "magic bullet," that is simple, quick, and uncomplicated. Unfortunately, real life is very complicated and nine times out of ten, children's difficulties are the result of knotty interactions among the children's biological constitution, their inner psychological adaptations, and their reactions to complex environmental situations. Mr. McGinnis's solution of restoring old-fashioned discipline is simplistic, punitive, and ultimately ineffective, as ineffective as a managed care company's approach which promotes "quick-fixes" (i.e., pills) in order to maximize their financial gains. Our nation's children deserve comprehensive individualized non-punitive therapeutic approaches for their problems.]

Leon Hoffman, M.D.
 Director, The Parent Child Center
 New York Psychoanalytic Society
 October 6, 1997

Peter Blos, Jr., sends us the following two reports on ACP-sponsored events at the recent IPA Congress in Barcelona

**ACP reception
 at the Barcelona IPA Congress**

The ACP reception at the 40th IPA Congress brought together child analysts from Buenos Aires to Helsinki and many other places as well. The reception was held in the lovely and spacious AIRIA Restaurant off the lobby of the Hotel Fira Palace, official center for the Congress. This space was made available to the ACP by the generosity of the IPA and I would like to take this opportunity to convey my appreciation.

The Catalans are justly proud of their Cave (champagne) and the reception provided a fine opportunity to enjoy it. Excellent hor d'oeuvres accompanied it as did other local wines, and the gracious setting and service made a large number of guests feel comfortable and at ease. It was truly a lovely occasion at which old friends met and new acquaintances were begun. Long after the supplies of food and drink were spent, people were still chatting.

**ACP-sponsored Scientific Activities
 40th International Psychoanalytical Congress
 Barcelona, Spain — July 27-August 1, 1997**

Astutely-focused clinical material characterized the two half-day panels co-sponsored by the ACP and the IPA at the 1997 Congress. Both were rewarded by high attendance,

sustained interest, and lively discussion from a truly international audience. Perhaps further indication of the analytic community's interest in child and adolescent analysis is the fact that both Paulina Kernberg's report on Tuesday's adolescent panel and Rita Frankiel's report on Thursday's child panel are to be published in a forthcoming issue of the *International Journal of Psychoanalysis* — a "first," to my knowledge.

The panel on "Sexuality in the Analysis of Adolescents" was chaired by Colette Chiland (Paris) whose succinct opening statement called attention to a number of significant issues. To mention only two: It is difficult for the analyst to maintain equidistance from patient and parent while remaining an analyst with real limits; and the emotions experienced by the analyst in response to the adolescent can be quite powerful, including countertransference hatred as well as sexual arousal and envy.

Agneta Sandell (Sweden) was unable to give her paper, "Erotism and Hate in the Transference-countertransference"; it was read in her absence by Johan Norman (Sweden). The Sandell paper described a difficult treatment in striking and moving detail that effectively bore out Chiland's opening observations. The discussion by Ran'an Kulka (Jerusalem) drew on an object-relations perspective to comment on the struggle between analyst and analysand and the high-stakes battle for sanity and self-esteem.

The panel's second paper was offered by Duncan McLean (London). Its very title, "Hey Diddle Diddle, the

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Cat and the Fiddle,” called attention to the “bizarre and intangible” aspects of sexuality that are part of the adolescent experience. As the discussant, Jack Novick (USA) focused on techniques in the development of a therapeutic alliance and the shifts which occur as the treatment of an adolescent progresses.

On Thursday the ACP's President-elect, Erna Furman (Cleveland), served as moderator of the Child Panel. In her introductory remarks she emphasized “that the child analyst's daily direct encounter with his or her young patients’ unmitigated drive manifestations favors a view of sexuality as a fact, rather than as a hypothesis.” This view was borne out by material presented by Joana Tous (Barcelona) from her work with a phobic nine-year-old boy. Here it was clear to see that excitedly lewd sexual material covered anxious and primitive fantasies and intense rages that emerged whenever the patient could not control his analyst. One could also see that her steadiness was reassuring to the boy and permitted him to express intense unspoken early experiences through the transference. In discussing this material Dieter Burgin (Basel) pointed out that the boy lived in two worlds — as a baby with his

mother and as an adolescent with his two adolescent brothers — and wondered where the boy himself existed mentally. He then went on to suggest the two-plus-one preoedipal quality that reflected the boy’s inner fragility.

Calvern Narcisi (Denver) then reported on “Severe Fecal Retention and Fears of Penetration: the Analysis of a Seven-Year-Old Girl.” This presentation focused on the clinical material and its gradual revelation of the multiple meanings of the primary symptom — the wish for the baby, the penis, control over hostility and seeking father’s love. The material also demonstrated that the symptom did not remit permanently until the fear of penetration was revealed. This was the last case of the two panels and, in discussing it, Fifi Piene (Norway) focused on the preoedipal residues behind the oedipal material and the struggles with the early mother.

The clarity of the clinical material and the thoughtful discussions in each panel stimulated fruitful exchanges from the floor and expression of the varying points of view that are so valuably represented in an International Congress. Yet whatever the theoretical perspective, concepts pertaining to sexual and aggressive drives were used consistently, seemed essential to understanding youngsters and their problems, and were regarded as facilitating the analyst’s work.

Robert Tyson [robert@tysonz.com] provides his own perspective on the Barcelona Congress and the IPA’s interest in and commitment to child and adolescent psychoanalysis.

The International Psychoanalytical Association held its 40th International Congress in Barcelona this summer, July 28th to August 1st. The ACP co-sponsored two special half-day programs of clinical presentations of a child and an adolescent, arranged and moderated by Peter Blos, Jr. Simultaneous translation was provided for one of the two half-days. On Friday, August 1st, Otto F. Kernberg became IPA President, and Robert L. Tyson, a past-president of the ACP, became Secretary.

At the first meeting of the new IPA Executive Council, which was held that day, a new committee, the Committee on Child and Adolescent Analysis, was approved. Never before has child and adolescent analysis been represented at such a level in the International. The over-all chair of the committee is Anne-Marie Sandler. The North American Co-chair is Judy Chused, and the other North American members are: Scott Dowling (Cleveland), Calvern Narcisi (Denver), Paulina F. Kernberg (White Plains NY), Mary Jane Otte (Palo Alto), Jack Novick (Ann Arbor), Paula G. Atkeson (Washington), Elizabeth Tutters (Toronto), and Laurie Levinson (New York). The Latin American Co-chair is Susanna Lustig de Ferrer, and the others from Latin America are: Liliana Pualuan (Santiago), Eduardo Dallal (Mexico), Carmen Medici de Steiner (Montevideo), and Virginia R. Ungar (Buenos Aires). Others from Latin

America will be appointed in the near future. The European Co-chair is Veronica Machtlinger (Berlin), and the other European members are: Johan Norman (Bromma, Sweden), Robin Anderson (London), Florence Guignard (Paris), Yolanda Gampel (Jerusalem), Terttu de Folch (Barcelona), E. Oosterhuis (Amstelveen), and Elisabeth Brainin (Vienna).

The mandate for the Committee, in general terms, is first to assist child and adolescent programs already existing in Societies and Institutes to become stronger and to gain greater recognition. Then it will look to nascent programs that might come to maturity with some outside assistance; and finally, it will seek to assist those Societies and Institutes without child/adolescent training programs to establish them, if they so wish.

Program planning for the International Congresses will continue as before, with greater resources at the disposal of the ACP-IPA collaborators. For example, the next Congress in Santiago, Chile in 1999 will provide simultaneous translation for both half days of the co-sponsored clinical programs (both child and adolescent). In addition, communications between the ACP Program Committee and IPA colleagues in other countries should be facilitated. The very existence of the ACP will be brought to the attention of many IPA members who currently are unaware of its existence.

[Bob Tyson adds that he is very willing to support such endeavors if they are brought to his attention. *Ed.*]

Around the ACP — Around the World . . .

Alan Zients, the ACP treasurer, sends the following reminders:

Delinquent Dues

According to our bylaws, Article VII, Section 2, nonpayment of dues for two (2) consecutive years without communication shall be considered as resignation from the Association. Members age 70 to 75 are classified as Seniors and pay 50% of the dues. Those that are of emeritus status, over 75 years of age, are exempt from payment of dues. If you have not paid your dues because of financial difficulties, please communicate with us as soon as possible.

To inquire about your current status or payment, contact

Nancy Hall, ACP Administrator
 P.O. Box 253
 Ramsey, NJ 07446
 tele/fax 201-825-3138

Grants

Financial grants from the Association for Child Psychoanalysis are given to support low fee child and adolescent analysis provided by candidates. Preference is given to cases in which analysis would not be possible without such support. Grants are awarded to analysts who require financial support in order to treat a low fee case. Grants are awarded on an annual basis and can be renewed. Applications are reviewed at the December meeting of the Executive Committee and awards are announced at the Annual Meeting in the Spring.

Grants are made to Institutes, not to individual analysts. They can be made only if the recipient institution is registered as a charitable organization with the US Internal Revenue Service and can provide a statement from the IRS to this effect. Grants are made on the stipulation that the sponsoring Institute provide matching funds. The maximum grant is \$2,000 with an identical amount provided by the sponsoring Institute. Should the treatment terminate or be interrupted for any reason, it is expected that the remaining funds will be returned.

Grant applications are available from the ACP's Administrative office. Completed applications should be sent to Nancy Hall. Grants are funded through contributions by members of the Association for Child Psychoanalysis.

The ACP has adopted the following "mission statement" in order to fulfill the requirements of our various Continuing Education sponsors and activities.

ACP CME Mission Statement

The Association for Child Psychoanalysis' CME mission is to provide child and adolescent psychoanalysts a forum for the exchange of thoughts and ideas in the field of child and adolescent psychoanalysis and to foster study and research in this discipline.

In pursuit of its mission, the Association for Child Psychoanalysis, Inc. will provide its members with the opportunity to integrate knowledge gained from its own and other discipline's study of and research into the growth, psychological development and education of the normal infant, child and adolescent as well as those at risk. The impact on its member's work of other treatment modalities, both theoretically and practically, are also to be examined and discussed, thus providing an ongoing evaluation of analytic practice about the larger arena of treatment for the young. By providing new ideas, data and theory to its members, it will enhance their ability to diagnose and then, to either provide analytic treatment or make appropriate referrals for other medical or psychological treatment or for the remediation of learning disabilities. This knowledge will be provided at the annual meeting during the presentations of clinical and scientific papers and in workshops, study groups and panels.

To that end it encourages and supports study groups of

its members and provides grant money, when available, to be used by national and international training facilities to underwrite low-cost analysis for children who would otherwise be unable to have this treatment.

The target audience of the organization is made up of Child and Adolescent analysts worldwide. The ACP membership is comprised of medical doctors (54%), psychologists (16%), social work graduates (20%) and individuals in education and other various backgrounds (10%).

March 21, 1997

Ideas do not succeed in history by virtue of their truth but by virtue of their relationship to specific social processes.

Peter Berger (1965), "Toward a sociological understanding of psychoanalysis. *Social Research*, 32(1), p. 32

To attempt to force absolute morality in society is to indulge in fantasies that will only lead to untamed violence.

Michael Polanyi (1966), *The Tacit Dimension*. Garden City, NY: Doubleday, p. 86

Around the ACP — Around the World . . .

Jerome Karasic [hldanish@infosphere.com] presented his paper, “Early Sexual Impressions, “Constitution,” and Object Choice: The Trauma of Urological Surgery and Homosexuality,” at the Annual Meeting of the American Psychoanalytic Association in San Diego this past May. He has kindly provided the *Newsletter* with an abstract of his paper.

Though “constitution” may have played a role, the traumata of repeated childhood surgeries for complete hypospadias left a precipitate of enforced passivity and masochistic submission that was to underlie this adolescent's compulsive homosexual behavior. This passivity and masochism, coupled with the rage and fear of abandonment induced by his father's absences and developing alcoholism, caused Alex to repeat his infantile and early childhood traumata by precipitating a prepubertal trauma, which became the model for his conflicted, anonymous, homosexual behavior. Final surgical repair of his hypospadias and his maternal grandmother's death in his twelfth year triggered his repetitive, joyless, homosexual forays. Though these experiences resembled sexual love, they proved to be a reaction formation to the residual aggression he felt toward his father; furthermore, his homosexual acts emerged as disguised murderous transference wishes. Other factors that played a role in Alex's perversion: deformed body image, positive oedipal wishes, castration anxiety, as well as the mechanisms by which surgical traumata may have had such a profound

impact on this individual's object choice, are discussed.

This analysis was initiated by the discovery of this adolescent's diaries, which were left on a chair in the living room of the family dwelling, and the anxiety that was precipitated in his parents when they read about his unsafe sexual practices, his multiple anonymous homosexual encounters in the community library's bathroom.

Alex had been born with complete hypospadias — at birth, his urethra opened on his perineum. The traumata of multiple urological surgeries, that were to repair this congenital defect, resulted in Alex's daily, joyless, homosexual experiences. Analysis of his murderous wishes, which became focused in one transference dream, resulted in Alex's explorations in heterosexuality, and his eventual marriage to a high school girlfriend. Analytic neutrality was central to the uncovering of the transference, and the initiation of heterosexual intercourse.

In the introduction of the paper, Dr. Karasic explores the recent biological findings concerning homosexuality and their possible role in Alex symptoms. Though these findings dispelled much of Dr. Karasic's initial skepticism about their validity, they proved to be of little value in understanding Alex's potentially self-destructive behavior or in determining the course of his analysis.

A search of the literature suggested that the role of trauma in choice of objects — loved and hated — has been inadequately explored in relation to homosexual object choice. Furthermore, the role of urological surgery in determination of such choice has been poorly documented. More research and clinical observation are needed.

The Anna Freud Centre Bursary Appeal

Recent research into the efficacy of child psychotherapies has shown that child psychoanalysis is the treatment of choice for children of certain ages with severe mental health problems. This research not only confirms our belief in child psychoanalysis as an effective method of treatment but also our commitment to train child psychotherapists so that they may continue helping children world-wide.

As our former trainees will know, the Anna Freud Centre is a crucible for the study of child development and analysis. Our four-to-five-year clinical training in child and adolescent psychoanalysis and psychotherapy attracts students from around the globe. We have trained some of the world leaders in child analysis.

Our course is probably the most intensive of the six accredited courses in the UK and yet, at the moment, we have only eleven clinical trainees. We clearly must do more because, without more qualified child psychotherapists, the needs of many children will remain unmet.

This autumn the Centre is launching a bursary scheme which will fund one or more trainees throughout our course. This will provide an opportunity for exceptional students who, without the support of such a bursary, could not afford the training. Each bursary will cost the Centre around \$40,000 per year, or \$160,000 over four years. This covers the cost of personal analysis, course fees and supervision, and a modest living allowance or salary of \$20,000 a year.

How you can help

There are several ways you can support this appeal (all of which are tax-deductible in both the UK and the US):

You can either contribute towards a full four year bursary by pledging a donation of your choice each year for four years; or

You can make a single donation

Any support you are able to give will be a tremendous help

If you would like further details about either the appeal or the training course, or if you would like more information about the Centre (e.g. to receive a copy of our Annual Review or to join the mailing list for our News Letter), please contact us via any of the following:

E-mail: jstroud@ftech.co.uk

Fax: (011-44) -171-794-6506 (to attention of Jan Stroud)

Post: Jan Stroud, Fundraising Coordinator, The Anna Freud Centre, 21 Maresfield Gardens, London NW3 5SD, UK

For UK-based postal enquiries you may use our FreePost address:

Jan Stroud, Fundraising Coordinator, The Anna Freud Centre, FREEPOST LON12033, London NW3 4YS

Letters to the Editor

Dear Editor,

I would like to correct some misconceptions that might arise from Diane Manning's report on the discussion of the plenary paper I presented at the Annual Meeting of the ACP in Cancun ("Psychoanalyzing the epileptic child: a model of body/mind interactions", *ACP Newsletter*, June 1997, pp. 17-19). Dr. Manning kindly sent me a draft of her report, but unfortunately it arrived during my April vacation, and by the time I received it I was informed that it was too late to correct it. I strongly advise anyone interested in the topic of my presentation to take up the offer reported by Dr. Manning to obtain a copy of the original paper. Accordingly I will not comment on misconceptions that could arise from her report on my paper itself; I will comment only on the discussion.

In the limited time that was available to respond to Dr. Peter Blos Jr.'s lengthy discussion, I tried to focus on what appeared to be the essential point of disagreement between us. I started by asking whether or not Dr. Blos accepted the premise that epilepsy could be understood both psychologically and physiologically (because if he did not accept that, there was little that we, as psychoanalysts, could say about epilepsy).

In the first part of my paper, I argued in detail that psychoanalysis as a discipline was predicated on the assumption that the neurophysiological determinants of behaviour could also be conceptualized in (meta) psychological terms, and that this was the conceptual basis of Freud's notion of the unconscious. ("Psycho-analysis . . . explains the supposedly somatic concomitant phenomena [of consciousness] as being what is truly psychical, and thus in the first instance disregards the quality of consciousness"; Freud, 1940 [1939], p. 158.) For Freud, the neurophysiological processes underlying consciousness are the unconscious (i.e., the very same processes, psychologically conceived). Applying this premise to epilepsy, it follows that the physiological mechanism of epilepsy can also be conceptualized in metapsychological terms.

Epilepsy — a condition of which Dr. Blos disclaimed any clinical experience — differs from those "physical illnesses" of which he does have experience in that it is a brain disease (i.e., a disease of the "organ of the mind"). It is eminently plausible that the physiological mechanism of epilepsy should be correlated with specific mental mechanisms. This is not necessarily true for, say, diseases of the digestive tract. A century-and-a-half of neuroscientific research has demonstrated conclusively that specific brain abnormalities regularly correlate with specific mental abnormalities, and vice-versa. In recent years the neurophysiological correlates of many traditional "mental" illnesses have been identified, and vice-versa; but the mental mechanism of the "organic" illness of epilepsy still eludes surface-psychological research.

At the meeting in Cancun, I thought Dr. Blos said in

response to my initial question that he did accept the fundamental premise of my paper. However, on reading Dr. Manning's report, I see that he "disagrees strongly" with it. Had I realized this at the time, I would not have gone on to discuss apparent disagreements between Dr. Blos and me over the specifics of the metapsychological mechanism of epilepsy; instead I would have wanted to know what Dr. Blos understood by Freud's concept of the unconscious.

I see from Dr. Manning's report that Dr. Blos also rejected my (alleged) "thesis of epileptic . . . psychic etiology." This might be the origin of the confusion. If the above-mentioned fundamental premise were accepted, it would be apparent (as I argued in detail in my paper) that the notion of a psychological etiology as opposed to a neurological one for the old category of "functional" nervous diseases (like primary epilepsy) is no longer tenable. Nowhere in my paper did I speak of epilepsy having a psychological rather than a neurological etiology. A neurophysiological predisposition is inextricable from its metapsychological equivalent. (We tend to forget that the concept of constitutional inheritance is not a physiological concept -- we have psychical predispositions too). Likewise, a psychological environmental influence is inextricable from its neurophysiological correlate. Everything mental is simultaneously physical. Furthermore, in the light of the findings of modern neuroscience, the distinction between genetic and environmental etiologies is being replaced by a distinction between genetic and environmental factors, which coalesce to produce the final disease entity (see, e.g., Schore, 1994). Freud's metapsychological framework is invaluable for making sense of the apparent anomalies that arise from this way of thinking (see Solms, 1996, 1997).

Having established (I thought) that Dr. Blos did indeed accept that the mechanism of epilepsy was amenable to both psychological and physiological understanding, I sought to clarify precisely what it was about my account of its psychology that Dr. Blos disagreed with so strongly. I confess, I did not find it easy to make sense of what Dr. Blos did believe about the metapsychology of epilepsy. However, from his re-analysis of my own case and the three cases from the pre-1960 analytic literature (he dismissed everything that was written before that arbitrary date), and from his critical appraisal of the life and work of Pierce Clarke (the author of many early psychoanalytic articles on epilepsy), he appeared to conclude that all cases of epilepsy were different, and on this basis, to reject as outmoded and unanalytic the notion of a generic "epileptic character."

Assuming that Dr. Blos did accept that epilepsy was nevertheless open to psychological understanding, and assuming also that he was not advancing the prescientific notion that every instance of a nosological type was a unique specimen unto itself, I concluded that Dr. Blos believed simply that the psychical mechanism of epilepsy (i. e. the metapsychological equivalent of its neurophysiological mechanism) could not be reduced to the inheritance of a fixed character type.

Fortunately, I agreed with that. I did not have time to point out that Dr. Blos was wrong to suggest that Pierce

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Clarke (or any other psychoanalyst for that matter) had ever endorsed the 19th century notion of an epileptic character. In fact, in my paper I mentioned that Pierce Clarke (1914) replaced this surface-psychological notion with the concept of an epileptic constitution, that is, an innate defect of instinctual life. Subsequently, Freud (1923) and other pioneers of our discipline went on to define this defect more precisely, as a pathological tendency to instinctual defusion, manifesting as an unusual difficulty in binding destructiveness.

I knew from my general understanding of the structural model that all the innate dispositions of the id (i.e. of instinctual life) must be filtered through the experience-derived structures of the ego and superego before they manifest themselves in their final form. I knew also from our literature that, although cases of epilepsy present with a wide range of manifest psychological symptoms, a common underlying factor could always be identified clinically. Beneath the various defensive structures in different cases, an underlying difficulty in binding destructiveness was identified with monotonous regularity. I therefore concluded that Dr. Bloss' observations were not as incompatible with the classical psychoanalytic formulations as they appeared to be. The differences between individual cases that he was pointing to simply reflected the contribution of the ego (i.e. of the maturational environment) to the ultimate clinical picture.

On this basis, I thought it useful to point out that what Dr. Bloss appeared to be saying (viz., that the psychology of epilepsy cannot be mechanically reduced to an innate predisposition which manifests directly as "the epileptic character") coincided neatly with our current physiological understanding of epileptogenesis. According to that understanding, a genetic predisposition to seizures

"is rarely, or perhaps never, sufficient to induce clinical [manifest] epilepsy and may only be responsible for the [latent] EEG trait. For recurrent seizures to occur other aetiological factors must intervene. Some of these may also be genetic but the majority are exogenous However, just as the genetic predisposition to seizures does not, by itself, appear to be sufficient to cause clinically manifest epilepsy, these exogenous factors are also by themselves not capable of causing recurrent seizures. In order to do so, they must affect a brain which is genetically predisposed to hyperexcitability" (Gloor, 1982).

Of special interest in this regard is the central role of a particular glutamate receptor (NMDA) which is known to mediate long-term potentiation (the neuronal equivalent of memory). This line of research promises not only to begin to elucidate the neurophysiological correlates of our classical drive theory, but also at last to explain the commonly observed link between epilepsy and traumatic memory.

I had hoped it would be apparent to the audience at your Annual Meeting how exciting the implications of these and other recent developments in neuroscience are for psychoanalysis. However it is clear from the published report in your *Newsletter* that I did not manage to make myself understood to some significant members of the audience. Naturally I must bear much of the responsibility for that. Nevertheless, many colleagues at the meeting did grasp the implications of what I was saying. This was evident in the small group discussions following the main presentation. I was especially interested to learn from a number of colleagues who have treated epileptic patients analytically that their observations were highly consistent with those reported in the (pre- and post-1960) literature that I summarized in my paper. It seems that the pioneers of our discipline — the revival of whose contributions Dr. Bloss dismissed as "atavistic" — might have been on the right track after all.

I am left with the impression that if we do not lose sight of the fundamental conceptual premises of our discipline (and if we retain the courage of our convictions, and open minds) psychoanalysis might yet make a significant contribution to solving the mystery of epilepsy — a condition which has rightly been described as a "paradigm of suffering of both body and soul in disease" (Temkin, 1971, p. 388).

Yours sincerely,

Mark Solms
Anna Freud Centre, London

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Diane Manning, Ph.D., M.P.H.

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Dear Editor:

In response to Dr. Solms' letter to you concerning my report, I regret that Dr. Solms was unable to review my report prior to its publication, but, as he said, he was away for some time, and my efforts to contact him were unsuccessful. Dr. Blos was available and did approve the report. The heart of Dr. Solms' criticism seems to be his perception that I may not have reported accurately what Dr. Blos said, and that if I had reported it accurately, he (Dr. Solms) would have said something different.

Fortunately, Dr. Blos was available to review my report and approved it. Therefore, the reader may refer to my report in the last issue of this newsletter for further clarification of the points Dr. Blos wished to make.

Those present will recall that both Dr. Blos and Dr. Solms had little opportunity to review each others' papers in advance of presenting them and perhaps that has contributed to the misunderstanding. Nevertheless, I regret any misrepresentations or upsets that I may have contributed to unwittingly.

. . . it was only through the knowledge of infantile sexuality that it became possible to understand mythology and the world of fairy tales.

Sigmund Freud (1926), "The question of lay analysis."
In *SE*, 20, p. 211

. . . an author's creative power does not always obey his will: the work proceeds as it can, and often presents itself to the author as something independent or even alien.

Sigmund Freud (1939), "Moses and monotheism."
In *SE*, 23, p. 104

Roster Update Form for ACP Members

Please check your listing as it appears in the 1997 ACP Roster . If any changes or additions are necessary, please complete this form (or a copy) and send it to our administrator, Mrs. Nancy Hall,

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The Eastern European Summer School Nida, Lithuania, 1997

Lilo Plaschkes

The Eastern European Summer School consisted of 60 people from eight different Eastern European countries and 10 teachers from Europe and the United States. The summer school was housed in a resort that consisted of two-storied houses which were linked by platforms of wooden planks. It was within walking distance of the ocean and between the houses there was a beautiful forest through which one could walk to the ocean. This was located about a 15-minute walk from the village of Nida.

Nida is the smallest and oldest of several villages located on a sandy spit called the Curonian which separates the Curonian Lagoon from the Baltic Sea. It is a very beautiful site, one of the most extraordinary in Lithuania. A small-town resort, it is visited mainly by Germans who have had houses there since before the Second World War. Thomas Mann spent his summers in Nida between 1930 and 1932; the house where he stayed is now a museum. A climb through the woods takes one to the Juodkrante's Hill of Witches; these are comic wooden sculptures which line the park through the woods.

The work, experience, and atmosphere of this school were unique. Robert Gardner in his book *Trying to Teach* (1994, p. 65) tells the following story.

My daughter set a table and chairs, papers, saucers, watercolors, and brushes so that my grandson and I could paint side by side in a shady nook . . . he looked at the arrangements, took one look, shook his head in dissent, retreated or advanced some 20 feet away and said, "I want to paint here." "He's a painter," I said, "and only the painter can decide what and where he should paint. A painter paints what he wants to paint, how he wants to paint, and whom he wants to paint and where he wants to paint." For a moment my grandson stared at me from afar. Then he came over to my side, looked at me carefully, and said quietly, "I'll paint with you, Pa". . . I concluded that my grandson was trying to teach me how to teach. He drove home the necessity of my putting in the background my agenda of teaching and putting in the foreground his agenda of learning.

These thoughts for me reflect the respect and sensitivity which pervade the atmosphere and the teaching environment in the Eastern European Summer School. I have taught at this school for the past two summers; in 1996 it was held in Slovenia while this year it was held in Nida, Lithuania.

What is the Eastern European Summer School and some of its history? How did I come to be there? Also, some of my personal thoughts about this school and its unique atmosphere.

The Eastern European Summer School is an outgrowth of efforts by both the International Psycho-Analytical

Association (IPA) and the European Psychoanalytic Federation (EPF). The IPA has, since the opening of Eastern Europe from behind the Iron Curtain, been interested in seeking people who meet their criteria for application to individual membership and then along the trajectory process of promoting the progression from study groups to full component society membership. The European Psychoanalytic Federation has nothing to do with training or setting standards. There is cooperation, however, between the IPA and the EPF, and the Eastern European Committee has representation from both the IPA and the EPF.

In 1997, the then President-elect of the EPF, Mr. Alain Gibeault, asked all European societies to report on their individual members' training and other scientific initiatives in Eastern Europe. These activities were listed in the *Bulletin of Psychoanalysis in Europe* (Autumn, 1995). It is clear that many European societies have involvement in training initiatives with Eastern European countries. They do this via funding, inviting people to train in their institutes, sending training analysts to provide supervision, and other training activities, including providing psychoanalysis.

In 1995, a paper written by Eero Rechartd listed the working principles of the Eastern European Committee: "To work with psychoanalytic groups which are not component societies or study groups of the IPA and to support the development of the first generation of psychoanalysts in Eastern Europe." (The name Eastern Europe, it should be noted, however, covers four countries which are in Central Europe and one in Southern Europe). The methods used for this purpose are seminars, summer schools, other meetings, and financial support of members of the Eastern European groups who participate in the diversity of European Federation conferences. Meszaros (1990, p. 98), quoted by Han Groen-Prakken (p. 9 of her report) states, "Together we were able to experience not only making the first move of the decades of enforced silence to connect Eastern Europe to the bloodstream of the psychoanalytic movement in order to become part of the psychoanalytic world again."

"The hit of the unexpected is what we traveled for." This statement was made by the Polish-born Eva Hoffman in her book, *Exit into History* (1993). She continues, "Eastern Europe has been for me a notion potent with personal associations." Although Hoffman left Poland in her early adolescence, "Eastern Europe remained for me an idealized landscape of the mind. Irrevocably, it stayed for me in my imagination as a land of childhood sensuality."

I had similar sentiments when, in 1992, I took a journey to Prague at the invitation of a Czech psychotherapist whom I had met in New York. I had been born in Olomouc, now in the Czech Republic, but had left there in 1939 after the occupation of Czechoslovakia by the Nazis. Now, more than

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50 years later, I met in Prague some psychoanalysts and psychotherapists, including Dr. Michael Sebek, an individual member of the IPA and part of an IPA study group. I was asked to talk about therapeutic and psychoanalytic work with children. There were lively discussions and a great curiosity about psychoanalysis as practiced in the United States. As a follow-up, it should be noted that there is now in Prague a systematic training program for child psychotherapy. Mrs. Lydia Tischler is the organizer of this program; working from England, she has been responsible for the establishment and monitoring of standards of training in child therapy within the Czech Republic.

The same year, 1992, Peter Blos, Jr., then President of the Association for Child Psychoanalysis, in response to the membership's interest in Eastern Europe, asked me to chair a committee with a multi-faceted charge. The committee was to secure and provide information about the development of child analysis in Eastern Europe and to be in touch with other psychoanalytic organizations (e.g., the IPA, the EPF, and the American Psychoanalytic Association) which had experience in providing assistance to adult psychoanalysis in Eastern European countries. It was this that led me to travel in 1994 to Lithuania to the Eastern European Seminar. The Seminar (unlike the summer school) was for Europeans and Western Europeans to meet. Han Groen-Prakken from the Eastern European Committee and herself a child analyst, asked me to conduct several workshops. Anne-Marie Sandler, a child analyst and at that time Director of the Anna Freud Centre, also participated in some meetings that were organized for those interested in further training in child therapy and psychoanalysis. In the workshops I conducted a woman from Russia and a man from Estonia presented their work with children they had treated and sought my input, understanding and supervisory leadership.

Peter Blos Jr. went to a similar seminar in Romania the following year. Peter and I felt very strongly about the need to include child and adolescent analysis in future seminars planned by the Eastern European Committee. This led to both of us being invited to the subsequent summer schools in Slovenia and (this year) Nida.

So this is how I came to be invited to the summer school. Now to a more specific description of the summer school.

The program and general organization of the two summer schools were similar. The students came from eight countries: Belarusse, Bulgaria, Croatia, Estonia, Latvia, Poland, Romania, and Russia. The teachers this year, in alphabetical order, were Peter Blos, Jr. (United States), Patricia Daniel (England), Pablo Fonda (Italy), Han Groen-Prakken (Holland), Aira Laine (Finland), Lilo Plaschkes (United States), Eero Rechartd (Finland), Michael Rotmann

(Germany), Marie-Lis Roux (France), and Lars Sjogren (Sweden). Last year it was a similar group, including John Kafka (United States).

The topic of this year's school was "The Process of Understanding," which was derived from the evaluation of the discussion at the end of the Slovenia summer school. Members wanted to see the details of clinical processes and interventions, the ways we understand them, and the ways in which they illuminate the functioning of the mind. The previous year had focused on "The Setting and the Interpretation"; that theme had been chosen because the setting was variable in many different countries. There were not necessarily rooms available, nor was there stability in the continuation of meetings and sessions. It was felt that papers and discussions should illustrate the importance of and the philosophy behind the "setting" and the technique of interpretation.

Prior to the summer school each teacher was asked to write a paper on the chosen topic. The papers were not shared ahead of time nor discussed. It is remarkable to see how the papers presented over these two years have coordinated in theme, in style and in a sense of continuity with one another despite the fact that there was no planned communication prior to the meetings.

The schedule was as follows: Each day there was a plenary session in which a paper was presented. These sessions were chaired by one of the teachers. Then there was a coffee break, after which there were small groups -- the 60 students were divided into groups of 10. The students stayed within the same group each day. The purpose of these small groups was to discuss the plenary session papers, the ideas, and the techniques. Groups were free to raise related or other questions, and they were encouraged to bring clinical material for presentation. There was on small-group meeting each morning and one after lunch. Teachers and students ate breakfast, lunch, and dinner together, intermingling and enjoying the opportunity to talk freely about their work, their ideas, or any other subject. There were also two outings: in Slovenia these included trips to Lubiana and to the lake in Bled. This year we sailed on the Baltic Sea and visited the forest of the wooden sculptures.

In addition to this program, students were encouraged to meet with individual instructors for breakfast, after lunch, or in the evening after dinner. This meant that the average day often lasted many hours for both the teachers and the students. The students were eager, enthusiastic, and committed. I was pleased to see some of the same students I had met in Lithuania, in Slovenia, and now in Nida. Such continuity is very important because it establishes relationships, trust, and understanding. It makes one able to know the work of each student much more thoroughly and also to judge the progress they have made each year. Their work has increased in knowledge, in depth, and in understanding, particularly in applying psychoanalytic theoretical concepts and principles to their clinical work.

The titles of the individual teachers' papers this year convey the range of our work: Peter Blos, Jr., "Understanding the Adolescent"; Han Groen-Prakken,

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“Understanding External vs. Psychic Reality”; Aira Laine, “Understanding Femininity”; Lilo Plaschkes, “Understanding Schizophrenic Patients”; and Lars Sjogren, “Understanding Transference”. The chairperson of each plenary session offered some biographical data on the presenter but also made comments before and after each paper. Both teachers and students received a copy of each paper ahead of time so they could read them, think about them, and have appropriate thoughts, questions, and comments. It also should be noted that the whole school was conducted in English. This is difficult for many people, although they speak English quite well. For myself, I found that I had to listen very attentively and acutely to be sure I understood the intent of what each person (in the group or in supervision) was asking or the ideas each person was trying to present. This year I had several students who presented their work with children. One, a woman from Estonia, presented some very sensitive work with a cerebral-palsied child and her mother. Many people asked questions about how to engage a child in therapy, how to work with parents, how to work conjointly with parents and children, and also about the dilemmas and complexities of working with a child when a parent has a severe disturbance.

Some Personal Reflections

Clearly, being in close proximity for long periods of time with people from different countries, working with them, thinking with them, exchanging thoughts and ideas resonated for me my own childhood and my life and work in different countries. In addition, it stimulated thoughts about what psychoanalysis was like before World War II and what those countries were like and the atmosphere there before World War II. There is a flow within myself from past and present, professional and personal. In my personal and professional history, I too, drew from my past.

Fortunately, I encountered some people who were growing the fruits of their psychoanalytic knowledge in other countries. Dr. Dorrit Eissler, now in Israel, had originally come from Vienna; I later found out that Margaret Mahler, who was my neighbor in New York, had been her analyst. Dorrit Eissler herself had worked with August Aichhorn. As an early childhood educator, I participated in a seminar for nursery school teachers at the Hampstead Clinic in London, England, with Anna Freud. Helen Schur from Vienna and Peter Blos, Sr. in New York were influential in the development of my psychoanalytic education and career. From these people and my parents I also heard of the atmosphere and excitement of life in Vienna before the Second World War. In Eva Hoffman’s book, she quotes Vladimir Zelezny, who is a new spokesman for the Civil Forum and who heads the recently created Kafka Society. He describes his notion of *Mittleuropa* and the “burst of strenuous creativity that took place.” He is talking about the

period between the wars.

At the turn of the century the compressed map of Central Europe gave rise to a moment of fabulous cultural intensity. A brooding, brilliant modernism could be said to have been born in this region. Not only Kafka, but Freud, Mahler, Husserl, Franz Werfel, and Max Brod came from within a close radius of Prague.

Zelezny thinks that the complexity of their perception was generated by the “vital tensions” among the three points of the cultural triangles: “the Czechs, the Germans, and the Jews who lived within the Czechoslovakian territory.” It is this proximity that he feels gave *Mittleuropa* its peculiar energy. Somehow, there seemed to be a shadow of this as an ideal for myself as one who had been exposed to and lived in different countries with different people and languages. It again resonates for me in the contemporary experience in the summer school.

There is an extraordinary book written by Margarete Buber-Neuman, entitled *Mistress to Kafka*. Buber-Neuman was born in Potsdam in 1900 and married Rafael Buber, son of the philosopher Martin Buber. In 1940, Margarete was handed over by the Russians to the Gestapo with a number of other German Communists on the historic bridge of Brest-Litovsk. She was then sent to Ravensbruck. She met Milena from Prague. Milena had a long-standing relationship with Franz Kafka. These two women became close friends in the concentration camp and as a result Margarete Buber-Neuman wrote a book about Milena’s life as a memorial to her. Newman writes, “Bohemia’s history is punctuated by the appearance of individual Czech women distinguished by their intellectual courage and aggressiveness. Franz Kafka in his *Letters to Milena* wrote about Milena,

I know in Czech (with my limited knowledge) only one music of language, that of Bozena Nemcova; here is another music but related to the former in determination, passion, loveliness, and above all a clairvoyant intelligence.

In reading this book, I was reminded of something I had forgotten, which was that my first grade teacher, a very strict, frightening woman, had given me a book by Bozena Nemcova as a parting present when we left Olomouc in 1939.

The early history of psychoanalysis is filled with many women psychoanalysts. They were passionate about their discoveries and they were filled with a sense of stimulation and adventure. Anna Freud certainly was the most prominent of these. Edith Jacobson was imprisoned by the Nazis because of her convictions and her profession. Many analysts left Europe, went to England and America and elsewhere to rekindle their work. However, there were analysts who worked in their profession underground and secretly throughout the war. There is a search for some of this knowledge from the past, the interim, and the present.

In 1993 there was a remarkable exhibition in New York City of photographs and speakers, analysts who are currently practicing in Germany. The title of the exhibition

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Eastern European Summer School . . .

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was "Here Life Goes on in a Most Peculiar Way." It was psychoanalysis both before and after 1933. The idea for the exhibition had arisen in the minds of a few younger German analysts. Dr. Hans Keilson in his introduction states, "This is a documentary history of psychoanalysis in Germany, based on three essential postulates of all psychoanalytic work, which together builds a whole: remembering, repeating, working through."

The burst of strenuous creativity (Zelezny), the remembering, repeating, and working through (Keilson) are to me what I experience as the dynamics and characteristics that those individuals who participated in the summer school had in common. There is knowledge of the past -- that is, the psychoanalytic and cultural past -- and there are the traumatic and constricting events that severed and in part extinguished and certainly isolated that creative part. Now there is an attempt to establish and address a reconstruction and a search to find a path for the future. There is a wish and a need to begin navigating in more open waters. It is my impression that the wish to be in uncharted waters is in part the reason for the enthusiasm and excitement about psychoanalysis; after all, the mind is not such a charted water. That is how Freud began looking at the workings of the human mind and he, too, was excited by the uncharted waters.

As a child analyst, and I think all of us as child analysts, should be working together with our Eastern Europe colleagues to study carefully early childhood development and growth and education since those are the seeds where the ability to navigate more openly begins. Our colleagues are the ones who will be helping the new generation of children and parents and educators to chart these new waters, to be open-minded, and to think and make choices, and to foster new ways of solving and negotiating internal and external conflicts. I quote Anna Freud (1978):

While dissection of psychic material and reconstruction of past events are the hallmark of classical psychoanalysis, child analysis, based on its direct contact with the very young, may well add a pursuit in the opposite direction, i.e. may make the vicissitudes of forward development and exploration of the ego's synthetic function its specific aims. Obviously, the child analytic therapists have unique opportunities to do so. While treating and observing their patients, they are able to watch early mental functioning while it is ongoing, to witness maturation, growth, and developmental change, and to follow their interactions up to the final metamorphosis which qualify infantile elements for becoming integral parts of an adult character and personality.

Max Schur in his book *Freud, Living and Dying* (p.24) reminds us that Freud's Eastern European Jewish background was pertinent.

Nearly 20 years later, on May 8, 1932, Freud wrote to Arnold Zweig, who had just settled in what was then still called Palestine, 'And we hailed from there. . . our ancestors lived there perhaps for half, perhaps for a whole millenium . . . and it is impossible to say how much of the life in that country was carried as a heritage in our blood and nerves.'

With my own background, having grown up as a Jewish child in a Jewish family, I agree with Freud that there is something in our "blood and nerves," and I am therefore more sensitized than I had been prior to the work in Eastern Europe of the loss of many lives. What is frequently evoked for me is my visit to the Children's Museum in Jerusalem, which is the monument created by Moshes Safdie, the Israeli architect for the Yad Vashem. He created this monument specifically for the crime of the children's murder. It is described in the book by James E. Young, *Holocaust Memorial and Meaning*.

The dancing light of five memorial candles splintered into millions of sparks, like stars reflected in the dark hall by 500 angled mirrors on the walls and ceiling. It is disorienting, this all-encompassing star-speckled heaven. At first the strange music impairs meditation, makes us feel a little self-conscious. . . our own response of wonder and awe comes back to haunt us as almost unseemly somehow.

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MINUTES of the EXECUTIVE COMMITTEE MEETING

Friday, March 21, 1997 ❖ Westin Hotel ❖ Cancun, Mexico

Present: Theodore J. Jacobs, MD, President; Judith Chused, MD, Secretary; Alan Zients, MD, Treasurer; Erna Furman, President Elect; Joseph Bierman, MD, Secretary Elect; Roy Aruffo, MD; Paula Atkeson, DSW; Peter Blos, Jr., MD; Paul Brinich, PhD; Barbara Deutsch, MD; Jules Glenn, MD; Leon Hoffman, MD; Laurie Levinson, PhD; Jill Miller, PhD; Julio Morales, MD; Kerry Kelly Novick; Jack Pelaccio, MD; Lilo Plaschkes, MSW; Anita Schmukler, DO; Martin Silverman, MD; Stephanie Smith, LICSW; Janet Szydlo; Nancy Hall, Administrator.

President Jacobs welcomed everyone and expressed appreciation to the Council for their support and work done in individual committees.

Minutes

Corrections to the Minutes of December 20, 1996: Erna Furman will be taking part at the International; Martin Silverman, MD was also present at the December meeting. It was moved and seconded to accept the minutes as corrected.

REPORT OF THE SECRETARY -- Judith Chused, MD

ACP Membership: Current Status	
USA Members.....	413
USA Candidates.....	127
USA Collegial.....	2
Total USA.....	542
Outside USA-Members.....	89
Outside USA-Candidates.....	24
Total Outside USA.....	113
Total Membership.....	655

Congratulations to the newly elected Councilors who will serve for the next three years: Remigio G. Gonzalez, MD, Paula Atkeson, DSW, and Lilo Plaschkes, MSW.

Thank you to outgoing Councilors whose terms expire at this 1997 Annual Meeting: Maurice Apprey, PhD, Roy Aruffo, MD, and Antoine Hani, MD.

REPORT OF THE TREASURER -- Alan Zients, MD

(A detailed report is on file in the Central Office)

Financial Assets

This report reflects our finances through December 31, 1996. Our funds are invested with the Vanguard Group. The Endowment Fund, invested in three Mutual Funds, has a balance of \$57,900. This is an increase of 13.1% from the December 31, 1995 figure of \$51,150. The Operating Fund has a balance of \$49,270, which compares to \$66,518 on 12/31/95. The difference is explained by the \$20,000 withdrawal from the Vanguard Operating Fund which was used for current operating expenses. Our total assets as of 12/31/96 were \$118,000 as compared to \$126,500 on 12/31/95.

The checking account in Lakeview Bank in Ramsey, NJ is used for the day-to-day operation of the ACP. Expenses from 1/1/96 to 12/31/96 were \$89,770.15. This includes \$9,097 which was paid in preparation for the 1997 Meeting in Cancun and \$2,500 for the cost of the 1996 Roster. This compares with the expenses of \$84,947 from 1/1/95 to 12/31/95. The 1996 Annual Meeting in Chicago had a surplus of \$5600. The dues and Annual Meeting surplus do not cover our costs. Hopefully, the 1997 dues increase to \$150 (presently \$100) for Members and \$50 (presently \$35) for Candidates will eliminate our deficit. If we eliminate the Media Consultant expense of \$8,325, we reduced our expenses from 1995 by \$3,555.

European Dues

Ros Bidmead, from the Hampstead Clinic, has been helpful in collecting the dues from Europe. At present approximately \$1300 is in the London account. Our financial status was improved with the transfer of funds of \$6,717 consisting of European dues. Converting foreign currency into US dollars continues to be a major difficulty.

Dues

The dues collected in 1996, including contributions to the Grants

Program, were \$33,667 as compared to the dues collected in 1995 of \$35,720. Out of a membership of 622 in 1995, fifty members did not pay their dues. In 1996 with a membership of 633, eighty-eight members did not pay their dues. Assuming the same number of members pay their dues in 1997 as in 1996, our total anticipated dues collected will increase by \$12,000

Projected Special Expenses

ACP is hosting a reception at the IPA Congress in Barcelona, Spain in July. Peter Blos, Jr. has made all the arrangements. The cost of this reception will be \$1700. New computer equipment for Paul Brinich, editor of the *Newsletter*, will cost approximately \$2,000.

Discussion

The Council discussed methods of collecting unpaid dues. The Bylaws (Article VII, Sec. 2) state nonpayment of dues for two consecutive years without communication shall be considered as resignation from the Association. A policy has been established concerning payment of dues by one who finds this is a financial hardship. It was suggested that these special provisions be more actively publicized.

REPORT OF THE ARRANGEMENTS COMMITTEE -- Jack Pelaccio, MD

Honey Travel has done extensive research for the best arrangements in Boston for 1998. Presently, negotiations are in progress with two different hotels. Members voiced their choice for the Hilton in the Back Bay. The chairman asked for suggestions for future sites. Several cities were named and the chairman will investigate these.

REPORT OF THE COMMUNICATION COMMITTEE -- Leon Hoffman, MD

Perry Branson, MD from NYU has agreed to supervise the development of a Web Page for the ACP. I have included a copy of his own Web Page for your review. (*On file in the Central Office*)

The issues to consider are:

(a) The context of the page - what are people's thoughts about this content? Dr. Branson has said that we could convert his page to an ACP page or we can start our own page. He plans to continue to have a page dealing with answering children's questions directly;

(b) During the time that he has had his page, Dr. Branson has received about two questions a day requiring simple responses. Once or twice he referred someone to a professional. We would have to decide how to do this. For example, we can organize a group of people (5-10) who would rotate receiving the questions and giving the answer. Dr. Branson feels that this interactive approach is what draws people to the Internet. Dr. Jacobs was going to find out the legal consequences of the organization doing this. Of course, a disclaimer would be posted;

(c) In addition to basic material about the organization, child psychoanalysis, child therapy, work with parents, schools, day care, etc., we could have the roster of members --- "Find a child psychoanalyst" --- as well as posts about local events throughout the country and connections to local web pages of various areas;

(d) The costs would be minimal. At least at first Dr. Branson would do the posting (with the agreement of the communications committee.) The Internet provider would not charge for the site for a non-profit group. We should budget \$500 for the year if we need professional consultation for the page.

Discussion

The discussion centered on a Web Page for ACP. Particular concern was voiced as to who would respond to the questions and monitor the quality of answers. Other concerns were the editing and guidelines of the Web Page and the responsibility of one person speaking for many. A suggestion was made to have different individuals respond and state their name with the opinion that they offer. Ideas for the Web Page: Include the history of the organization, the roster, a cross reference of names, book lists, and basic information about psychoanalysis.

A motion was made to form a sub committee of the Communication Committee in order to get more opinions and draft a possible text and format which would be circulated to the Executive Committee. This motion was voted down.

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A second motion was made to approve the initiation of the Web Page and have Chairman Hoffman and his committee formulate a statement on psychoanalysis and psychotherapy, including information on our organization. This motion was approved.

Chairman Hoffman discussed the possibility of creating a brochure on psychoanalysis. He explained the involvement of Rob Reiner with a child awareness program called "I Am Your Child". President Jacobs suggested we look at our own organization in terms of what we are doing as a basis for deciding whether to take further steps with PR firms.

REPORT OF THE COMMITTEE TO COORDINATE ASSISTANCE TO CHILD ANALYSIS IN EASTERN EUROPEAN COUNTRIES -- Lilo Plaschkes, MSW

An extensive report was given at the previous Executive Committee Meeting in New York on December 20, 1996. This report can be seen in the March 1997 issue of the Newsletter.

REPORT OF THE EXTENSION DIVISION -- Karen Marschke-Tobier, CSW.

One of our ACP candidates is presenting at the Aspen Conference in June. It was agreed that something be coordinated with the local Institutes for the Annual Meeting in Boston in 1998 and to assist them in attracting participants.

REPORT OF THE LIAISON COMMITTEE -- Barbara Deutsch, MD

Elizabeth Tutters, who is the newly elected Secretary of the World Association of Infant Mental Health (WAIMH) has joined the Committee and will serve as liaison to that organization.

Moisy Shopper is our liaison to the Academy of Child and Adolescent Psychiatry and Nathaniel Donson is co-liaison with him. Our goal is to reestablish an active liaison relationship. Included is a copy of the letter that Dr. Shopper wrote to Larry Stone, the President of the Academy. (On file in the Central Office) There has been no response to date. How to move forward in this liaison will be a focus of our next committee meeting.

American Psychiatric Association: We still need someone to act as liaison for the ACP to the American Psychiatric Association. Howard Rudominer is organizing a panel on eating disorders for the 1998 APA meeting in Toronto.

Stephanie Smith is our liaison to the International Association for Child and Adolescent Psychiatry and Allied Professions. Thomas Bartlett is in charge of planning a program for their annual meeting in Stockholm in 1998. (Separate report)

Peter Blos, Jr. has planned the ACP program for the International Psychoanalytic Association in Barcelona in 1997. (Separate report) We will suggest ACP representatives for the three divisions of the IPA Program Committee for the 1999 meeting. We need to discuss how to establish a formal liaison between the ACP sponsored panels and the child/adolescent panels organized by the IPA.

Dr. Bert Cohler has been asked to serve as liaison to Division 39.

IPA --Peter Blos, Jr., MD

Dr. Blos, Jr. gave a report of the program of the IPA Conference to be held in Barcelona in July 1997. The ACP will host a cocktail hour at the Conference.

IACAPAP--Stephanie Smith, LICSW

Since December 1996 I have been in communication with Dr. Per Anders Rydelius, the local organizer for the 1998 IACAPAP meeting in Stockholm. Most significant: I told him about Dr. Thomas Barrett. They are now in direct contact and can begin to develop the ACP contribution to the meeting. I also agreed to help publicize their meeting among ACP members and offered to put preliminary programs in the folders of participants at our meeting in Mexico. I discussed this with Nancy Hall who expects to hear from Dr. Rydelius.

REPORT OF THE MEMBERSHIP COMMITTEE -- Kerry Kelly Novick

Chairman Novick thanked the members on her committee for their work and expressed a need for additional members on her committee. She explained that the category of Collegial Membership is not under the auspices of the Membership Committee, but rather under the Executive

Committee.

Discussion:

The members discussed the present qualifications for membership in the ACP. Chairman Novick outlined the criteria for each category as outlined in the bylaws.

REPORT OF THE NEWSLETTER -- Paul Brinich, PhD

Over the past year we have published three issues of the *Newsletter*; some data appear below (and I have included comparison data from the previous year):

To the above production costs we need to add the cost of repairing our computer monitor (\$50) and the upgrading of our publishing software (~\$150).

With the current (3/97) issue of the *Newsletter* we have pruned our mailing list, eliminating some non-member candidates whose names were provided by the American Psychoanalytic Association. Many of the addresses were out-of-date and this led to many copies being returned to us as undeliverable. The Executive Committee may wish to review this decision; it does cut down our costs by about \$220 - \$420 per issue.

Dates:	3/1995	6/1995	10/1995	3/1996	6/1996	10/1996	3/1997
Pages	16	36	12	16	28	24	12
Copies	1200	1200	1200	1200	1250	1250	1040
Printing cost	\$704.00	\$1,224.30	\$527.88	\$585.12	\$1,232.57	\$1,011.35	\$489.03
Mailing cost	\$871.70	\$1,159.00	\$813.90	\$869.39	\$1,489.87	\$949.43	\$693.00
Total cost	\$1,575.70	\$2,383.30	\$1,341.78	\$1,454.51	\$2,722.44	\$1,960.78	\$1,182.03
Printing per page	\$0.037	\$0.028	\$0.037	\$0.030	\$0.035	\$0.034	\$0.039
Mailing per page	\$0.045	\$0.027	\$0.057	\$0.045	\$0.043	\$0.032	\$0.056
Cost per page	\$0.082	\$0.055	\$0.093	\$0.076	\$0.078	\$0.065	\$0.095
Mailing per copy	\$0.73	\$0.97	\$0.68	\$0.72	\$1.19	\$0.76	\$0.67
Cost per copy	\$1.31	\$1.99	\$1.12	\$1.21	\$2.18	\$1.57	\$1.14

Our costs for printing and mailing have remained fairly stable over the past two years; when calculated on a "per-page" basis we are paying about \$0.09 per page delivered via first class or air mail. I have compared our printing costs with our colleagues in Cleveland and it appears that we are doing well: our total printing costs for our March issue work out to \$0.039 per page (this covers paper, printing, binding, and delivery of the finished newsletters to our mailing service). Our mailing costs (production of labels, application of labels, and postage) come to \$0.67 per issue or \$0.056 per page

As I mentioned in my December, 1996 report, the past year saw the appearance of two experiments in the *Newsletter*. The first was the addition of a regular "column" -- Randi Finger's "Children and Media." The second involved the publication of an unsolicited manuscript submitted by Paul Kay. I mentioned, in a brief introduction to the latter item, that I thought it worthwhile to provide a forum for the publication of papers like Dr. Kay's which -- though rather less formal than what appears in our "mainline" journals -- still stand on their own merits as useful contributions to child analysis.

The "abstracts" issue of the *Newsletter* again was the largest issue of the year. Our reporters are getting quicker in their response time. We hope to get the Abstracts of the Cancun meeting to members early in June.

I continue to solicit articles for the *Newsletter*. For example, I wrote to many of our members who presented papers at recent APsA meetings and invited them to prepare reports for the *Newsletter*.

I have two questions and one suggestion for the Executive Committee:

The first question has to do with the frequency of publication of the *Newsletter*; do we wish to continue the three-times-yearly schedule which we have used for the past two years or would it be sufficient to publish two issues each year (the Abstracts issue and another in November or December)? (Since mailing costs make up a large portion of the expenses, this would cut our costs by perhaps \$500 per year.) The second question relates to the contents of the *Newsletter*. Are there additions (or subtractions) which we should make? At present we depend largely upon "volunteer" submissions, though I have from time to time asked specific members to consider preparing a piece for the *Newsletter*.

My suggestion for the Executive Committee has to do with establishing a regular budget for the *Newsletter*, one that would bring some long-term planning to this project. Specifically, although our switch to "desk-top" printing has reduced our printing costs substantially, the equipment needed to do this work needs periodic replacement (as software changes and hardware ages). I would suggest that we budget a certain

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amount -- perhaps \$300 per issue -- to cover the periodic expenses of the Newsletter. This would be helpful when -- as is now the case -- it is time to move from a computer which has become inadequate for the task to one that will carry us through the next four years or so. I welcome suggestions and requests for clarification.

Editor Brinich outlined the new additions to the Newsletter. These consist of a column on Children in the Media by Randi Finger and vignettes from members. He strongly urged that a budget be established as a guide for projecting costs of equipment, etc.

Discussion:

Dr. Brinich raised the question of number of times a year the Newsletter should be published. He presented the pros and cons for publishing the Newsletter twice a year as compared to three times a year which is now the practice. The members of the Executive Committee voted in favor of twice a year.

REPORT OF THE NOMINATIONS COMMITTEE -- Jules Glenn, MD

The following persons were elected to serve as Councilors for the next three years: Remigio Gonzalez, MD, Paula Atkeson, DSW, and Lilo Plaschkes, MSW

The Nominating Committee wishes to thank all of those who participated in this election: Dorothy A. Luciani, MSc. Aimee Nover, DSW Judith L. Pitlick, MA, LPCC.

Total ballot mailed:	504 (415 USA and 89 abroad)
Total ballots returned:	207 (176 USA and 31 abroad)
Percentages of ballots returned:	41% (42% USA and 35% abroad)

REPORT OF THE PROGRAM COMMITTEE -- Laurie Levinson, PhD and Janet Szydlo

The theme for the program for the Annual Meeting in 1998 in Boston will be "The Obsessional Child". The committee is issuing a call for papers on that theme. The complete program will be finalized by the December 1997 meeting of the Executive Committee.

REPORT OF STUDY GROUPS AND CONTINUING MEDICAL EDUCATION -- Julio Morales, MD

We have been approved as a sponsor from the council of the American Psychological Association to provide CE credits for a period of five years. We have also formalized a joint sponsorship with the American Psychoanalytic Association to provide CME credits for our Annual Meetings.

It will be necessary that the Executive Committee approve the enclosed Mission Statement of the Association for Child Psychoanalysis which is needed to fulfill the requirements for the joint sponsorship.

The Mission Statement was presented by Chairman Morales. Each member of the Executive Committee was given a copy of the statement to study. Motion made and seconded to approve this mission statement as

presented to the Executive Committee. Vote was favorable.

OLD BUSINESS: None.

NEW BUSINESS: Proposed Bylaw Amendment

Discussion: President Jacobs explained the idea of the amendment which calls for the addition of Candidates to the Executive Committee. There are an increasing number of Candidates, who are important to our organization and who have no voice in contributing to our deliberations and discussions. He stated his belief that both the candidate group and the membership as a whole would benefit from having candidates represented on the Executive Committee. These Candidates would participate in the discussions and deliberations of the Executive Committee but have no vote. In the ensuing discussion, the suggestion was made that the proposed amendment include a provision for the replacement of a candidate councilor who terminates his or her candidacy. It was agreed that in the event a candidate leaving or graduating from his or her training program, that person will no longer be eligible to sit on the Executive Committee.

The office will be contingent upon continuing analytic training and candidate councilors will have the responsibility of notifying the Committee if they cease training. The pros and cons of inclusion of Candidates on the Executive Committee were discussed.

Proposed Bylaw Addition to Article IV, Section 6

In addition to the nine councilors who are regular members of the Association for Child Psychoanalysis, there shall be two Candidate members elected as Candidate Councilors of the Executive Committee for a three-year term.

Every three years the Nominating Committee shall select four Candidate members to run for two positions as Candidate Councilor. The Candidate members with the most votes in the general election will become Candidate members of the Executive Committee. The eligibility of the Candidate members to serve on the Executive Committee would be contingent on their remaining candidates.

Motion to accept the proposed amendment as stated above was moved and seconded. The motion was approved by a vote of nineteen in favor and two opposed.

Meeting adjourned at 11:50 am.

MINUTES of the ANNUAL BUSINESS MEETING

Sunday, March 23, 1997 ❖ Westin Hotel ❖ Cancun, Mexico

Presiding: Theodore J. Jacobs, MD, President; Judith Chused, MD, Secretary; Alan Zients, MD, Treasurer. President Jacobs called the meeting to order at 9:08 a.m. with a welcome to all the members in attendance. He expressed appreciation to Jack and Linda Pelaccio for making the arrangements at the hotel and gave special thanks to Janet Szydlo for all her assistance in coordinating the events locally.

Minutes

The minutes of the last Annual Business Meeting held in Chicago on March 31, 1996 were approved.

REPORT OF THE SECRETARY -- Judith Chused, MD

Judith Chused, MD thanked the outgoing councilors Maurice Apprey, PhD, Roy Aruffo, MD, and Antoine Hani, MD She introduced the newly

elected Councilors who will serve for the next three years: Remigio G. Gonzalez, MD, Paula Atkeson, D.S.W., and Lilo Plaschkes, MSW

A moment of silence was observed for those members who died during the past year.

Deceased:

Stuart Averill, MD, Director of the Topeka Institute for Psychoanalysis
Margaret H. Froelicher, PhD
Dexter M. Bullard, MD
Miriam Williams, MD

Membership Status: 542 from the USA; 113 from outside the USA with a total membership of 655. Members are from 20 countries outside the

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Annual Business Meeting Minutes . . .

(Continued from page 18)

USA; the largest number are from England (33), Finland (13), Netherlands (13), Canada (11) and Mexico (10), and Switzerland (7). Some other countries represented are Argentina, Austria, Australia, Denmark, France, Germany, Israel, Italy, Norway, Poland, South Africa, Sweden.

New Members Since the 1996 Annual Meeting in Chicago

Regular Members

Jack Pelaccio, MD
Herbert Cibul, MD
Fernanda Pedrina, MD
Marie Zaphiriou Woods
Susan Yabsley
Helene Bass-Wichelhaus, PhD
Catherine Henderson
Asher Rosenberg, MD
Susan Frederick, MD
Ronnie Shaw, RN
Howard Rudominer, MD

Candidate Members

Julie Lessor, MD
Susan J. Eadie, PhD
Thomas Folsom, MD
Deborah Boughton, MD
Carla Jensen, PhD
Paul Hollinger, MD
Michael Grover, MD
Diane Dean, MSW
Joseph R. Silvio, MD
Esther Fine
Nancy Konigsberg, MSW
Patricia Merka
Barbara Sheppard
Sheila Waterman
Carole Levaque
Sharon Bacchus
Gilda Grossman
Dr. Jose Luis Islas Estrada
Dra. Teresa Lartigue Becerril
Dr. Marco Corona Sosa
Dra. Norma A. Leon de Lopez
Dr. Eduardo Mendoza
Dra. Nohemi Reyes
Dra. Ma. Luisa Rodriguez
Dra. Sandra Weinstein Lan
Anne Erreich
Stephen D. Kerzner, MD
C. W. Th. Schmidt
Lisa Korman, MD
Cheryl Straus-Witty, PhD
Linda Mayes, PhD
Perry Branson, MD
Michael Singer, PhD
Tina Goodin Hertel, PhD
Victoria Schreiber-Schulze

REPORT OF THE TREASURER

(See Report of the Treasurer in the Minutes of the Executive Committee Meeting, March 21, 1997)

REPORT OF COMMITTEES

Arrangements -- Jack Pelaccio, MD

The next Annual Meeting will be held in Boston on April 3 - 5, 1998. Jack and Linda Pelaccio are negotiating with hotels and working out the details.

Communications -- Leon Hoffman, MD

The ACP is beginning the development of a Web Page under the leadership of Perry Branson. It will contain a statement about the ACP, a roster of the members, and a description of the programs which involve

ACP members. Members are urged to send their ideas, along with an email address, to the Communications Chair or Perry Branson, MD

Liaison -- Barbara Deutsch, MD

(See complete report in Minutes of the Executive Committee, March 21, 1997)

The Liaison Committee has been increased with the addition of Tom Barrett, PhD, Andrea Weiss, Elizabeth Tuters, and Howard Rudominer. Moisy Shopper and Nathaniel Donson are liaisons to the Academy of Child and Adolescent Psychiatry. Stephanie Smith is liaison to the International Assn. for Child and Adolescent Psychiatry and Allied Professions; Peter Blos, Jr. is liaison to the IPA. Howard Rudominer is organizing a panel on eating disorders for the 1998 APA meeting in Toronto.

Membership -- Kerry Kelly Novick

(See complete report in Minutes of the Executive Committee, March 21, 1997)

Kerry Novick reported on the large number of candidates that have become a part of ACP in the last year. She urged sponsors to continue using "Guidelines for Sponsors".

Newsletter -- Paul Brinich, PhD, Editor

(See complete report in Minutes of the Executive Committee, March 21, 1997)

Paul Brinich outlined the savings on mailing costs when the Newsletter is published 2 times a year instead of 3 times a year. He urged members to submit any suggestions or contributions. Members expressed to Dr. Brinich their appreciation for the work he has done with the *Newsletter*.

Nominating -- Jules Glenn, MD

(See complete report in Minutes of the Executive Committee, March 21, 1997)

Program -- Laurie Levinson, PhD and Janet Szydlo

The theme for the program for the Annual Meeting in 1998 in Boston will be "The Obsessional Child". The committee issued a call for papers on that theme. The Program Committee met earlier to evaluate the program of 1997 and make plans for the program in 1998.

Study Groups and Continuing Medical Education -- Julio Morales, MD

President Jacobs expressed to Dr. Morales gratitude for all the hard work he has done to formalize a joint sponsorship with the American Psychoanalytic Association. This effort will make it possible to provide CME credits at the Annual Meeting for our members. We have also been approved as a sponsor for a five year period from the council of the American Psychological Association to provide CE credits.

Old Business

There was none.

New Business

President Jacobs reported on the action taken by the Executive Committee on Friday, March 20, 1997. After considerable deliberation, the Executive Committee approved a proposal to allow representation of candidate members on the Executive Council. Dr. Jacobs stated that the candidates are a rapidly growing and important part of our organization and should be directly represented. This will require a Bylaw change which must be voted on by the entire membership. A mail ballot will be sent out for the members to vote.

See Proposed Bylaw Addition to Article IV, Sec.6 in Minutes of the Exec. Committee, March 21, 1997

The meeting was adjourned at 9:40 a.m.

The 28th Annual Margaret S. Mahler Symposium The Colors of Childhood: Separation-Individuation across Cultural, Racial, and Ethnic Diversity

Reporter: William M. Singletary, M.D.

To honor the 100th Anniversary of Dr. Mahler's birth, this year's Mahler Symposium was preceded by a special dinner celebration. Harold Blum, M.D. served as master of ceremonies as many of Dr. Mahler's friends, colleagues, and students shared their memories of her. On Saturday, April 26, 1997, Selma Kramer, M.D., once again presented the psychoanalytic community with an outstanding Mahler Symposium co-sponsored by the Department of Psychiatry and Human Behavior of Jefferson Medical College and the Philadelphia Psychoanalytic Institute and Society with the enthusiastic support of the Margaret S. Mahler Psychiatric Research Foundation. This year's guests came from across the United States as well as from Canada. As usual, the audience included prominent members of the psychoanalytic community from Philadelphia and New York as well as prominent child psychiatrists and other workers in the mental health field. Conference guests included: Troy Thompson, Chairman of the Department of Psychiatry at Jefferson, Elsa and Harold Blum, Bernard Pacella, Anni Bergman, Helen and Donald Meyers, Gertrude Blanck, Charles Socarides, Paul Kay, Patsy Turrini, Gilbert Rose, Joyce and Jason Aronson. In his welcoming remarks, Newell Fischer, M.D. noted the centenary conference being held in Dr. Mahler's honor in her birthplace in Hungary, Sopron.

Daniel Freeman, M.D.'s presentation, "Emotional Refueling in Development, Mythology, and Cosmology: The Japanese Separation-Individuation Experience," was richly illustrated with slides of Japanese art depicting the mother-infant interaction and material from Japanese mythology. Dr. Freeman noted that mythology can be an invaluable source of information in studying the early stages of object relations and intrapsychic development. In the last few years the Japanese have discovered how useful separation-individuation theory can be in understanding child development and psychopathology in their culture.

The typical Japanese mother has a much closer relationship to her infant than mothers in other societies. She seeks to be with her baby as much as possible and much time is spent in direct physical contact with her infant. Caring for the infant and young child in given priority. The mother's warm and sensitive care contributes to a positive symbiotic experience for the infant and to the development of basic trust and the ability to rely upon and transiently merge with others without experiencing undue anxiety. In sharp contrast to the usual experience of mother's sensitively attuned care, the infant may periodically experience marked discontinuities, especially at times of intense negative affect. For example, the infant's crying and restlessness embarrass the mother who becomes more concerned about the disturbance the infant is causing for others than about

attending to the infant's needs. This leads to early cognitive and perceptual development, to early individuation and hatching from the symbiosis. This, in turn, leads to the early onset of separation reactions and stranger anxiety and to a feeling of need for the symbiotic, nurturing relationship with mother. This seems to sensitize the infant to separations and to contribute to a prolongation of the separation-individuation process. The Japanese pattern of mothering is attuned to the needs of the child who has individuated before being ready to give up the feeling of security afforded by the intimacy and sense of shared omnipotence with mother. Traditionally, the Japanese mother has continued to be available and responsive to the child's need for closeness and for emotional refueling even though the practicing and rapprochement subphases last longer than in Western cultures. However, Japanese mothers begin to teach restraint, orderliness, sensitivity to others' feelings, and propriety during the second half of the first year, earlier than in many other cultures. This tends to decrease later struggles around autonomy. At the same time, the Japanese mother tends to patiently tolerate the toddler's ambivalence. She encourages his cognitive individuation and gives the child the responsibility to recognize and become concerned about his wrong-doing and to develop the self-regulatory capacities to control his behavior. She quietly expresses her expectations and discomfort. This strategy relies upon the incentive provided by the child's wish to be accepted by mother. However, the integration of the child's loving and hating feelings for the mother may be more difficult for the child who has had more leeway in disruptive behavior. The child's concerns about separation may be heightened by fears that his aggressive impulses could harm his mother. The child becomes oriented toward maintaining the integrity of his tie to mother. Dr. Freeman feels that these early concerns about maintaining the tie to mother and the separation-individuation phenomenon of periodically returning to mother for emotional refueling eventually lead to a lifelong pattern of periodic emotional refueling known as "amae." Dr. Freeman describes amae as a "Japanese cultural interaction in which people intermittently seek, receive, and give one another affectionate support, intimacy and indulgence." The early mother-child relationship and experiences of returning to mother for sharing and reassurance are transiently re-created in enactments comparable to childhood symbolic play. In fact, while encouraging age-appropriate behavior, the mother is available to her child for amae refueling and indulgence not only through childhood, but into early adulthood. Amae interactions are sought not only with parents, but with grandparents, teachers, and, later on, with peers, spouses,

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and supervisors. As the child matures, he gradually becomes a giver of nurturance and sharing in these interactions, and the element of give and take reciprocity increases. In these interactions both the nurturer and the receiver rework separation-individuation issues and gradually modify intrapsychic self and object representations. Dr. Freeman feels that the essence of *amae* "is a transient, mutual, regressive, interdependent, intimacy in the service of progressive intrapsychic growth and development of both of the participants."

Calvin Settlage, M.D. began his discussion of Dr. Freeman's presentation by expressing his appreciation of Dr. Freeman's contributions to the study of child development in the context of culture. He then noted his own finding that the appeal cycle is present in mother-child pairs from different cultures but that the mother-child interaction varies in accordance with culture-specific values and child rearing practices. In general, Japanese mothers interacted very closely with their children, and separation was hardly evidenced. Chinese-Vietnamese mothers also interacted closely but took an overtly directive stance in supervising their children's play. The Caucasian-American mothers encouraged their children to take initiative and to play independently at a distance from mother. In closing, Dr. Settlage called for cross-cultural study of the nuances of the regulation of aggression in child rearing in the hope that we may learn better ways of dealing with aggression during early childhood.

In her paper, "Mothers and Others: Recapitulations of the Themes of Bonding, Separation-Individuation and Resultant Ego Development in Different African-American Cultures," Carlotta Miles, M.D. considered the child-rearing practices in three distinct African-American cultures. First, the question, "Are you my mother?," reflects the pattern of child care in the underclass. In this culture, numerous factors interfere with optimal development. A teenage mother with a history of abuse and neglect, with limited knowledge and education, no mate, no money, and unmet emotional needs of her own is unable to provide the emotional investment and consistency needed for the development of a secure attachment. There is limited or no basic understanding of parenting or child development. The concept of a child's forming a specific attachment to mother is foreign. The "good baby" goes anywhere with anybody while the "bad baby" cries and expresses fear and anger when separated from the familiar. There is little demonstration of affect for the child beyond infancy. Discipline is always punitive. Dr. Miles discussed the tragic consequences of such traumatic early experiences as well as later experiences of disruptive relationships, abuse, and exposure to the primal scene and violence. These include a sense of emptiness and depression, inability to value others, intellectual limitation, violent behavior, teenage pregnancy, school dropout, alcohol and drug abuse, difficulty with employment, and problems with the law. There is a great

resistance to obtaining psychological treatment. For children, the best treatment results have been obtained by providing therapy in the schools. Also, in order for the child to receive therapy, the mother must receive support and attention.

The phrase, "My child is my life.," reflects the attitude of parents in the African-American middle-middle class. However, separation from mother begins early. There is little knowledge of child development, and a child's separation anxiety is not noticed or taken seriously. Again, the "good baby" goes to anyone and the "bad baby" expresses a preference. When there is no available family member, the infant usually is placed in a neighborhood day-care setting until the age of 2. The caregiver usually has a good working understanding of child development, appreciates the child's attachment to her, and remains an important person in the child's life even after the child has moved on to pre-school. In fact, the infant's primary attachment may be to this caregiver, and the infant's attachment to the natural parents may be relatively shallow. However, the attachment to mother seems to deepen in the second and third years of life. Also, father plays a large role in caregiving. Parents show an ease with physical affection. Discipline is strict, and respect for the authority of the parents is required. These children seem to have adequate ego strength; they seem confident and able to learn. The child's accomplishments are highly valued as evidence that the family is doing well. When these parents seek psychotherapy for their child, they usually insist on a black therapist. Therapy usually is accepted if the therapist is able to form a friendly relationship with the parents and expresses some appreciation of some positive aspect of the child and of their parenting.

"Power, Affluence and Precious Children" is the phrase which Dr. Miles used to capture the parents' attitude in the upper-middle and upper classes. In this group there is more knowledge of child development, and a few mothers may choose to stay at home with their children for the first three-five years. Usually after six months with mother, a nanny comes into the home to provide child care. However, the primary attachment is to mother, and the attachment to father is also significant. Both parents are available to help with the child's separation-anxiety upon entering nursery school at three years of age. Material indulgence is quite common, and acceptance of out-of-bounds behavior is most common in families with one child. A sense of entitlement may be a problem in these children. Children are seen as extensions of the parents who place a high premium on performance in school and vocational choice. These parents are also more likely to obtain psychotherapy or psychoanalysis for their children when necessary. In closing, Dr. Miles emphasized that, in order to be helpful to African-Americans, psychotherapists and analysts need "to educate themselves about these cultural differences and to confront their own tendency to utilize racial stereotypes."

In discussing Dr. Miles' presentation, Salman Akhtar, M.D. noted that psychoanalysis is undergoing a cultural rejuvenation which is evidenced by a growing

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psychoanalytic literature on the relationship between the individual psyche and its social context. Also, psychoanalytic organizations are making a concerted effort to be more culturally inclusive and are becoming more involved in the community. While he was most appreciative of Dr. Miles' contribution, Dr. Akhtar noted some areas which he felt deserved greater attention, including the effects of the father's absence on development.

In her presentation, "The Emergence, Conflicts and Integrations of the Bi-Cultural Self: Psychoanalysis of an Adolescent Daughter of South Asian Immigrant Parents," Purnima Mehta, M.D. used detailed clinical material from the analysis of a second generation adolescent girl, the child of immigrant parents. She focused on themes related to the effect of culture on identity. Cultural stability during adolescence may function as a kind of holding environment which allows identity formation to proceed in a relatively undisturbed manner. With upheaval in an adolescent's cultural environment, there is a potential disruption in identity formation.

The second generation child grows up in two cultures simultaneously. Thus, the task of forming a cultural identity, the ego's finding an expression within a particular social role provided by the environment, is made more complicated. Dr. Mehta proposed that in order to forge an integrated bi-cultural identity, the second generation child has to create a "third space," analogous to Winnicott's transitional object or transitional space, which is different than either her or her parents' homeland or adopted land. This "third space" spans inner and outer reality, ethnic life inside the home and non-ethnic life outside the home and facilitates the process of integration. This is in contrast to a feeling of split identity in which second generation immigrants from South Asia may feel that they have to live an "American life" from 9 to 5 and an "Indian life" from 5 to 9. Optimally, second generation Indian immigrants develop a more integrated, bi-cultural identity in which one's Indian culture is of value and need to be retained and the white values and identity of the American culture need to be sought. This contrasts with outcomes involving the rejection of one or both cultures. Ideally, second generation immigrants feel that they can negotiate both cultures more flexibly and utilize different adaptive behaviors in different settings.

Dr. Mehta also focused on four areas of developmental conflicts, in contrast to neurotic conflicts, in second generation children which need to be appreciated during treatment. First, immigrant parents in general are more vulnerable because they are in the midst of the immigration process with its psychological stresses and anxieties. Narcissistic defenses in the parents may be heightened by unresolved losses resulting from immigration. Success in their adopted country may be associated with guilt over immigration. Both the parents' limit-setting and their dealing with the adolescent's rebellion against parental values are

more complicated for immigrant parents. For South Asian parents in particular, seeking professional help for their child is a source of shame. Next, in early childhood, a normal developmental conflict arises out of skin color differences. Pre-school children notice skin color differences and have questions about this, but parents may be reluctant to discuss skin color differences openly. This can interfere with a child's attempts at integrating this basic aspects of one's identity and lead to shame and to split off reactions concerning the skin color differences. Third, in middle childhood, separation-individuation issues may be more complicated because the child's birthplace and, thus, her core cultural identity is different than that of her parents. It may be more difficult for Indian parents to mirror their child's core American identity than to mirror their child's acquired Indian identity. This may contribute to a child's difficulty integrating both cultural self-representations. Also, Dr. Mehta noted that there are several conflicts around emerging sexuality and dating in South Asian adolescents which are related to cultural differences, e.g. arranged marriages in India. Finally, in late childhood, the time of leaving home for college and making career choices, the idealization of medical careers by South Asian immigrant parents presents major problems. This makes it more difficult for the adolescent to make an authentic career choice.

In her discussion of Dr. Mehta's paper, Jennifer Bonovitz, Ph.D. underscored the valuable implications for psychoanalytic technique including the need for a culturally-informed sensitivity in working with immigrant parents. Dr. Bonovitz also brought up issues surrounding the multiple losses which immigrants experience and the importance of the capacity to mourn. In addition, she presented material from the analysis of a six year-old boy which illustrated the child's efforts to deal with ethnicity and skin color.

Harold Blum, M.D. presented the 1996 Mahler Literature Prize to Anni Bergman, Ph.D. for her paper, "Autonomy and the Need for the Caretaking Other: Data from a Longitudinal Study."

The usual lively and informed discussion among panelists and guests included several topics: various aspects of entitlement, the importance of the absence of the father in the underclass black family, issues related to skin color, the fact that cultures differ regarding whether or not certain material, e.g. anal concerns, needs to be repressed, issues related to loss and mourning in immigration, and problems related to giving up one's cultural traditions too quickly.

A Listing of Early Childhood Intervention Programs Developed and Conducted by
Members of the Association for Child Psychoanalysis

(compiled by Leon Hoffman, M.D. in April 1997)

ALLEN CREEK PRESCHOOL
Ann Arbor, Michigan

Contact Person(s): Jack and Kerry Novick: 617 Stratford, Ann Arbor, Michigan 48104; ☎ (313)665-6745; jnovick@umich.edu

A psychoanalytic preschool in which many members of The Association for Child Psychoanalysis have participated for the last five years in providing the following services:

1. GRADUATED INTERVENTION PROGRAM: education of parents and teachers about children's emotional development, helping teachers understand more about individuals and group behavior in the classroom, discussion groups for parents, and on-site meetings with parents about individual children; weekly PARENT WORK PANEL with sliding scale fee.
2. PARENT-TODDLER PROGRAM: groups for parents with junior and senior toddlers meet twice weekly with a teacher and a psychoanalytic developmental specialist to play, and learn about what is going on inside the child. The focus is on enjoying this exciting time in the child's development, learning to listen and talk with your child. Fees are \$20/week. Scholarships available.
3. FAMILY HELPERS: Any family enrolled in a Parent-Toddler Group may ask for a Family Helper, a psychoanalytic clinician who will meet with parents, and coordinate with the toddler teacher to help the family deal with questions or concerns about development. Fees are arranged individually on a sliding scale.
4. ALLEN CREEK WITHOUT WALLS: Some preschools that participate in the Graduated Intervention Program offer places to families who are working with a Family Helper to coordinate parents' and teachers' help and understanding of a particular child's development. Teachers are paid a supplement to tuition to cover their extra time, and fees for weekly work with the family helper are privately arranged on a sliding scale.
5. ALLEN CREEK PRESCHOOL: Due to open in September, 1997, each child's development will be supported by parents working with a Family Helper, who will also observe in the classroom and meet regularly with the teachers. Tuition will cover preschool attendance. Fees for parent work will be arranged individually, on a sliding scale.
6. NATIONAL PSYCHOANALYTIC PRESCHOOL RESEARCH CONSORTIUM: Each family enrolled in a Parent-Toddler Group, in Allen Creek without Walls, or Allen Creek Preschool will have the opportunity to participate in a national research project, designed to demonstrate the effectiveness of parent involvement in early

intervention to foster and support healthy emotional development.

ANNA FREUD CENTRE
London, UK

Contact: Julia Fabricius, 21 Maresfield Gardens, London, NW3 5FH, UK; ☎ 011-44-171 794-2313; 106441.1406@compuserve.com

Charitable institution for training, treatment and research in psychoanalysis of children and adolescents.

PROGRAMS FOR PRE-SCHOOLERS AND THEIR PARENTS

- 1) Nursery school with 15 subsidized places for children from 3 (or just under) to 5 who are disadvantaged economically, socially or psychologically (includes refugees and recent immigrants). The school day is from 9 a.m. to 3 p.m.
- 2) Toddler Groups - three separate parent-toddler groups meet for one and a half hours each week with a child psychoanalyst and assistant (usually a student analyst)
- 3) Parent-Infant Psychotherapy Service - Individual consultations available for parent infant pairs (usually mother but fathers welcome). Planning to start a group soon.
- 4) Family Support Project - open access consultation service for parents of children of all ages, including pre-schoolers.

(Financial contributions invited from users of all of the above who are able to make one but not required for acceptance on a program.)

CHILD DEVELOPMENT CENTER OF THE HOUSTON GALVESTON PSYCHOANALYTIC INSTITUTE (CDC-HGPI)
Houston, Texas

Contact: Arthur J. Farley, CDC-HGPI, 900 Lovett Boulevard, Houston, Texas, 77006; ☎ (713) 666-6885; 74653.2513@compuserve.com

- 1) PSYCHOANALYTICALLY INFORMED OUTREACH PROJECT IN THE GREATER HOUSTON AREA: Assisting preschool and day-care staffs in their work with children ages 6 weeks to five years. Soon the project will include assistance to child care workers from a local pediatric hospital who care for very young vulnerable children. The outreach is done on a pro bono basis by a

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group of psychoanalytically informed professionals and psychoanalysts and has grown to serve over 500 preschool/day-care teachers who provide services to over 11,000 children and their families.

2) CDC-HGPI THERAPEUTIC PRESCHOOL PROJECT: During the course of the CDC-HGPI's outreach project, our teachers and their psychoanalytically informed consultants identified children who were experiencing varying degrees of emotional distress. Each facility had between 20 to 30 percent of their very young students who fell into DSM-IV diagnostic categories. Interventions via teachers and parents sufficed for many; however, there were some who needed much more. As a result of this experience and funds were raised to treat the children who were being expelled from their former day-care/preschool settings. We built the therapeutic setting after raising funds from community sources and forming a CDC-HGPI Guild which has funded scholarships for children and families in need of our therapeutic services.

The CDC-HGPI therapeutic preschool opened in September, 1996, and continues its growth and development as we serve these very young children and their parents using our core psychoanalytic conceptions of psychological development.

HANNA PERKINS CENTER Cleveland, Ohio

Contact: Barbara Streeter The Hanna Perkins Center, 2084 Cornell Road, Cleveland, OH.; 44106; ☎ (216) 421-7880; Bustreeter@aol.com

1. THE HANNA PERKINS THERAPEUTIC PRESCHOOL (since 1951): Preschool for sixteen children, a Kindergarten for sixteen children and two toddler groups, each for six mother-toddler pairs. Treatment at the school is offered "via the parent." Services are provided on an ability to pay basis.

2. THE HANNA PERKINS EXTENSION PROGRAMS: extend the knowledge gained through work with the children in the School and in the Clinic to other professionals working with children and families in the community:

- a) an annual workshop for approximately 200 preschool educators and others working with young children.
- b) approximately a dozen courses and consultation groups on a variety of topics of interest to preschool educators, day care givers, child life workers, social workers and others. Course topics include such things as "Helping Young Children Grow," "Understanding the Behaviors of Preschool Children," "Working with Parents."
- c) Consultation Groups are for groups of about four professionals working in similar capacities such as Directors of Preschools, Directors of Day Care Centers, Preschool Consultants. (Courses and Groups meet for hour and a half

seminar sessions every other week for at least eight sessions. Some consultation groups have been ongoing for over thirty years.)

d) On-site consultations at some six day care centers, which have been ongoing for five or more years. (The consultations are hour and a half seminars every other week.)

e) "Outreach Programs" at seven preschools and day care centers, many in the inner city. These programs provide a child psychoanalyst on-site for as many as four and a half hours a week. The analyst consultant is available to work with the director and staff and also to provide treatment via the parents, patterned after the work at Hanna Perkins, to parents of identified children with difficulties.

f) An Early Intervention Alliance with TRW which involves implementing consultations in day care centers in five other cities where TRW has operations (Huntsville, Detroit, Dallas, San Bernardino, San Diego). The consultations are similar to our outreach programs; we work closely with the consultants and have twice yearly meetings in Cleveland to discuss the work. This project has been ongoing for four years and is featured in the 1994 Annual TRW Foundation Report.

g) "Helping Young Children Grow:" a child development/parenting course for high school students which has been offered in several Cleveland Public High Schools

h) Publication of workshop papers and distribution of a number of books focusing on topics of interest to preschool educators.

(In the past years, the Hanna Perkins Extension Programs have reached over 600 individuals from as many as a 100 different centers and preschools on an annual basis. If each professional involved in the programs affects 10 children and 10 parents, the numbers of children and families reached exceeds 10,000.)

LUCY DANIELS CENTER FOR EARLY CHILDHOOD Cary, North Carolina

Contact: Donald L. Rosenblitt, The Lucy Daniels Center for Early Childhood, 9003 Weston Parkway, Cary, NC 27513; ☎ (919) 677-1400; rosenblitt@compuserve.com

Supporting the emotional, social and cognitive development of young children through service for: young children; parents and families; professionals who serve young children; community at large. (Created by a grant from Lucy Daniels Inman, Ph.D., a writer and clinical psychologist in Raleigh, North Carolina.)

1. PRESCHOOL PROGRAMS: Uses innovative approaches that are based on current research in the fields of early childhood education, developmental psychology, and psychoanalysis, our education and mental health staff have created specialized programs which support children's

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successful social and emotional development. As children grow in their emotional and social capacities, they establish an optimal foundation for future success in school, work and relationships.

2. CHILD ENRICHMENT CLASSROOMS: serve typically developing children ages three and four, as well as children who are mildly at-risk for emotional problems. In this inclusive setting, children learn to understand themselves and others, and grow comfortable with their emotional life. Support is offered to parents as they experience the joys and challenges of the parent-child relationship. Each child's unique path of growth and mastery is individually supported on the basis of their individual temperament, capabilities, family relationships, life experiences, and personal perspectives.

3. SPECIAL CHILD ENRICHMENT PROGRAM: for mothers and their two year olds provides a time for children to have early social learning experiences in a small group setting. This time that children spend at school with their mothers facilitates the transition from home to the school setting. Mothers also learn more about their children as they assist them to develop confidence and autonomy.

4. EARLY INTERVENTION PROGRAM: Some children, whose development is at risk need a more concentrated focus on their emotional life. We serve these children in our. Help for emotional problems is most effective when it is offered by dedicated professionals who are consistent in their support and work with the child and the family. (Fees is adjusted for each family to an affordable level and scholarships are available.)

5. COMMUNITY EDUCATION SERVICES: Education students, pediatric, social work, psychology and psychiatry students are among those trainees that have studied our integrated classroom strategies. Community mental health professionals regularly participate in case presentation seminars.

6. THURSDAY NIGHT PARENT SERIES: Over the course of each year, several thousand parents and teachers from across the Triangle gather to hear mental health experts and early childhood educators offer workshops on a wide variety of topics concerning issues in parenting and early childhood development. The Center also sponsors two major yearly symposia which feature national experts addressing topics of interest to all involved with young children.

(Fees for all of our community events are nominal.)

7. DIAGNOSTIC AND REFERRAL SERVICES: Comprehensive developmental assessments and diagnostic services, and short term treatment. Families are asked to contribute to the cost of the evaluation according to their financial means.

8. RESEARCH SERVICES: The Lucy Daniels Center is making scholarly contributions to the understanding of child development through our ongoing research studies. Projects are respectful of child and parent confidentiality and are

coordinated with the best interests of our therapeutic and educational programs.

OUTREACH ACTIVITIES

New Orleans, Louisiana

Contact: Diane Manning, 205 Iona Street, Metairie, Louisiana 70005; ☎ (504) 865-5341; dmanning@mailhost.tcs.tulane.edu

1. CONSULTATION WITH NURSERY SCHOOL AND CHILD CARE DIRECTORS
2. WORKSHOPS ON PRINCIPLES OF CHILD DEVELOPMENT AND ON IDENTIFYING CHILDREN WITH EMOTIONAL DIFFICULTIES (for 150 preschool and child care teachers (Houston)--funded by a grant from CDC.
3. CONSULTATION, RESEARCH AND CURRICULUM DEVELOPMENT for the therapeutic preschool at CDC Houston.

ASSORTED PROGRAMS

St Louis, Missouri

Contact Person: Moisy Shopper, 21 Aberdeen Place, St. Louis Missouri 63105; ☎ (314) 361-4646; 75757.4260@compuserve.com

1. MONTHLY MEETING WITH THE DIRECTORS OF DAY CARE PROGRAMS for the past 4 years sponsored by the Child Day Care Association and involves 10-15 day care directors.
2. ZELDA EPSTEIN DAY CARE CENTER: first day care center on site of an industrial park (Board founder).
3. CHILD DEVELOPMENT PROJECT: a two year program for child care workers of any discipline, i.e. anyone with hands on experience with children ages 0-6. (Organized and conceptualized about 12 years ago.) Sponsored and supported by the St. Louis Psychoanalytic Institute. (Session for teachers, preschool and early grades, on the topic of "Building Bridges" between parents and teachers and the children they share in common.
4. BUILDING GOOD BEGINNINGS FOR EVERY CHILD: Using Infant/Family Cornerstones To Improve Early Care and Education in St. Louis. (One of 12 on the Leadership Team for a pilot project sponsored by Zero to Three, to run from Jan 1997-Dec 2001 (The Cornerstone Project).
5. MEETINGS OF MENTAL HEALTH PROFESSIONALS AND FAMILY LAW ATTORNEYS: (Sponsored and supported financially by the St. Louis Institute) Parenting issues and custody conflicts of the young child. The glaring issue is that the courts attempt to use the same boiler plate solutions for the pre-school child as they use for the latency age child, with disastrous results.
6. CONSULTATION AT A CITY MAGNET SCHOOL:

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Program to develop child oriented system for reducing and managing separation anxiety for the first week of school for the early grades.

PROGRAM FOR SOCIAL AND EMOTIONAL LEARNING AT TEACHERS COLLEGE New York, New York

Contact: Jonathan Cohen, 33 West 93rd Street, New York, NY 10025; ☎ (212) 877-8341; jc273@columbia.edu

- 1) NOVEMBER 1998 ONE DAY CONFERENCE: Beginning to plan for teachers, administrators and school 'specialists' who want to learn more about the range of psychoanalytic and non-analytic perspectives and actual curricular based programs that promote social and emotional learning for pre-school age children
- 2) Discussions with representatives from the teachers union (UFT) and the Board of Education about the possibility of creating a program for beginning teachers. One component of this program, hopefully will be an analytically informed series of activities (including Karen Marschke-Tobier, Steve Marans and Don Rosenblitt).

THE PARENT CHILD CENTER of THE NEW YORK PSYCHOANALYTIC SOCIETY New York, New York

Contact: Leon Hoffman, The New York Psychoanalytic Society, 247 East 82nd Street, New York, NY 10028; ☎ (212) 879-6900; 73542.334@compuserve.com or <http://plaza.interport.net/nypsan/parenchi.html>

Although there are a variety of parenting programs in the New York City area, The Parent Child Center is unique because its focus helps parents locate tools within themselves so that they can understand what they need and what their children need. In that way parents become aware that they are the real experts with their children. The staff at the Center understands that parents become experts by asking questions about their children, about child development, and about their interactions with their children. Thinking about these questions, discussing them with other parents, and discussing them with the expert child development professionals at the Center allows parents to broaden their knowledge. This knowledge, about their children and about themselves, enhances their ability to find out how they parent best.

- 1) PARENT CHILD GROUPS: a unique technique utilizing a parent-child focus of parent education. Parent Child Groups are not simply parent discussion groups with parallel child play groups nor parent child activity groups.

Parents both discuss their questions with each other and with the group leader as well as play with their children and watch their children play with other children, with other parents, and with the staff.

2) PARENT GROUPS: Parent Groups for parents of older children to discuss issues without their children present. The Staff at the Center has been particularly helpful to parents who worry about their competence as parents. For example, women successful in their careers may not feel successful immediately as mothers. Many parents are concerned about their children's development and activity and their children's struggles with a beginning sense of mastery and independent activity. Parents sometimes wonder how to cope with their own anxiety about the children's beginning exploration: they may question themselves as to how to differentiate their child's eager activity from aggression and how to limit their children's aggression appropriately and worry about their own aggression.

3) OUTREACH: Letters to the Editor; interviews on radio; and citations in magazines and books. (For example, in the context of the current "mommy wars," i.e., should mothers work or not or other articles--whether children should be raised in this way or that way--the message, derived from the psychoanalytic expertise, has been principally, "it depends" on many individual and familial factors. A great deal of public outreach has to be done in order to help parents understand the variability of "normal" behavior by both parents and children.

Belief in the 'goodness' of human nature is one of those evil illusions by which mankind expect their lives to be beautified and made easier while in reality they only cause damage.

Sigmund Freud (1932), "New introductory lectures: XXXII." In *SE*, 22, p. 104

May 15, 1997 — The American Psychoanalytic Association — San Diego, California

The Vulnerable Child: Development and Its Effect on the Child Analyst's Thinking

A Summarized Report by M. Hossein Etezady, M.D.

Chairman: Theodore B. Cohen, M.D.

Presenters: Linda Mayes, M.D. Calvin Colarusso, M.D. Alan Sugarman, M.D.

Discussant: Phyllis Tyson, Ph.D.

In his opening comments, Dr. Cohen welcomed those present to this workshop, now in its 28th year. He added that the International Universities Press has published papers presented here in *The Vulnerable Child*, Volumes I, II, III, edited by Cohen, Etezady and Pacella. He announced two future meetings covering learning disabilities and obsessive compulsive disorders.

In her presentation titled **"What Makes Development Happen?,"** Dr. Mayes stressed three points:

1. Contemporary models of development offer additions to and perhaps a fundamental paradigm shift in the standard epigenetic approach. Current models of gene-environment interaction emphasize a dialectic between genetically-timed events and biological substrate with environment and experience. Each factor influences the other and the ensuing developments is neither so linear and staged nor so intrinsically progressive and predictable. The inherent randomness defies predictability and reproducibility. Loss, remolding, and reorganization of functions may result in properties not encountered in previous periods.

2. The fantasies of children and adults about development capture some of the dilemmas inherent in the conceptual evolution of these problems, the tension between linear progressive and interactive ones between knowing and not knowing what will be, between holding on to what has gone before and letting go so that other functions may emerge, and between a constantly additive and constructive process and one that involves loss, a certain amount of chance and destruction, as well as transformation of function.

3. These fantasies allow us at times to deny the basic biology that governs our mental life and to deny our own responsibility in the regulation of development change and course.

Earlier models of development were inherently linear and progressive. Stages emerged and progressed on an essentially preset timetable governed by biological clocks. This afforded a way to assess progress and failure. Symptoms could be attributed to a given stage and to the times when disturbances occurred. Distortion in one stage might impede progress and create scars dated by their specific characteristics. In contemporary gene-environment interaction genotypes may be fully or partially expressed depending on other genes and on environmental conditions. In these bi-directional models experience and existing functions switch on genetically regulated processes, they in turn prepare the child to receive the world. Causal links are as likely to go from psychology to biology as well as

biology to psychology. Earlier modes can be lost, suppressed or reorganized. In early development, forming connections between regions of the brain are extremely dependent on experience. Experience shapes the emergence of basic neural processes and psychology becomes hard-wired.

This paradigm shift contains two important implications for psychoanalytic models of development. First is a shift from what is to eventually come at a presumed adult stage, to a perspective which views level of functioning on the basis of its individual adaptive utility. These adaptations may require suppression and destruction of an antecedent function as well as construction and maintenance. This continues throughout life.

Individual variability is the second feature of this paradigm shift from a predetermined to a more probabilistic view. Development is neither linear, stage specific nor completely predictable. A genetic algorithm may be influenced by hundreds of experiences that converge in various intensities and durations and potentially influence all other events chronologically downstream. Random and chance events alter timing. Loss, suppression and reorganization are the rules and any one level of functioning may contain only few, if any, unaltered traces of earlier ones. Self-correcting forces drive the development in the face of unforeseen environmental contingencies. The individual capacity for self-correction in and of itself reflects genetic endowment and past gene-environment interaction.

An emphasis on prediction is replaced in part with an emphasis on understanding the function that a given arrangement of behaviors attempt to serve at any one point. The assumption of a regular, sequenced unfolding while still true, holds less explanatory power than a model of probabilistic change in which no one event or state is primary, and past history is, at least in part, rewritten at each new stage.

Clinically, three fantasies on how development happens are common: development as an inevitable progressive change, development that can be stopped and involves loss as well as gain, and development as metamorphosis or transformation through the power of others.

Dr. Mayes then gave some clinical detail on treatment of a three-year-old. Her dilemma about turning four years old reflected fear of object loss. She was concerned about separation in many guises. This resulted in partial failure to fully oedipalize by moving into a triadic relationship. In her fantasy, this child expected to lose rather than gain.

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Development moved in spite of her wish to the contrary. The fantasy preserved a close tie to her mother. In contrast, for many children and adults, expectation of gains overshadow losses.

The link between developmental changes and ties to important others is evident in many relationships and in many different settings - romantic relations, teacher-student, parent-child, therapist-patient. Fantasies of stopping development and returning to earlier stages serve to deny the risks inherent in development, the unforeseen and the chaos caused by change. Fantasies of metamorphosis serve to deny what has come before, protecting against regret and involve a wish to start anew. Indeed, expecting a complete transformation denies awareness of one's own contributions to change. In acceptance of a staged theory of development, present difficulties can be attributed to an earlier failure in development rather than determined by the individual's own behavior. We might wish to stop the clock, but implicit in these wishes is the sense or conviction that the process is really just beyond our control. Paradoxically, such fantasies serve the wish to disavow a continually interactive genetic endowment, to exist outside the body, and in a sense to live outside an awareness of mental life and the possibility of change and revision and of continual adaptation to internal and external circumstances.

In her discussion of this paper, Dr. Phyllis Tyson noted that when Freud turned from the seduction theory to the libido theory, he ascribed an inescapable biological destiny yet described gender identity, personality development and motivation in psychological terms. This disjunction between biology and psychology in mind and body has created an inherent tension in psychoanalytic theory. Freud's phases of psychosexuality are rooted in part in biology, progressive unfolding of organizations, myelination of body zones. But for Freud, the psychological components were essential; the impulses, the urges, conflicts and defenses. Since then our models have changed and broadened our theoretical understanding. Freud was well aware of the scientific models used by the scientists of his day, such as the hydraulic model and drive energy. As science in the 19th century was built on linear models, this was reflected in Freud's theories. Dr. Mayes presents us with a contemporary view of development, a paradigm shift in the study of epigenesis. From developmental changes defined in reference to what is to come or to its presumed final stage of adulthood, to a perspective in which the level of functioning is interpretable in terms of itself and its adaptive unity in order to maximize gains from the environment based on a given endowment. Instead of stages, we look for times when lines of development are reorganized into different patterns of adaptation to internal conditions. There is remarkable agreement among various theories about these shifts and their behavioral markers. The challenge is how we integrate the understanding of all these variables on the system as influenced by the outside as well as the inside forces.

Development can be viewed as a process whereby a number of innate functions evolve according to a maturational timetable in interaction with the environment. Associated functions link together and form a system. Systems are influenced in a dynamic balance, by each other and by the outside world. Various components mature according to individual timetables and patterns. Change in one system upsets the balance. The need for self-regulation presents a developmental challenge. Restoring this equilibrium leads to transformation.

This kind of theory offers the possibility for enormous individual variety and ambiguity. No two people have the same experiences, vulnerabilities or interest. No one's development can be predicted, reliably reconstructed or ever fully understood. However, a pattern can be discerned in apparent disarray. Themes appear and repeat at various stages. Certain issues and contents are more important for some individuals and at different times compared to others. Considering this great complexity, a large measure of predictability is the stability of these patterns. Each child progresses at its own rate and developmental progress is judged according to past patterns rather than norms. These patterns are manifested in transference and inform our interpretations, which leads to disharmony. Adaptation to the disharmony restores self-regulation and we see reorganization.

Dr. Lichtenberg commented on the influences of the shift from the linear to the probabilistic models. He noted that in the second year of life, the surge in aggression and assertiveness cannot be predicted by what has occurred before or by the attributes of the external environment. Another example is puberty and what follows during adolescence, again, not necessarily predictable by the quality of the Oedipal experience or vice versa. He asked about the level of abstraction intended in the use of the term loss. Whether it was meant to implicate function, pattern or expectation. He also observed that in attachment research it is observed that patterns in stories affect the organization which influences the pattern, further complicating the probabilistic variability.

In her response, Dr. Mayes commented that either on the cellular-biological or psychological level it can no longer be assumed that we can endlessly add new elements. The most important metaphor intended here by the word loss is in the early brain development. Aside from consequences of deprivation, the normal brain comes fully equipped to adapt to all circumstances as a newborn. Within the first weeks, however, those capabilities that are not utilized are permanently lost.

Dr. Colarusso said he sees development as linear, progressive as well as random at the same time, not either/or, but always both. He expressed agreement that development cannot always be explained by past experience. This reductionism in our theory needs to be corrected. Another point is that loss can be a motivator of progressive development rather than pathology. Paradoxically, along with individual variations, there are also universal features regardless of experience, culture or

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circumstances. Examples include maturation, sexuality, object ties, and the aging process. Even though stage theory is not as useful in adults as in children, we cannot disregard its importance in organizing experience, particularly in childhood and in clinical applications. Dr. Mayes observed that stage theory provides us with an element of predictability that we need as scientists and human beings. We are always looking for patterns based on our biological and psychological evolution.

Responding to a question regarding the role of parental ambivalence in the case material she presented, Dr. Mayes stated that the child's parents needed to hold on to her as their only child for as long as they could. Dr. Simburg observed that foreigners who arrive in this country before age 11, learn to speak with no residue of their mother dialect. After age 11, they lose their capability. Dr. T. Jacobs, referring to the new paradigms of development, asked about genetic contributions involved in the case presented. Dr. Mayes responded that her purpose was to show that these fantasies regarding how development occurs are common. Genetic contribution to anxiety and affect regulation at different levels have not been addressed here. Another issue was to show how important predictability is both to analysts and analysands.

Dr. Mark Small mentioned the example of one parent's theory of development, i.e., whatever happens to you, you just try to get over it. This was the essence of his own history which made it difficult for him to understand his son's severe learning disability. Another issue elaborated here today is how frequently during a treatment process we find that we don't know what is happening or what to expect, as we turn to various theories to make some sense of what is at the time inexplicable.

Dr. Colarusso's presentation was titled "**Reflections on the Nature, Clinical Uses and Philosophy of Psychoanalytic Theory.**" He pointed out that development is the result of constant dynamic interaction among biological, intrapsychic, and environmental variables. This process is life long, producing changes throughout adulthood, as well as in childhood. Freud did not extend stages of development beyond adolescence. This omission, corrected by Erik Erikson, impeded the study of development in adulthood for many decades. Since the 1970s, there has been a concentrated multidisciplinary effort to understand the developmental process in the adult. It is generally accepted that intrapsychic conflict is at the core of all development. For adult developmentalists the evolution of psychic structure in adult years due to the aging process and the unique experiences of adulthood are equal in importance to understanding the human condition as is the knowledge of the formation of psychic structure in childhood and adolescence. Not all pathology originates in preoedipal and Oedipal years. Failure to master phase-specific developmental tasks of aging, relationship with

spouse, children and coworkers, dislocation and growing awareness of time limitation and personal death are just some of the forces which are responsible for the onset of later life pathology.

An understanding of his or her own childhood past increases the likelihood that the analyst will understand and empathize with a child patient, to forge a therapeutic alliance and analyze countertransference reactions.

Developmental knowledge enhances the therapist's understanding of the parents' normal and pathological conflicts and their relation to the child's pathology. This promotes empathy for the parents' position because they, like the child and the analyst, are in the midst of dynamic developmental conflict and change at all times. A thorough understanding of development provides the analyst with a working knowledge of life experiences which he or she has not engaged personally or has repressed. Such knowledge may ward off burnout by child analysts in their 50s and 60s by increasing understanding of the greater phase appropriate need for order, organization and diminished tolerance of physical and emotional impulsivity, and by emphasizing the enormously rejuvenating effects of contact with the young as one approaches the end of life. Over the course of the many years of an analytic career the intimate sharing of the life experiences of so many adults and children profoundly affects the way each of us understands ourselves and the meaning of human experience. Dynamic understanding of self and others provides a basis for profound understanding of what it means to be human and the possibility of the emergence of wisdom. This includes a philosophy of life that allows an understanding and acceptance of the person's place in the order of human existence. This world view, which varies from individual to individual, produces wisdom and fulfillment when the following aspects of the human condition are accepted and integrated.

A. Care for the body in health and sickness. The essence of human experience springs from a healthy brain and body.

B. The most basic human experience is to be alone. For the immature this isolation may be a prison, for the mature it is a palace, full of richness of human emotion and thought.

C. The shifting nature of relationships stimulates the achievement of greater maturity by forcing a constant redefinition of who one is in relationship to others. Mature individuals mourn for the lost relationship, but are able to remain focused on current and future ones.

D. All human beings are on the same developmental course, have the same needs and vulnerabilities. This recognition heightens respect for others and diminishes the impact of social and economic inequities.

E. The wish for grandiose prominence is the result of the universal narcissism of childhood. In reality, however, most individuals are important to themselves and a limited number of others in their lives. The mature individual accepts this fact without despair and sets realistic goals which will result in fulfillment.

F. The true acceptance of time limitation and personal death occurs in midlife. Then the mature individual accepts the inevitability of a personal end. This painful recognition,

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which precipitates panic in some, stimulates the mature individual to seek fulfillment in each moment, and to plan the future with the goal of actualizing those priorities.

G. Money and possessions are a means to an end, tools for enriching life and improving the human condition in loved ones and the community. Sooner or later they will be lost, left behind, or given to others.

H. Work occupies a central position in adult life, considered a drudgery by some. The wise person recognizes its extraordinary value. In addition to earning a living, it provides purpose and direction, manages time meaningfully and leads to sustained relationships. The satisfied midlife worker facilitates the development of skills in younger colleagues, while fully realizing they will sooner or later replace him and assume control of the levers of power.

I. Love, work and play, the triumvirate of human experience, are successfully balanced, bringing true fulfillment.

J. Physical and/or mental decline, increased dependence and eventually death must be anticipated. Late adulthood has its own great pleasures when there is a focus on continued mental and physical activity or dominant preoccupation with the present and the future and involvement with and facilitation of the young. Then death can be met with feelings of satisfaction and acceptance, the natural end point of human experience that follows a lifetime well lived and well loved.

In her discussion of this presentation, Dr. Tyson noted that Dr. Colarusso regards development as an ongoing interaction between mind, body, and the environment from birth to death and in adult life as well as childhood. The previous paper regards each level of functioning as an individual adaptive unity maximizing gains from the environment on the basis of endowment instead of the unfolding of events yet to occur. Dr. Colarusso challenges us to reconsider the way infancy and childhood influence events of adult life as they contribute to formation of structures and patterns and how these patterns emerge in later adaptation. A small example might be the pattern observed in the course of the educational development in psychoanalytic training. Patterns that are present early in the course of admission and application processing can be detected subsequently and inform us regarding the course of progress, graduation, certification and subsequent professional activities.

In response to a question from the floor, Dr. Colarusso commented that his viewpoint is very optimistic, essentially stating that if the individual faces each developmental task squarely, it can be energizing and organizing, leading to enrichment of one's life.

Dr. Cohen asked about the requirement that training analysts after age 70 do not start candidates in analysis, in the light of the fact that when that idea was proposed analysts did not live as long and their health was not as good as today's analysts. Dr. Tyson recalled that Freud thought

people were analyzable until a certain age. Then as he grew older he raised this limit, realizing that older people were not as rigid as he had thought. Regarding the idea of protecting a candidate when an older analyst may be impaired, Dr. Tyson felt the question of age limit is in need of reassessment. Also, regarding functions in the institutes usually served by the older analysts, she suggested that we need to recognize that often the younger colleague can do better if the senior analysts are not present since their presence sometimes inhibits those with less seniority.

Dr. Simburg said that in the past the atmosphere in the analytic institute was autocratic and rules were made to ensure more of an opportunity for the younger analysts. This was a political matter rather than a question of impediment or competence.

Regarding the question of the deleterious impact on the candidate of the death of an older analyst, Dr. Tyson noted that Dorothy Burlingham and Anna Freud worked until the very end, and those who entered analysis with them in their later life gained enormously. On the other hand, many younger analysts become terminally ill and they continue to analyze patients. The existing restrictions are based on political considerations that may no longer be valid.

Regarding development in adulthood, Dr. Theodore Jacobs thought in adulthood there is an absence of a universally rigorous developmental push typical of childhood. Adults use their resources to cope with biological changes and complexities of life in individualized patterns. He suggested this is more a matter of individual adaptation, rather than development with universal features as in childhood.

Dr. Colarusso thought this would be a matter of definition. On the basis of Spitz's definition, development is the result of the interaction between the biological, the intrapsychic, and the environmental. Adult experiences produce profound reorganizations that go far beyond adaptation.

Regarding development of analysts in training and the advanced age they graduate, Dr. Colarusso commented that this extended process interferes with autonomy and separation-individuation in young adulthood and achievement of mutuality with parents and other adults and keeps one in a dependent position far too long. Recognizing this as educators, we can see what can be done to avoid interfering with the development of these young adults.

Dr. Sugarman's presentation was titled "**The Child Analyst as a Developmental Object.**" He observed that few analysts today adhere to the notion of the analyst as a blank screen upon whom the analysand projects various transference conflict to be interpreted. The emphasis from interpretation and insight has been broadened to consider interactional factors that result in change. Some consider the relationship with the analyst as the major curative factor. Different terms are used for this aspect of the relationship between patient and analyst. These include the analyst as a new object, as a real object or as a developmental object. Others use the term treatment alliance, two person

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psychology or intersubjective matrix. This emphasis has been stimulated by analytic investigation into childhood. The child's developmental needs makes this consideration even more prominent in the technique of child analysis.

Anna Freud noted that for children changing so often means giving up regressive gratification and ties to fantasy while having to adapt to a reality that seems unattractive. Other analysts have emphasized the analyst's importance in compensating for parental failings. Others state that the meaning of the analyst to the child changes as development proceeds through the course of the analysis. For example, adolescents look for new objects as they modify their superego identifications, regarding the analyst as a love object, an ego ideal, etc. The analyst may serve as an auxiliary ego or become an object for externalizing conflict or splitting ambivalence.

The term developmental object highlights the fact that the child analysand is engaged in two simultaneous processes: one psychoanalytic and another developmental. Nontransference functions must be understood from a developmental perspective.

The need for the analyst to serve developmental functions will be more clear when parents are absent or inadequate. But even in the case of good-enough parents, children utilize the analyst as other significant adults to serve parental functions. Complicating the picture is the use of the analyst by the child as a non-parent. This is particularly important in adolescence when the analysand is looking for adults whose values can be used to replace those of their parents.

A key dimension in the developmental process is the continued growth of reciprocity between the parent and the child who has to adapt to a consensually validated reality as well as an inner reality. Such adaptation to both inner and outer reality facilitates structure formation. "Good-enough" parenting leads to internalization of regulatory functions, independence, and individuation. The interaction between developmental conflicts, frustrations and gratification promote the internalization of parental functions so long as trauma or misattunement do not interfere. Internal structures evolve through such internalization as drives are neutralized and affects are differentiated and modulated. Along with this comes greater self-cohesion and more stable self-representation as the boundaries between self and object are further differentiated. The analyst serves a similar function by facilitating the internalization of certain regulatory functions. The way in which the analyst gratifies or frustrates the child's wishes leads to the same sort of internalizations as do the interactions between parent and child. Dr. Sugarman then proposed to examine some aspects of early development pertaining to the analyst as a developmental object in treating a preoedipal child.

Parents help the toddler master three tasks: (1) the differentiation and integration of self and object representations; (2) the regulation of drives and related

affects; and (3) the maturation of autonomous ego functions, in particular reality testing and secondary process thinking. During this period, parents serve as auxiliary ego and facilitate object constancy. The anal-rapprochement stage child develops the ability to evoke an internal representation of the caretaker, regardless of fluctuations in the emotional or physical environment. Attuned mothers become adept at following their toddlers, anticipating dangers while allowing the toddler to maintain his omnipotent pleasure.

The mother's use of language with the toddler also facilitates internal development. He learns to distinguish between his wishes and those of the mother. Mothers must be able to share the toddler's pride over autonomy, while setting limits, to tolerate rapprochement, the child's mood swings and control battles while not getting so angry that she withdraws and/or responds in a critical or controlling manner. Aggression must be regulated and modulated for the ego functions to expand. The mother must survive the toddler's ambivalence and help him tame his anger sufficiently so that he learns that he and she are the same persons whether he is angry or feels loving. Frustration tolerance and self-coping are taught while words are used to modulate intense affects, to use affects as signals and to evaluate external reality in a more objective and less affectively biased fashion.

Bobby was brought to analysis at age 2½ years old. His behavior was impulsive and dangerous. During the session, this behavior was set off by his anxiety in reaction to the analyst's failure to set limits on his messy behavior. His defenses were too weak to contain his impulses and anxiety. Acting as an auxiliary ego, the analyst instituted a variety of behavioral limits. He needed to know that the analyst could help him control his impulses before he was able to internalize this regulatory function. After one episode when the analyst limited the degree of "dumping" he was doing, Bobby headed for the door toward his mother. The analyst interpreted his wish to flee from his anger because he feared not being able to control it. For the first time Bobby stopped his flight and returned to playing. His increased affect tolerance seemed to indicate an identification with the analyst's ability to limit his impulsive behavior. Weekly parental meetings revealed a picture of parental benign neglect. Subsequently, Bobby repeatedly demonstrated his need for the analyst to protect him from his own impulses. This involved his wish to enlist the analyst's superego. Focusing on this intent enabled Bobby to become aware of the fantasies and impulses which he feared. He gradually gained comfort with these impulses and learned to use affects as signals. He changed from being silent and constricted to a verbal and creative child as his ability in using signals increased. The availability of a developmental object who could protect him by setting limits, allowing for the emergence of conflict while labeling his internal states seemed to be as crucial to the progression of his analysis as were interpretations and attempts at reconstruction.

In her discussion of Dr. Sugarman's paper, Dr. Tyson stated that one of the most difficult aspects of child analytic work is to straddle the line between being a developmental

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object and a transference object, as well as our own countertransference to the child and to the child's objects. Assessing parents' failures for a particular child is especially challenging and a very delicate task. While underestimating the parents' resources, sometimes we overestimate our own importance and what we can do. By functioning as a developmental object, we help the child change in a certain direction but also help the parents change so that ultimately the family system can function without us. While we reduce tension in the system by helping the child, for example in setting limits and providing constructive outlets for the child, we help the parents understand and do the same in their own capacity. Sometimes we underestimate the response of the parents to the child's aggression and how the child internalizes this reaction. The mother is challenged to tolerate and contain the child's anger and not to attack back. If she attacks back, then she becomes the same as the child's projections rather than an object. If the mother can contain the hate, the child will learn that these are normal human emotions, and there are adaptive ways to deal with them. The child can then internalize her regulatory functions. The way the parent responds to intense affects determines the fate of the child's capacity for self-regulation. The case of Bobby beautifully demonstrates the way our developmental theories inform our psychoanalytic work. At first the analyst didn't understand that allowing him to make messes repeated the trauma and the anxiety of the home situation, rather than finding him a new way of relating. The treatment was not safe. As the analyst saw the blind spots in the parents, he was able to identify his own blind spot and treat this problem as a piece of enactment and reconstruction. Working through the enactment and the reconstruction enabled the child to master the trauma.

Dr. Arnold Meyersburg was impressed by the similarity between this and adult cases in analysis who had been abused as children. Dr. Sugarman thought the similarity was based on lack of tolerance of affects in individuals who have been traumatized as children. A developmental task in the treatment is to enable these individuals to put words to these internal states of affective experience. Dr. Tyson said as we tolerate the anxiety it helps the patient tolerate the affect. A well-timed intervention can keep the anxiety from becoming overwhelming. Sometimes aggression presented defensively at first obscures our understanding of the underlying pain. Here our task is to tolerate the anger and show the patient that it is defensive and what it covers.

Dr. Mayes noted that tolerating affects and regulating them are related, but developmentally separate. Arousal threshold varies in individuals, with time of the day or the year, as well as across development. Our capacity for arousal regulation shifts from situation to situation. Arousal is affected by both negative, as well as positive affects. Children or adults cannot tolerate their affect is due to overarousal. From 2½ to 4 years old is when children's arousal regulation is defined and redefined with

contributions from the environment, as well as from biology. Regarding the threshold issue, Dr. Sugarman commented that the analytic question would be whether the affects can be used as signals. Addressing the question of genetic disposition, Dr. Mayes remarked on data available indicating that children born to parents with anxiety disorder are much more likely to become overaroused and stressed in novel situations. These children are more likely to be overwhelmed in situations that could be tolerated more easily by children without such genetic disposition. Intrauterine exposure to cocaine causes biological vulnerability to overarousal in novel situations.

One comment from the floor referred to the work of Stanley Greenspan recognizing the biological disposition to problems in affective regulation in children who have particular sensitivity or hindrances in visual, tactile or auditory spheres or have deficits in central processing in whom affective reciprocity is not primarily dependent on language and verbalization. Dr. Cohen emphasized the importance of careful developmental and psychological examinations to identify these specific needs in such children. Dr. Cohen also commented on hyperarousal in the treatment situation in PTSD patients who see the treatment as dangerous and where treatment is so difficult.

Dr. Hall spoke of the ability for affect tolerance, affect differentiation and affect regulation beginning at age 1½ years old. Psychosomatic disorders appear as a by-product of such failure resulting from the flooding of the neurovegetative system.

Dr. Tyson and Dr. Sugarman then cited examples of children in treatment who were able to reach a level of using affects as signals and develop strategic patterns to regulate their own disturbance, then teaching the parents so that the parent could now effectively parent them. Dr. Simburg remarked that he views this as the development of a new identity which the child can use in her relationship to the parents. As the child internalizes the function and identifies with the analyst, she develops a new identity.

In his concluding remarks Dr. Sugarman noted the emphasis on the notion of the complexity of development, the multiplicity of various lines and their integration, and the task of the ego in adapting to external and internal demands, as well as biological and environmental forces.

Dr. Mayes thought we have yet to define development. Within the next decade our view of development will be different as we appreciate the complexity involved and the distance we have come from our 19th century notion of a gradual progression from the primitive to the more desirable. We need to better define our role as agents to assist development.

Dr. Tyson thought that all of the presentations addressed the way we do or do not understand development as it informs our clinical work, education, and philosophy of life. She thanked Dr. Cohen for bringing together such an informative and stimulating meeting.

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We can and must be elastic in the application of all technical rules. Everything is permissible, if only one knows why. Not external measures, but the management of resistance and transference is the criterion for estimating whether a procedure is analysis or not.

Otto Fenichel (1941), *Problems of psychoanalytic technique*, pp. 23-24

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

Director: Julia Fabricius

Head of Clinical Training: Marianne Parsons

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

The Course comprises

A theoretical framework of psychoanalytic and developmental concepts, gained via participation in seminars, workshops, research groups, diagnostic groups and other meetings of the Centre.

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Supervised clinical work in the psychoanalytic treatment of children of selected age ranges — under-fives, latency and adolescents; also, supervised psychotherapy with children, and supervised work with parents.

The Course is designed for trainees to become qualified in the field of child psychoanalysis and psychotherapy and experienced in diagnostic, consultative and applied work with children and adolescents. It leads to the qualification of Child Psychotherapist and is recognized by the Association of Child Psychotherapists for work in the National Health Service in Britain, and by the Association for Child Psychoanalysis, Inc. Plans are under way for the course to lead to a Doctorate.

Enquiries and applications should be made to:

The Head of Clinical Training

Anna Freud Centre

21 Maresfield Gardens

London NW3 5FH UK

☎ 011-44-171 794-2313

Guidelines for Sponsors

Two Regular Members of the Association must join in sponsoring any individual for any category of Association Membership.

For Candidate Members it is necessary for the sponsors to verify the individual's freedom from any contravention of ethical standards and that the training undertaken will, upon its completion, have included the categories listed below for Regular Members.

For Colleagues of the Association the sponsors are free to submit their letters to the Executive Committee in any form or style they choose. They must include that, to the best of their knowledge, the individual being sponsored has never contravened the ethical standards in their field or area of activity. In assessing the suitability of a sponsorship for a Colleague, the Executive Committee (through the President of the Association) or the Membership Committee (through its Chair) are always available for consultation.

For Regular Members the sponsors must address the two areas below:

- 1 The sponsors have no knowledge of the individual's ever having contravened the ethical standards of his or her field or profession.
- 2 The sponsors should share their awareness that an individual's training has included:
 - a a personal analysis of adequate duration at a four- or five-times-per-week frequency;
 - b participation in seminars or independent study of three areas:
 - psychoanalytic principles
 - child psychoanalytic theory and practice
 - child analytic case seminars
 - c supervision by child analysts of child analytic cases that would be expected to include children of both sexes and, so far as possible, children representing pre-latency or early latency, latency, and puberty or adolescence. Child cases should be seen four or five times per week for an adequate duration.

The following outline may be of assistance in completing a sponsorship for membership. Sponsors are reminded that they may submit material in addition to that requested. Sponsors are also reminded of the availability of consultation as noted above regarding potential Collegial Members which is also available in like fashion for Candidate and Regular Members through the Membership Committee.

Sponsors' 1. _____

Names: 2. _____

Name and address of individual being sponsored: _____

Type of membership suggested: _____

For Candidate Membership

Please address

- 1 ethical standards
- 2 training includes (or will include) all categories of training required for Regular Members (below)
- 3 nature of training program

For Regular Membership

Please address

- 1 ethical standards
- 2 personal analysis: frequency and duration
- 3 seminars or independent study of:
 - a psychoanalytic principles
 - b child analytic theory and practice
 - c child analytic case seminars
- 4 cases supervised by child psychoanalysts

	age	sex	frequency	duration	diagnosis	supervisor
* Case #1	_____	_____	_____	_____	_____	_____
* Case #2	_____	_____	_____	_____	_____	_____
* Case #3	_____	_____	_____	_____	_____	_____

Please send all of the requisite information to the Membership Committee Chair *via the Executive Secretary*, who will see that copies are forwarded to Committee members as appropriate.

Calendar of Events

November 29-30, 1997

European Psychoanalytic Federation Colloquium on Training

Transmission of psychoanalysis across cultural boundaries in Europe in the present day
Rome, ITALY

December 14, 1997

The Freudian Society, IPTAR, and the IPS
Babies at work and babies at play: The work of Matte Blanco and the relevance of infant observation to adult psychoanalysis

Lenox Hill Hospital
New York, New York, USA

December 17-21, 1997

Fall Meeting of the American Psychoanalytic Association

New York, New York, USA
For further information contact
American Psychoanalytic Association
309 East 49th Street
New York, NY 10017 USA

☎ (212) 752-0450
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December 21, 1997

Association for Child Psychoanalysis Extension Division

Learning disabilities from a psychoanalytic perspective

Beekman Towers Hotel
New York, New York, USA
For further information contact
Ms. Nancy Hall

P.O. Box 253
Ramsey, New Jersey 07446 USA
☎/FAX (201) 825-3138
E-mail ----- childanalysis@compuserve.com

January 30-February 1, 1998

San Diego Psychoanalytic Society and Institute
The ties that b(l)ind: Couples in conflict

San Diego, California, USA
For further information contact
Nadine Levinson
30131 Town Center Drive, Suite 216
Laguna Niguel, CA 92677 USA

February 28-March 1, 1998

The seduction hypothesis one hundred years later: Trauma, fantasy and reality

Mt. Sinai Medical Center
New York, NY, USA

March 7-8, 1998

European Psychoanalytic Federation Scientific Symposium

Psychoanalysts talking to psychoanalysts: Cultural differences in the psychoanalytical community
ISRAEL

March 14-15, 1998

8th IPA Conference on Psychoanalytic Research
Violence and aggression: Psychoanalytic approaches

London, UK

For further information contact
The Conference Secretary, UCL
Psychoanalysis Unit, Sub-Department of Clinical Health Psychology

Gower Street
London WC1E 6BT
☎ 011-44-171 286-3937
FAX
..... 011-44-171 289-4800
E-mail ----- 100450.1357@compuserve.com

April, 1998

International Psychoanalytical Association / United Nations Educational, Scientific, & Cultural Organization

At the Threshold of the Millennium: Culture, Environment, Gender, Violence

Lima, PERU
For further information contact
Conference Secretariat
Pallardelle 285-401
Lima 27 PERU
FAX 011-51-14 422-9307

April 3-5, 1998

Association for Child Psychoanalysis
The obsessional child

Back Bay Hilton
40 Dalton Street
Boston, Massachusetts, USA

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Ms. Nancy Hall
P.O. Box 253
Ramsey, New Jersey 07446 USA
☎/FAX (201) 825-3138
E-mail ----- childanalysis@compuserve.com

April 3-5, 1998

South African Psychoanalysis Trust
Change: Psychoanalytic perspectives

Breakwater Lodge
Cape Town, SOUTH AFRICA
For further information contact
Deborah McTeer
Postgraduate Conference Division
UCT Medical School, Anzio Road
Observatory 7925 SOUTH AFRICA
☎ 011-27-21 406-6348
FAX 011-27-21 448-6263
E-mail deborah@medicine.uct.ac.za

April 18, 1998

New York Freudian Society
Desymbolization: When only the real will do
New York, NY, USA

April 25-26, 1998

European Psychoanalytic Federation Conference for Child and Adolescent Psychoanalysis
Play as the mediator of the inner psychic world in child and adolescent psychoanalysis
Stockholm, SWEDEN

May 27-31, 1998

87th Annual Meeting of the American Psychoanalytic Association
Toronto, Ontario, CANADA
For further information contact
American Psychoanalytic Association
309 East 49th Street
New York, NY 10017 USA
☎ (212) 752-0450

FAX (212) 593-0571

May 29-31, 1998

European Psychoanalytic Federation Eastern European Psychoanalytic Seminar

How to establish regular psychoanalytical training in Eastern Europe: Reconsideration of the problems in the light of recent experience

Moscow, RUSSIA

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

Autumn, 1998

The Library of Congress
Sigmund Freud: Conflict and culture
For further information contact
Jill Brett
☎ 202 707-2905

March 25-28, 1999

European Psychoanalytic Federation
Love, hate and violence: A contemporary challenge to psychoanalysis
Berlin, GERMANY

July, 1999

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

September 14-18, 1999

European Society for Child and Adolescent Psychiatry
Hamburg, GERMANY

In Memoriam: Peter Bloss, Ph.D.

Peter Bloss, Ph.D., one of the first generation of child psychoanalysts and a leading authority on adolescence, died last June in Holderness, New Hampshire, where he had a country home. He was 93 and lived in New York City. Bloss was one of the founders of the Association for Child Psychoanalysis.

According to Dr. Albert Solnit, Commissioner of Mental Health and Addiction Services for the State of Connecticut (and a co-founder of the ACP), "Peter Bloss was 'Mr. Adolescence' for many, many years." (*New York Times* obituary, June 19, 1997). Solnit described Dr. Bloss as a patient man who had a flair for dealing with teenagers, and who was a pioneer in understanding and describing the essential conflict of adolescence: The need to reconcile the wish to break free of the parents with the powerful pull toward remaining dependent.

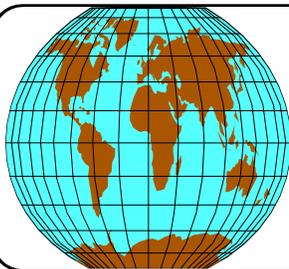
Dr. Bloss presented and elaborated his ideas in four books and numerous articles. His 1962 volume, *On Adolescence*, is still used as a basic teaching text. Dr. Aaron Esman, professor emeritus of clinical psychiatry at Cornell University Medical College, commented that this book "became sort of a bible in the field."

Dr. Bloss was born in Karlsruhe, Germany in 1904 and studied education at the University of Heidelberg with the goal of becoming a science teacher. He then received a Ph. D. in biology from the University of Vienna. In the 1920s he became acquainted with Anna Freud. At her request he set up a school to teach the children of several wealthy Americans who had come to Vienna to pursue psychoanalysis. Along with his friend, Erik Homburger, (who, later known as Erik Erikson, was analyzed by Anna Freud and became a leading figure in psychoanalysis),

Bloss established one of the first schools to employ psychoanalytic principles, encouraging children to learn for themselves rather than to rely on rote instruction. It was through this teaching that Bloss decided to focus on the psychological problems of children, and he underwent psychoanalytic training in Vienna.

Bloss left Vienna in 1933 in response to the rise of Nazism in Europe. He first settled in New Orleans but later moved to New York where he continued his psychoanalytic training and became involved in a major foundation-backed study of adolescence. It was this work that helped form the basis of his ideas on the subject. In 1979 he elaborated and expanded upon his ideas in *The Adolescent Passage*. There he described a second individuation process for adolescents. During this phase, the boy must give up his tie to his father, just as he had to give up his ties to the mother during early childhood. Like the ideas from his early work, those in *The Adolescent Passage* rang true, said Dr. John Munder Ross, an author and training analyst at Columbia. The second individuation process "is a critical factor in the genesis of adult personality disorders," he said. "You really do see this in some young men in their 20s," he added, "and those who are foundering have never given up the notion of the father as rescuer."

Bloss' first wife, Merta Grone, died in 1979. He is survived by his wife, Bessy Thomas Bloss; a son, Peter Bloss, Jr., M.D. of Ann Arbor, Michigan; a daughter, Lillemor Beenhouwer of suburban Boston; four grandchildren; and three great-grandchildren.



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