Dear Fellow Members, Colleagues and Friends,

We are continuing to explore available pathways to improve and expand our effectiveness as a professional organization and to expand our reach throughout the world. We have been taking steps to strengthen our liaison with other professional organizations in the mental health fields through the activities of our very hardworking and productive Liaison Committee, led by Barbara Deutsch and Nat Donson. They will report to our membership on our progress in this regard in the Newsletter sometime in the near future. Explorations are being carried out that can potentially lead to expanded liaison with and cooperative ventures together with our child analytic compatriots in Europe, Canada, and Central and South America.

At a special meeting of the Executive Committee, a number of possible changes in administrative activities and perhaps in our Bylaws were discussed that would aim at broadening the range of participation by our members in the administration of the ACP, at heightening our impact, expanding our potential membership, and at modernizing our concept of who we are as child analysts and our concept of our place in the worldwide community of psychoanalysts and child therapists. Two ad hoc committees have been appointed to consider further the items that were brought up and to report back to the Executive Committee as a whole. The items under consideration are (1) the possibility of adding a tenth, non-USA Councilor to the Executive Committee, to be elected as such, to ensure the participation of at least one non-American voice in the policy-making decisions made within our organization; (2) establishing term limits for officers to ensure continual turnover within the power structure of our organization; (3) opening up our annual meetings to mental health professionals who are not members of the ACP without subjecting them to the vetting and sponsorship process which many of our colleagues consider demeaning and condescending; and (4) reconsidering the way in which we define the carrying out of child and adolescent psychoanalysis so that we center about process criteria rather than a formulaic one involving frequency of sessions, which may not be an accurate criterion by which to define psychoanalysis and which is at

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President’s Message . . .

variance with the way in which it is defined in parts of the world where our current views render membership in our organization impossible. We very much welcome input from our members as to these matters, so that the members of the ad hoc committees which have been formed and of the Executive Committee as a whole can be apprised of the views of the ACP’s membership at large. We want very much to know what our members feel about these matters. Please do contact us and inform us of your views.

During the early years of my membership in the ACP, I was surprised to find that there was a relatively small group of people who made most of the decisions regarding our organization’s policies and activities. Fortunately we have come a long ways since then; nonetheless, one of my goals as President is to increase even further the breadth and depth of participation by our ACP members. The Executive Committee and the various committees that carry out the day-to-day planning and functions of our organization need to be informed as to what they can and should do to meet the needs of the membership. We invite and request input as to what concerns you have and as to what you believe we should be doing for you. We also invite and request that you let us know when you have an interest in participating directly in the running of our organization. Please let Moisy Shopper, the Chair of the Nominating Committee, know if you would like to be considered for nomination to run for office in the ACP. Please let me know if you have an interest in joining one of the committees that carry out the various functions of our organization.

Rollover of chairmanship of our various committees continues. Kent Hart has retired after many devoted, hardworking years as Chair of the Abstracts Committee.

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President’s Message . . .

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Cindy Carlson and Penny Hooks have succeeded him in taking on the Chairmanship of this very important committee. Jack Pelaccio has retired as Chair of the Arrangements Committee, after a number of years of skillful, extremely effective service. His successor is being sought. We owe a debt of gratitude to Kent and to Jack for their long and highly effective service. Several new people have been and are continuing to be added to our committees as new members. For our organization to grow and to thrive it is necessary for us to have repeated and ongoing re-energizing and rejuvenation within the administrative structure that makes things happen.

The Ethics Advisory Committee, chaired by Peter Blos, Jr. charged with preparing a Code of Ethics for our organization, has completed its task after several years of very hard work. The final draft, which has been approved by the Executive Committee for adoption, is a model of succinct, effective, practicable usefulness. Peter and the members of his committee reflected keenly on the various issues involved and came up with a document that I believe will serve as a template for other professional organizations within the mental health field when they consider or reconsider their approach to the issue of ethical behavior by their members.

A number of things are happening in the world around us that are of interest to us. Within the American Psychoanalytic Association, it has been gratifying that the recommendations of the Task Force on Child and Adolescent Psychoanalysis, which I have chaired and the members of which have consisted largely of active members of our own organization, have been increasingly adopted not only by the American Psychoanalytic Association but also by its constituent psychoanalytic institutes. Most notably, more and more of those institutes have begun to change their educational structure so that child analytic principles and practice are integrated into the core curriculum from the beginning, with earlier and less onerous additional training required for candidates who wish to become formal child analysts. This is a very welcome and necessary improvement over a system that relegated child analytic training to the status of a secondary, onerously demanding, expensive new course of training postponed beyond and added on to adult analytic training (and undertaken for the most part after personal analysis has come to an end). The International Psycho-Analytical Association has established a permanent Committee on Child Psychoanalysis. Formal training in child and adolescent analysis is being planned in Central and South America, and we have been asked to lend assistance in this regard. Good things are happening. Once again, your input, observations, and suggestions in connection with any of these matters will be very welcome. I personally wish you all a very pleasant summer.

8 April, 2000

In response to Robert Furman’s 29 March 2000 letter to Erna Furman, ACP President, about the use of psycho-pharmaceutical agents with toddlers and preschoolers,.....as you know, I have been worried about that issue for some time. I am in accord with Dr. Furman’s concerns about the harm these agents do by interfering with children’s abilities to perceive, define, and differentiate aspects of their inner mental and emotional lives. The changes of state induced by these agents always interfere with perceptions of affect and impulse lives, with modulation and mastery of dysphoric affects, aggressions, and arousal states, and with adequate conscience development. The New York Times ran a millennium article entitled “Invention is the Mother of Necessity.” In similar fashion to everyone’s “need” for a cellular phone, these agents have evoked a widespread “need” for their use in children.

What upsets me most of all are the therapists from all disciplines, not just child psychiatric, who lend themselves to defining “need” on the basis of diagnostic and therapeutic approaches which overlook the child. These agents have become a terribly seductive distraction from careful developmental understanding. Most children, for a variety of regrettable reasons, are never taken into intensive enough therapeutic work. Not only parents, teachers, HMOs, public health administrators, but therapists too opt for immediate changes in behaviors rather than for healing.

One last note. I do not feel as prohibitive as Dr. Furman does about the use of these agents in selected circumstances. There are a small number of children whose lives are simply made possible, not just better, by medicines. In the community child mental health center where I work as staff psychiatrist, about 15% of our 180 children (all ages) including two preschoolers, receive psychotropic medication. Most arrive medicated by pediatricians and neurologists; some have been hospitalized. My 15% is too high but compares favorably to 75-80% at other centers. For me it is a constant struggle to know what to do. It would be too long a story to tell you about that here.

I very much appreciate Dr. Furman’s good intentions in pursuing this matter. Perhaps a copy of his letter belongs on the “Op Ed” page of The New York Times. However, it would be appropriate for the ACP as an organization to lend its imprimatur to these concerns. I would favor a wider ACP organizational effort to educate professionals and public about the disservice done to children by the current widespread use of medications.

Nathaniel Donson, M.D.
ACP CALL FOR PAPERS

2002 Annual ACP Meeting

ALTERNATIVE PATHS TO PARENTHOOD:
Adoption and Surrogacy

The next annual ACP meeting will be held on March 22, 23, 24, 2002 in Raleigh, North Carolina. The main topic of the meeting is “Alternative Paths to Parenthood: Adoption and Surrogacy.” Papers for consideration both for the plenary session and the workshops may still be submitted, with the deadline extended through September 2001. Papers for consideration for future meetings will also be welcomed at any time. (The 2003 workshop will be in a Western city.) Workshop papers do not have to relate to the main theme of the meetings. Analytic case presentations are preferred.

There are numerous factors which make each adoptive or surrogacy situation unique. Children from such backgrounds who are in psychoanalytic treatment provide an opportunity to expand our knowledge and understanding of how attachment and development may be affected. Data from this source – including fantasies, conflicts, defenses, and symptoms – can contribute to a deeper and fuller awareness of other complexities and individual meanings a child may give to his or her “different” origins. We hope you will consider cases of your own which might illuminate aspects of the these such as the following:

- Reasons for the adoption or surrogacy – realities, fantasies, and how the latter change during development and over the course of the analysis; how parents are able to enter the development phase of parenthood and how they can adapt to the actual child; loyalty conflicts; and transference.

- As other cases for future meetings are received and reviewed, themes will be identified from the cases available. We are interested in cases representing work with children at all developmental levels from preschool through adolescence.

- Case reports should be approximately 45 minutes in length and should contain no information that would identify the author, city, or center where the treatment was conducted. Ongoing cases may be submitted as well.

- It is preferred that they be submitted on a disk, saved in “RTF” or “Rich Text Format.” Cases may also be submitted in hard copy form. They should be sent to Mrs. Nancy Hall at the ACP office. The members of the committee will review all cases “blind.”

Questions should be addressed to the Program Committee co-chairs:

Anita Schmukler: e-mail - agspsa@fast.net

Thomas Barrett: e-mail - tfb4@po.cwru.edu

EXTENSION PROGRAMS

Traditionally the ACP has co-sponsored workshops with the local groups on Sunday afternoon after the conclusion of the annual meeting. These meetings are usually focused on applied psychoanalysis and targeted towards a mixed audience of analysts and non-analysts. Local groups can use such meetings to invite other local professionals to become more acquainted with the analytic community and potentially develop mutually beneficial relationships.

At the recent annual meetings in Los Angeles, the local group sponsored their own meeting on the Thursday evening preceding the annual meeting. This evening meeting, featuring a talk by Erna Furman on “Coping with Lost Relationships,” similar to the one she gave in Miami, was well attended and received.

The Extension Programs Committee of the ACP is open to suggestions for future co-sponsored workshops, including the idea that they be sponsored on a Thursday evening instead of Sunday afternoon. Currently under consideration for the North Carolina meetings are topics related to the therapeutic preschools, involving the Lucy Daniels Center for Early Childhood, and to the theme of the annual meeting (adoption and alternate paths to parenthood). Suggestions and thoughts about the Extension workshops can be addressed to EP Committee Chair, Karen Marschke-Tobier and Paul Brinich, local coordinator in North Carolina.
ASSOCIATION FOR CHILD PSYCHOANALYSIS
 NOMINATING COMMITTEE

At the next election, the nominating committee will be electing three councilors, a president elect, secretary elect, and a treasurer elect. The seven members of the committee include: Moisy Shopper, Chair, Roy Aruffo, Howard Benson, Joanne Naegele, Carl Narcissi, Wendy Olesker, and Stevie Smith. The ACP by-laws state that:

“A minimum of ten (10) members may propose an additional candidate, whose name shall be included in the Ballot.” (Article VI, Item 3).

Members are welcome to submit names of persons to Committee members or to make nominations by petition. Any person submitting the name of a person should ascertain from that person that they would want their name submitted, i.e., that they would want to run. The slate needs to be presented to the Executive Committee in December 2001 for the 2002 session.

As stated in the minutes of the 2001 Business Meeting, the Nominating Committee has the goal of nominating a slate with a good balance of gender, geographical distribution, and medical/nonmedical. The unbalanced slate nominated in the 2001 election was the result of insufficient timing and procedures determined, in retrospect, to be misguided. The Committee intends to learn from the mistakes made in order to ensure a more balanced slate in the future. The Committee also plans to make its recommendations in time to be included in the winter edition of the newsletter.

MEMBERSHIP COMMITTEE

The ACP welcomes the following new members:

Regular Members:

Candidate Members:
Martin Bullard, M.S.W.; Gordon Caras, Ph.D.; Lourdes Henares-Levy, M.D.; Sheri Hunt, M.D.; Susan Radant, Ph.D.; Don Schimmel, Ph.D.; Elizabeth Wasson, Ph.D.; Madhusudana Rao Vallabaheneni, M.D.

HOW TO APPLY FOR GRANTS FROM THE ACP SUPPORTING LOW-FEE PSYCHOANALYSIS FOR CHILDREN

Approved by the Executive Committee on October 2, 1999

The Grant Committee of the ACP wishes to support the low-fee psychoanalysis of children through financial aid to the individual psychoanalyst. In the past, matching funds were required. However, at present, matching funds from a supporting institution are desirable but not a requirement.

Although indirectly the grant is made to an individual, the rules of the Internal Revenue Service require that the ACP make the grant to a supporting institution, which has been given 501-(C)(3) approval by the Internal Revenue Service.

Applications should be sent to the Chair of the Grant Committee, c/o Mrs. Nancy Hall, P.O. Box 253, Ramsey, NJ 07446.

Grant applications need to include the following information:
1. A written request for funds.
2. The amount requested.
3. The name of the sponsoring tax-exempt organization, along with a copy of the tax-exempt approval by the IRS.
4. The name and qualifications of the person who would use the grant.
5. The name of supervisors, if any.
6. A one or two page description of the patient and the analysis of the patient, along with the current fee being paid by the patient.
7. A written agreement that the recipient will present the material at an annual meeting of the ACP and that the recipient will submit a written annual summary of the case.
8. If the patient is already in analysis at the time of the application, the applicant should include a two (2) or three (3) page summary of the course of the analysis clarifying to the reader the progress of the analysis.

Availability of matching funds by the sponsoring organization:
The Grant Committee favors the availability of matching funds and encourages applicants to provide them, but applications without matching funds will also be considered.

If the grant is approved, the transfer of funds needs to be accompanied by the applicant signing the following disclaimer:
By providing grants toward the analytic treatment of this case and all therapeutic contacts related to it, the ACP makes no representation and accepts no responsibility concerning the nature or quality of any care, consultation or treatment which may be provided, nor does the ACP provide any care, consultation or treatment as an organization. The undersigned hereby accepts and agrees to the above disclaimer.

If the grant is approved, the analyst of the case also accepts the understanding that he/she may be asked to present the analytic work at an Annual Scientific Meeting of the ACP.

Grants are for one year only but are renewable by reapplying and including a progress report. Unused funds are returnable to the ACP.
The morning opened with a scholarly presentation by Kirsten Dahl, Ph.D. entitled “Primal Scene, Primal Schema.” She introduced the relationship between primal scene exposure, primal scene fantasies and primal scene schema. She pointed out that primal scene phenomena have generally been written about from the perspective of reconstruction in the analysis of an adult. However, in the presentations at the meetings we had clinical material from children during the period of exposure. Hence, we had the opportunity for a discussion of the issues such as the differences between the impact of exposure and the construction of the fantasy; the respective roles of external experience, internal reality, and developmental organization; and finally, the relevance of other factors such as parental psychopathology and the culture of the family.

The Analysis of a Preadolescent Girl with Primal Scene Fantasies
Presenter: Susan Sherkow, M.D.

Susan Sherkow, M.D. then presented a case of a pre-adolescent with primal scene fantasies. Daphne started treatment as a 9 3/4-year-old fourth grader who suffered from a chronic sleep disturbance, difficulty making friends, failing math, and performing below her academic potential at her private girls’ school. Dr. Sherkow showed three pictures to the audience which were illustrative of the girl’s primal scene fantasies. The first picture was a drawing of the primal scene house, a house on an island with a little ship, and a Suesue island (named after her analyst). The second picture was a drawing of her family in which Daphne draws herself with her arm around her half-brother’s leg. And finally, the third picture was a sunny scene, yet the analyst commented that there was intense rage and anxiety lurking underneath.

Part of Daphne’s play included making up radio shows in which she would act out dramas into a tape recorder. She began to broadcast news such as “Janice is going to bed with Michael, stay tuned.” Dr. Sherkow commented that as the analysis proceeded the displays of previously defended wishes and feelings, including a repetition of exposure to primal material, represented in the most literal sense as “broadcasts.” Later in the analysis, Daphne’s stories became more sexually explicit. She demanded that the analyst grunt the sounds of sexual activity and orgasm. Through interpretation of the meaning of having the analyst make the grunting sounds, Daphne began to take over that part of the play. Further, as the central oedipal conflicts were addressed, two shifts occurred. First, an age-appropriate family romance emerged, where the babies were kidnapped or adopted by movie stars and then become movie stars themselves. Secondly, Daphne’s fascination with the penis became manifested in the play. As termination approached new memories began to emerge. Also, there was a regressive return to the theme of two women fighting over the love of the baby. This play showed her struggle with mixed feelings about ending her treatment and with her fear of being made to choose between mother and the analyst or between her parents. The defensive use of exhibitionism was still in play but in acceptable derivative forms with a more mature feminine feeling and emerging normal developmental strivings to separate and be independent.

Open Discussion

The first question from the audience came from Barry Childress, M.D. from Chicago. He wanted to know about the analyst’s experience during the treatment and how she used it to help this child. Dr. Sherkow responded by saying that she felt passive and forced to listen to the broadcasts. Further, she felt that when she addressed the sexual nature of the child’s fantasies, this would only overstimulate her further. Dr. Sherkow also commented how difficult it was for her to be asked to grunt sexual noises, and how she wondered what it would mean if she did not engage in the play in this way.

Another question came from Moisy Shopper, M.D. from St. Louis, MO. He asked about the parents’ previous marriages. Dr. Sherkow responded by saying that the father’s first marriage broke up before he met Daphne’s mother and that Daphne’s mother left her first husband because she was sexually unsatisfied.

Primal Exploitation: The Narcissistic Use of a Child
Presenter: Mary Jane Otte, Ph.D.

The next presentation was by Mary Jane Otte, Ph.D. from Palo Alto, California. She presented a paper entitled “Primal Exploitation: The Narcissistic Use of a Child. Rachel was a five-year-old who had engaged in excessive autoerotic self-stimulation since infancy. Her medical history was significant for pyloric stenosis. Dr. Otte (Continued on page 7)
Primal Scene – Primal Schema. . .  

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described the technical problems of the analysis to include the problem of her interpretive efforts being felt by the child as over-stimulating and intrusive. Also, both parents tended to view each other and Dr. Otte as competitors for the child's affection. As treatment deepened Rachel entered a phase of regressive unmanageable aggression and sexuality. Dr. Otte tried many interventions and eventually limited this activity when it became too stimulating and sadomasochistic. This caused the child to reject all fantasy play and mobilize obsessive compulsive defenses in order to stay in control. Eventually the hours became more interactive but less sexualized. Another limit was imposed when Rachel insisted that she would only play cards in a mindless way. This made Rachel angry but seemed to move the treatment forward. After a year and a half of treatment Rachel had stopped masturbating at inappropriate times and had better control over her impulses. When Dr. Otte was about to bring up termination, the father preempted her and the treatment ended abruptly. This case demonstrates how parents present an obstacle to treatment when they unconsciously support the child's symptoms and become threatened if the child begins to change.

Open Discussion  
The first question for Dr. Otte came from Don Rosenblitt, M.D. from Durham, North Carolina. He asked about how much of the aggression was about the transference and how much was about the real relationship. Dr. Otte stated that this was an important question and then she stated that she hoped that if she could develop an alliance with the mother, then the child could develop more of a transferential relationship and Rachel would have less of a need for a real relationship. However, in retrospect she said she would not take this case again because the mother was opposed to the treatment from the start. This issue was followed up with a question by Robert Furman, M.D. from Cleveland, Ohio. Dr. Furman stated that he thought the child had made substantial gains and hence she should reconsider her notion that in retrospect she would not take this case again. Dr. Otte stated she was of two minds about this, but that certainly this case highlights the need for parental support in a child analysis.

In summary, despite beautiful weather in Los Angeles, the plenary sessions with a scholarly introduction, followed by two case reports, each with stimulating questions, made staying indoors worthwhile. For me personally, I was both moved and stimulated, maybe even over-stimulated, by the presentations.
From the Analysis of a Preschool Age Girl . . .

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and they were the children.

An important incident revolved around weekends that she spent with father, during which she had to sleep with him in his bed. He seemed oblivious that this could stir up any feelings “since he was, after all, her father and he had his boxer shorts on.” While the analyst agreed to discuss this with her father, he also wanted A. to talk about it with him first. This she did. It was difficult for father to understand, but he finally did respond; and he even wondered whether he was repeating some aspect of his own experience with his parents.

A.’s guilt around her perceived role in the parental separation began to resolve, and her need for protective phone calls to parents and grandmother diminished. However, she began to realize that she had felt intense anxiety before the divorce, and asked for help with that. The decision was made that the appropriate way to address these intense difficulties was to be seen in analysis, and A.’s reaction was to ask to begin “tomorrow.”

As the analysis began, A. asked, “What do we ‘do’?” When she was asked to tell the analyst more about herself, she spoke about her activities. But then she said she would have to “show” Dr. S. With this, she shifted into action. In the process, when she did cartwheels, it triggered intense anxiety because her panties became exposed to view, and she ran terrified from the room. This led to a period of anxiety and fear and regression in which A. could not be alone with the analyst, and she used her mother as protection. The child of action played out elaborate fantasies, until one day one of them even scared her mother, who stopped the play. She was playing out the fantasies (i.e. dreams) that were keeping both her and her parents awake at night. A. was finally bringing the dreams into the analysis. She asked the analyst to watch and listen, and not to say anything. This led to the unfolding of a severe problem A.’s mother was having unable to limit A.’s aggression towards her, which was contributing to A.’s anxiety. A.’s mother made it clear that the analyst had to be the one to help A. with this.

Her play moved into creative, metaphorically expressed themes. She began to present herself as a doggie. She pushed the limits with her aggressive self-expression. She began to bite the analyst. Seeking the containment she needed, she asked him to build a doggie house. This served as a medium to both understand her fear of being out of control and to appreciate the need to shift into words to deal with her fear of her own and of her parent’s out-of-control behavior. A. became able to create a word game in which her displaced feelings about her parents were expressed via a Big Ben and a Lady Liberty metaphor that culminated in her expressing her positive transference towards the analyst in a condensed metaphor of “I love Dr. Bil-be-ben.”

The manifestation in the analysis of the analyst’s ability to maintain self-control enabled A. to feel and express loving feelings towards her father. Her need for both verbalization and interaction with the analyst illustrates the over-stimulated child’s need to use the analyst and the analysis in a particular way. A. had had the challenge of dealing with father’s vulnerability and the mercurial emotional shifts and demands he had placed upon her, and her mother’s inability to help her develop her own self-control. All this had been too difficult for a child to manage on her own. As A. became more able to shift into talking about her conflicts, the need for action gradually diminished, and she became able to tolerate and manage the relationship with a father who was so unpredictable and overwhelming, but who loved her, in spite of his own difficulties. The analysis terminated when A. was about 10. She has been followed into adulthood, and is a healthy, happy young woman capable of forming good interpersonal relationships, including love relationships.

DISCUSSION

The paper stimulated much discussion about the role of the analyst in a family where stimulation and over-stimulation play such a fundamental part in the dynamics of both child and parents. In this situation it was further complicated by divorce and the parents’ difficulties in recognizing all the ramifications of both issues. A. seems to have acquired or to have identified with her parents’ intellectualizations and to have expressed this in her pseudo-adult like ability to talk. This analysis really pushes into the foreground the role of the parents, and how tremendously difficult it can be to balance needed interventions and discussions with them while separating out and protecting the analysis of the child as their own. A. further entangled this process with her anxieties that directly involved mother in many sessions, even to the point of inciting mother’s own anxiety to interfere with the play during a session. She seemed to need the analyst’s unwavering and calming responses to anchor her so that she could tolerate and use the sessions to express her deepest fears and impulses. The difficulty in knowing when to intervene with the parents was discussed in terms of the balance of not stepping in too fast to interrupt the child’s flow of material versus allowing the over-stimulation to continue with the tacit approval of the analyst because it was not sufficiently titered. The analyst’s deep respect for A.’s play was well acknowledged, for while that may be a fundamental tenet of analysis, it is not always an easy attunement. Dr. Silverman and A. found ways to play together safely, leading to verbal communications that allowed A. to address her fears, without having them get out-of-control. Despite the talk about the intellectualization as a defense, the question was raised about earlier developmental issues underlying the need for and use of pseudomaturity; we would have liked to know more about those issues.

In response to how A. was able to deal with the overwhelming of the father, Dr. Silverman felt that she had identified with “if you can’t beat him, then join him.” She’d stand, with her hands on her hips saying, “Daddy, you know you can’t do that… STOP!” Eventually, they developed a

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THE VULNERABLE CHILD: CHILD SEXUAL ABUSE REVISITED

A Summarized Report by M. Hossein Etezady, M.D.
Chairman: Theodore B. Cohen, M.D.
Coordinator: M. Hossein Etezady, M.D.
Presenter: Kato van Leeuwen, M.D.
Discussant: Maria T. Lymberis, M.D.

In his introductory comments Dr. Cohen gave a brief history of this workshop now in its “32nd year” at the American Psychoanalytic Association’s fall and spring meetings, as well as the meetings of the Association for Child Psychoanalysis. Three volumes containing past contributions to these workshops have been published and a 4th volume will contain the proceedings of this meeting.

In her presentation Dr. van Leeuwen remarked that some 30 years ago her interest in this topic was piqued by referral of a nine-year-old girl who had been sexually abused by the uncle of her girlfriend. Struck by her lack of information on this condition the author later organized a weekly workshop to examine various aspects of this topic.

In referring the nine-year-old Lois, the mother connected her symptoms such as school avoidance, refusal to attend dance lessons, unwillingness to bathe with her brother, and a facial tic, to what had happened to her. Shortly later the Manhattan Beach Preschool teacher scandal stirred up the community and there was much talk about “getting the facts”. In her sessions, however, Lois became acutely uncomfortable and denied any untoward events at that time the question of what had actually occurred was approached. Her conflicts were expressed in enactments e.g., when she would suddenly attack as if to smear the therapist’s mouth with a red crayon. It was not possible to discuss the meaning of these behaviors. No resistance was encountered in analyzing her rivalry with her brother and her sense of deprivation. She expressed amazement that her mother had taken so long to finally discover that goat’s milk was the only milk that would not cause her distress.

The predicament experienced in her treatment and the countertransference prompted the author to organize and chair a workshop at The Institute. Analysts and other mental health professionals were invited to share their experience. Ronald Summit, an authority on the subject drew attention to “the accommodation syndrome” and “windows of opportunity” to access the trauma from time to time. Gloria Powell, a psychiatrist at UCLA employing doll play opposed the methods of forced confrontation used in the McMartin case. She described frequent “burn outs” in those dealings with sexually abused children. The author originally presented the treatment of Lois to this workshop and three years later made another presentation with emphasis on countertransference denial as one of the most important aspects in treatment of sexual abuse.

After 70 years of relative silence there has been a marked upsurge of interest in the subject of sexual abuse in psychoanalytic circles. There has not been, however, much systematic research except for the two volumes by John Leopold Weil (1989), “Instinctual Stimulation of Children, from Common Practice to Child Abuse.”

In examining the manifestations of various degrees of stimulation he lists nightmares, enuresis, anxiety attacks, school phobia, learning difficulty, biting, cutting, somatization, etc. While many of these problems are encountered more frequently in children exposed to sexual stimulation they are not by themselves diagnostic.

Dr. van Leeuwen described her own first supervised case, a two-and-a-half-year-old girl with severe separation anxiety. She was highly verbal and animated. It gradually evolved that she had seen something she was not supposed to see. She had seen something sexual between her father and her beloved nurse who was terminated when mother returned home from the hospital with her second child.

Other children presented material in dreams and play that suggested they had been exposed to severe overstimulation, but this could never be verified. In continuous case seminars and supervision one frequently encounters patients who have been sexually abused as children although the implications are not well understood or are unrecognized. Sudden enactments and unexpected references to sexual or frightening events may mean that the child has experienced something disturbing. Much anxiety

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good bond, which they still enjoy. Father sees A. as a spirited young horse; he does not wish to break her spirit, but also knows that if he is not careful, he’ll get kicked.

Understandably, many questions were asked about the termination. A. brought up the ending of the analysis, saying she’d had enough, and put some of the negativity towards the parents onto the analysis. It was as though she had to re-enact aspects of the earlier separation difficulties to leave with ease. She has progressed sufficiently that she has boyfriends who are good and kind, but who can tolerate her strength.

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Child Sexual Abuse Revisited...

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as well as fear of punishment or retaliation are connected with these events. The analyst may feel at a loss, or when close to disclosure the patient may retreat, deny, or even quit. Parents may remove their children from treatment, become accusatory, or threaten to sue.

Most authors emphasize that sexually abused children are difficult to treat. Accumulating information about the experience of those who have treated such children would be most illuminating. We need to understand this widespread resistance to this topic and ensure that our institutions include this subject in their curriculum.

In her discussion of this paper Dr. Lymbaris stressed the role of violence and living under “the rule of domination” as the reason for resistance to exposure of abuse. Battering is a learned behavior supported by belief systems. Domestic violence is the cause of major psychiatric illness such as psychosis and paranoia. Often men are the perpetrators although women can also become violent towards children in the context of an intensely symbiotic relationship. Violence frequently occurs before, during, or after the breaking of the family unit. Children in their families are at a higher risk for abuse and girls are victimized more often than boys.

Regarding the concept of primal scene, Dr. Lymbaris noted that Freud postulated that children develop primal scene fantasies regardless of parental exposure. When exposed, children experience the event in sadomasochistic terms and identify with both sides. Such over-stimulation makes the exposure traumatic for young children. Primal scene/schemata has been used to explain many divergent behaviors. Henry Edelheit in 1970 proposed that bullfights as well as crucifixion fantasies were primal scene representations. Today we no longer view primal scene as explanation for psychopathology but as part of the history of psychoanalysis and research for human meaning.

Elizabeth Daunton noted that psychoanalytic work with children like Lois is a special variety of research different from the usual notion of what constitutes research. It teaches us a great deal about the nature of the anxiety experienced by these children and the particular defenses they employ. It also helps in development and application of technique.

In response to a question from the floor, Dr. van Leeuwen explained that Lois’s mother had been depressed and at one point returned to work, uninterested in the care of her children. This creates a vulnerability in many of these children who later become victims of sexual abuse.

Dr. Shopper expressed concern about misapplication of analytic principles and false accusation by mental health workers who force admissions in their zeal to “establish the facts.” False allegations occur in cases of divorce with great regularity. Some therapists tend to establish “recovered memories” very early in their work quite regularly through faulty technique and indirect coercion because they start out looking for it.

Debby Paris remarked on the importance of the therapist tolerating “not knowing” for a long period of time and allowing the facts and the history to unfold through the work, rather than relying on the information furnished by the institutions that regard their role as rescuing the child.

Dr. Susan Sherkow referred to her experience with these children, their doubting, admission and retraction, and the sudden shift in their play, containing bizarre re-enactments with impulsive behavior similar to those Lois displayed in her treatment.

Dr. Shopper made the point that as analysts we should not hesitate to participate in the forensic aspect of this problem in order to keep the system honest. Lives can be ruined when a child produces highly contaminated statements under coercive conditions. This is not how credible evidence is obtained. It takes a lot of time and experience; even then these “facts” may not be clear.

Dr. Pomer commented on the frequency of encounters in the psychoanalytic practice with patients who have experienced sexual abuse from minor episodes to long-term incestuous relationships involving one sibling after another.

In her closing comments Dr. van Leeuwen stressed the importance of sharing our experience in an attempt to broaden our scope and increase our collective knowledge about this troubling topic.

Dr. Lymbaris agreed that this subject is complex and challenging. We don’t have enough data to determine whether primal scene in itself is in fact pathogenic. It needs to be stated that in these circumstances it is not the sex by itself, but the violation of the personhood of the individual that constitutes the real trauma which has been termed “soul murder.” As analysts we have a great deal to contribute in this area to other professionals who deal with these children and their families. Often under the pressure of the obligation to report and to punish the perpetrators we fail to provide timely and judicial intervention when it is most needed. Many of those who work with these children need education and analytically informed supervision which can be crucial in helping many of the workers overwhelmed and traumatized in their work with these challenging and complex situations.

Sexual abuse is a very complicated subject which requires a multidimensional perspective including the legal, sociological, and pharmacological. Therapists of sexually abused children can greatly benefit from supervision with an analyst because of the complexity of the child’s emotional expression as well as the problems of transference and countertransference.
UNDERSTANDING FAILURES: GAINS AND OBSTACLES IN THE TREATMENT OF AN ATYPICAL PRESCHOOL CHILD

Presenter: Denia G. Barrett, L.I.S.W.
Discussant: Donald Rosenblitt, M.D.
Reporter: Van Dyke DeGolia, M.D.

This workshop consisted of three parts: first Mrs. Barrett’s presentation of her analytic treatment of a child who suffered from significant early ego deficits; second, Dr. Rosenblitt’s discussion of the case, and third, a stimulating discussion between the audience, the presenter, and the discussant.

Once the treatment began, the child was seen five days a week in analysis, while the parents (mostly his mother) were seen in weekly therapy. During the first few months of treatment, the child’s anxiety was so pervasive that the mother’s presence was needed in the treatment room. With the mother’s assistance, it was possible to reconstruct many of the child’s overwhelming early life experiences. This seemed to help differentiate past experience from the present, and to clarify self-object boundaries.

Over the next several months, many of the patient’s defenses and underlying affects were interpreted and began to be worked through as they unfolded in the analysis. These included the use of projection to defend against oral aggression, the tendency to identify with aggression in others, the use of excitement to ward off annihilating anxiety, feelings of sadness about early losses, feelings of being overwhelmed and unable to control the external and internal forces, and destructive conflict with impulses. As a result, the child began to develop a greater sense of object constancy and seemed to make use of less primitive defenses to modulate anxiety and to have anxiety available in its signal function.

As treatment progressed, the child became increasingly more engaged in the analytic setting and functioning improved. However, with this improvement, the mother grew remote and distracted and behavioral problems worsened again. Eventually, the parents sought a consultation to determine if the child suffered from an Attention Deficit Hyperactivity Disorder and a trial of Ritalin was implemented before the analysis was prematurely ended after two-and-a-half years.

Dr. Rosenblitt’s discussion focused on the difficulty of analyzing a child with such significant ego deficits and troubled parents. Initially, Dr. Rosenblitt noted that parents play a very important role in helping such deviant children integrate their experience. However, in this case, since the child’s deficits mirrored those of the parents, the ability to make sense of the world and differentiate fantasy from reality were even more impaired.

Later, Dr. Rosenblitt reiterated that, as is true for children who suffer from Atypical Pervasive Developmental Disorders, this child did not seem to demonstrate any developmental phase dominance. Instead, the patient seemed to oscillate between oral, anal, and oedipal phase thoughts and feelings. In such cases, the timing, aim, and nature of interpretations are often a challenge. In the end the power of the analyst-child-parent relationship and the process of working through the child’s primitive defensive reactions are the most important therapeutic factors.

Dr. Rosenblitt then addressed how the child’s condition seemed to improve initially but later worsened. However, Dr. Rosenblitt did not feel that this deterioration was due to a regression. Instead, he felt that it was due to disintegration. In fact, he noted that atypical children such as this patient, typically are at the mercy of their own development. As they grow, they are not only subjected to assaults from the outside but also from the inside, which arise from the effects of new developmental phases. In these children, since earlier developmental phases are not fully mastered, problems of later phases become magnified and overwhelming, often resulting in ego disintegration.

In conclusion, Dr. Rosenblitt noted that this child seemed to have not developed the capacity to play. Play often helps children master and integrate intense anxiety. However, this child seemed to use activity, often exciting and sometimes dangerous, to ward off overwhelming, annihilating anxiety.

Many of the issues that this case illustrated were again taken up in the discussion with the audience. First, the issues of interpretation and play were addressed. One member of the audience noted how it is often a delicate balance working with parents who are themselves troubled and who have many of their own unresolved needs being played out in the care of their children. Being firm and direct about parenting issues is important, especially with regards to those involving setting of limits and boundaries dealing with safety issues and issues of over-stimulation. However it is also important not to antagonize parents, which, if done, can easily result in cases dropping out of treatment. Lastly, the nature of the child’s relationship with the mother and its effect on the course of treatment was addressed. One member of the audience noted that the child’s early feeding relationship with the mother might have been a template for the response
Dr. Rimvydas Augis presented a lively and moving account of his treatment of Carson, a boy who was exposed to chronic over-stimulation. Carson was referred to the Hanna Perkins Center in Cleveland at age five because he could not manage a regular preschool program, and would engaged in self-stimulating behaviors. Carson would become anxious if he could not complete his work perfectly, or if he made mistakes. Managing at home was also difficult. Carson could not sit still, and easily got out of control, hitting or behaving in an overly excited manner. At times, he was physically abusive toward family members, and was drawn to excited fights. He often fell, and played in an unsafe way.

When Carson began at Hanna Perkins Dr. Augis first met with his parents in a treatment via the parents. The goal of this phase of the treatment, which lasted for seven months, was to help the parents become aware of their impact on Carson, deal with their guilt, and see that Carson also had both internal and internalized conflicts. The meetings also dealt with mother’s and father’s own difficulties, which interfered with their ability to parent Carson effectively. Mother fluctuated between being overly controlling of Carson and lapsing in her parental investment. She would become both verbally and physically abusive and she did not sufficiently prepare him for transitions or separations. Similarly, father did not provide Carson with adequate protection or containment. He, too, would become abusive.

The parents were helped by the treatment. They gained some intermittent access to their guilt and some understanding of the role they played in contributing to Carson’s difficulties. They wished to do better as parents, and were able to recognize that they alone could not assist Carson with his troubles. They helped Carson acknowledge his difficulties, and enabled him to experience his wish to get help. Subsequently Carson could verbalize and admit his distress. He felt that other children did not want to play with him, and was able to acknowledge that he could not stay at school for an entire day because of his overexcited and out-of-control behavior.

When Carson was five years, seven months, Dr. Augis began to see him in a five-times-weekly analysis that lasted two-and-a-half years. Dr. Augis understood Carson’s overexcited and aggressive behavior as an attempt, in part, to ward off his distress about making mistakes. Dr. Augis described in detail how, in the transference, Carson had him the “custodian of reality” (R. Furman, 1995). Confronted by parental behavior that continued to include aggression and over-stimulation, Carson “gave” pieces of his unbearable reality to his analyst for safekeeping. He could then deny such knowledge without being threatened with a true loss of reality testing. Dr. Augis also described how he helped Carson deal with excitement, fear, helplessness, and confusion after the material suggested exposure to the primal scene. He related how other conflicts about masturbation, guilt, and sadistic fantasies emerged in the treatment, how Carson expressed them in the transference, and how they were interpreted, and worked through.

In one early phase of the treatment Carson began to covet Dr. Augis’ possessions. When Dr. Augis interpreted these behaviors as displacements of his penis envy, Carson

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Analytic Treatment of a Chronically . . .

(Continued from page 12)

attempted to grab Dr. Augis’ glasses, tie, and wallet. Exciting teasing and taunting accompanied this. Dr. Augis introduced new arrangements to safeguard his and Carson’s physical space. They marked off separate areas of the office with tape and Carson was presented with the option of retreating into a closet as a further place of safety and containment whenever he felt out-of-control. Carson was helped by these interventions.

Carson’s excitement and guilt about his biting wishes also came into the work. When these conflicts were interpreted, Carson employed a passive into active defense, attempting to oblige the analyst to feel what he had experienced. Later in the work, when Dr. Augis was called away for a family emergency, Carson reacted to his lack of accurate knowledge about the incident by filling in the blanks with his own sadistic fantasies. Only after Dr. Augis addressed Carson’s worries about a therapist not being able to fully protect his own family, was Carson able to admit that he knew how miserable a child feels when he is not protected by parents or when he is helpless and cannot do things for himself. For the first time Carson was able to experience empathy with the victim.

As Carson improved, marital problems between the parents escalated to a crisis point. When this occurred, the parents decided to stop the treatment despite Carson’s clear request to continue his analysis. Parental fighting frightened and excited Carson. In response he struggled against impulses to excite himself and defensively displaced these onto getting into exciting interactions with other children or participating in overly exciting activities. After such displacements were interpreted, Carson’s continued use of some exciting toys and activities could be understood as his effort to fend off feelings of loneliness and loss that were related to his expectation that he would lose his analyst at a time that his parents’ marriage was coming apart. Despite the premature termination Carson benefited greatly from the treatment. He was able to perform well academically and was enrolled in a class for gifted children. He was also able to stay out of his parents’ difficulties without regressging or becoming defensively over excited and provocative.

In his discussion, Dr. Stanley Leiken noted Dr. Augis’ sensitive and well-timed interpretations, his fine attunement with Carson, his steadiness, flexibility, and creativity. Reflecting on Carson’s wish to own many of his analyst’s personal items, Dr. Leiken suggested that Carson did not only, or primarily, want to obtain the analyst’s items, Dr. Leiken suggested that Carson did not only, or primarily, want to obtain the analyst’s items, but also to take over his skin, to ingest him, and his various functions. Carson wanted to own the items that enabled Dr. Augis to think and do his work. By owning his analyst’s glasses, paper, and pencils Carson expressed the desire to own his analyst’s mind. Carson also yearned to own things that he saw as binding, holding, connecting, and containing: the analyst’s paper clips and stapler. Carson wanted and used the analyst as someone who could help him hold himself together.

development; and 5) he discusses the effect on the training of young medical students when they have not resolved issues pertaining to their illusions of parental celibacy. Throughout the paper, Shopper cites references from the literature pertaining to the subject matter under discussion, but these will not be reviewed in this summary.

1. The Dora Case

Shopper notes that Freud neglected to mention whether Dora had close peer relationships and if she did not, it would intensify her enmeshment with her parents. Shopper suggests that peer group involvement tends to dilute such enmeshment. Freud faulted himself for not mastering the (Continued on page 14)
The Illusion of Parental Celibacy...  

(Continued from page 13)  

transference soon enough; that was his explanation as to why Dora left analytic treatment; but Shopper views the failure from a different perspective. He underscores the sexual overstimulation Dora must have experienced during her puberty and adolescent years: She had been propositioned by Herr K., she knew about her father’s affair with Frau K., she and her governess read erotically stimulating books together. Moreover, Freud confirmed this reality for her and thus “added still another source of sexual excitement, a source strong enough to propel her to precipitously flee from her treatment with Freud.” It therefore was not possible for Dora to retain any illusions about parental celibacy. According to Shopper, it contributed to Dora’s traumatization and psychopathology.

2. The Place of Illusion in the Psychic Structure, Its Development and Formation and Its Function as a Defense

While illusion is usually defined as an impairment of reality functioning, Shopper maintains that it can enhance reality functioning. He suggests that while illusions might substitute for reality, they “can (also) exist with the awareness that the illusion is indeed an illusion and different from reality.” He likens this idea to Winnicott’s concept of the transitional object in which the transitional object can be a developmental asset, or produce psychic injury if carried to extreme. He also points out that illusion plays an important role in child development; it is the mainstay of creative play, it can allay fears and anxieties, and in adolescence it provides a safe haven removed from disturbing oedipal thoughts and feelings and primal scene fantasies.

To quote Shopper, “I believe that this illusion (of parental celibacy) is a significant structural formation during every adolescent’s sexual development and is an important aspect of the normative restructuring of the defenses and object relationships necessitated by hormonal imperatives of puberty. It is created by the adolescent, and, under optimal development, is not challenged or disrupted too strongly by the parents.” It is one thing for an adolescent to be cognitively aware that sexual intimacy is an important aspect of love and marriage, and another to imagine his parents are actually and currently having sexual intercourse. In a sense the adolescent holds two contradictory ideas yet unintegrated, i.e., sexual intercourse is an integral part of married life and his parents no longer “do it.” The illusion that his parents are celibate or if sexual intimacy occurred, it was a long time ago, helps the adolescent to detach from the infantile sensual dependency on parents and promotes emotional independence. The forerunner of this need is seen in the latency phase when children shy away from hugs and handholding with parents and want privacy in the bathroom. The parent-child relationship becomes increasingly desexualized. In the early years considerable sensual contact is involved, but curtailed when the child begins school.

In puberty, adolescents become increasingly aware of their bodies and their sexuality; conflicted oedipal reactions are activated again. If their psyche allows them to think that their parents are celibate, it permits them to desexualize their own relationship with them, and it counters the hormonal overloading and primal scene fantasies. The illusion of parental celibacy is also facilitated when adolescents attach their budding sexuality to members of their peer group, i.e., to non-oedipal objects.

Shopper stated: “A significant defensive purpose of the illusion of parental celibacy is that it helps adolescents postpone their sexual involvements until their social, economic and psychological maturity catches up to their biological sexual urges and abilities.” The adolescent tends to be more focused on parental concerns about their sexual behavior. The way parents handle this issue determines the nature of its effectiveness. Parents may offer varying types of advice that may range from complete abstinence based on religious views that demand celibacy until marriage, to permission to have ‘mature’ and ‘safe sex.’ Shopper makes a significant point when he states: “Invariably the adolescent will wonder how and to what degree the parents were celibate during their own adolescence, etc. In principle, if parents become over-concerned with the sexual behavior of their adolescent, whether by prying, lecturing, moralizing, etc., the desexualization of the parent/child relationship is undermined. This is (detrimental to) the adolescents’ attempts to distance themselves sexually from their parents.” When parents tend to pry into their adolescent’s sex life, it can have varying motivations: it can express the parents’ needs for closeness or it may possibly reflect a need to live vicariously through their teenager. That teenager, depending on the strength of his superego, may react by acting out sexually, possibly even with someone who would appear on the surface to be a non-incestuous adult or it may simply result in a severe derailment of the adolescent’s relationship with his/her parents. It becomes clear, according to Shopper, that undermining the defensive function of this illusion can have seriously damaging affects on the adolescent’s relationship with his parents and/or on his emotional well being.

3. Examples from Case Material and Film

Shopper cites the case of a law enforcement officer who repeatedly told his daughter about girls and women who had experienced rape and sexual molestation. In addition, he limited her activities, frequently confining her to their home. The relationship between father and daughter was overly close. While at first the daughter felt the father was infantilizing her, his stories of rape and sexual molestation became so disturbing to her that she distanced herself from him, viewing him with contempt and anger.

In another case presentation, Shopper describes a woman who sought treatment for marital problems that related primarily to her sexual inhibitions. She thought her
difficulties stemmed primarily from her experiences with her father during her adolescence. According to her, he continuously made sexual remarks to her. While she emphasized the father’s constant lewd comments, she repressed her own erotic longings for him and selected men who tended to be sexually passive.

In the film, “American Beauty,” a father, frustrated sexually and otherwise in his marriage, becomes infatuated with one of his daughter’s girlfriends. While the friend is flattered by the father’s interest, his daughter is enraged and plots to kill him. This unconscious sexual relationship between the teenager and the father increased the pressure on the daughter to escape from what was experienced as an incestuous temptation and rejection. Shopper points out that when a parent has “sex on the brain,” it interferes with the desexualization process.

4. The Disruption of the Illusion

Shopper enumerated a variety of circumstances that can disrupt the illusion of parental celibacy: parents’ extramarital affairs, openly sexual behavior on the part of the parents, the dating behavior of parents who are divorced, the pregnancy of the mother during her child’s adolescence, seductive step-parents. All these situations make it impossible to deny parental sexuality; oedipal excitement and sexualization is intensified. Divorce, in particular, contributes to this problem. It is not unusual for divorced men to marry much younger women, closer to their children’s age; a daughter, in particular, is likely to have her oedipal rivalry and incestual longings revived.

5. The Effect on Medical Student Training When Illusions of Parental Celibacy Persist

In taking histories young medical students can have difficulty in understanding that patients over forty have a sexual life that may be affected by their illness, and that it is important to obtain their patient’s sexual history, as well as being sensitive to the fears and anxieties they might have. While there may be other explanations for the students’ “blind spot,” Shopper suggests “one aspect of it is the continued influence of the illusion of parental celibacy, now displaced from their parents onto the adults the age and generation of their parents.

Conclusion

In his closing remarks, Shopper reiterates his central theme: “If circumstances allow for parental sexual activities to be practiced with discretion and privacy, then it is more likely that the adolescent would create the illusion of parental celibacy and that this illusion of parental celibacy fosters the desexualization of the parent/child relationship and favors the choice of a non-incestuous object choice.”

While he did not cite a quote from Harold Blum in his oral presentation, he did so in his paper: “Erogicized transference is likely to develop when the parents are seductive in their behavior toward the child. Strictly speaking, it denotes the re-finding of the infantile threatening situation, not the re-finding of an early infantile love object.”

Discussion

Dr. Heiman van Dam asked that Dr. Shopper comment on his impression that there is a persistent illusion not only in the adolescent but also in the parents that grandparents “don’t do it.” Dr. Shopper responded that there is a tendency to think of senior citizens as not having a sex life, that they just reminisce about it. Dr. van Dam further commented that it is important to give sex education to three-, six-, and nine-year-olds, but to stop during adolescence.

Dr. Martin Silverman commented that in the film “American Beauty,” the mother too was aroused sexually and was in competition with her daughter. Dr. Shopper agreed that both parents must keep their sexual appetites within bounds.

Dr. Shirah Vollner asked about the illusion of the analyst’s celibacy inasmuch as child patients are often aware that the analyst has children. Dr. Shopper responded that it is current sexuality that is troubling to the adolescent. He further commented that when the patient sees the analyst go to the bathroom, it destroys the illusion that the analyst is a cherub who doesn’t do that.

“Investigation then leads us back to the time in a boy’s life at which he first gains a more or less complete knowledge of the sexual relations between adults, somewhere about the years of prepuberty... The aspect of these disclosures which affects the newly initiated child most strongly is the way in which they apply to his own parents. This application is often flatly rejected by him, in some such words as these: ‘Your parents and other people may do something like that with one another, but my parents can’t possibly do it.’”

S. Freud, 1910
A Special Type of Choice of Object Made by Men: Contributions to the Psychology of Love
MINUTES of the EXECUTIVE COMMITTEE MEETING

Friday, December 15, 2000
Waldorf-Astoria Hotel New York City, New York

We would like to alert you to a change in the timing for the publication of minutes of Executive Committee meetings and of the Annual Business meeting. This change ensures that minutes of the Executive Committee will be approved prior to publication.

These minutes were approved at the Executive Committee Meeting at the Annual Meeting of the Association in Los Angeles on March 30, 2001.

Dr. Martin Silverman called the meeting of the Executive Committee of the Association for Child Psychoanalysis to order at 10:30 a.m., December 15, 2000, at the Waldorf-Astoria in New York City.


Apologies: Isabel Paret (ill).

President’s Report:

It has been a pleasure to assume leadership of our organization and to work with my fellow officers and our hardworking, dedicated committee chairs. In the interest of inculcating a system of rapid, efficient, cost-effective communication (as well as of lightening the heavy workload of our administrator, Nancy Hall) a shift has been made to communication with the officers and committee chairs via direct Email, supplemented by telephone discussion where indicated.

An effort has been initiated to appoint Co-chairs to our various committees, where practicable, in the interest of expanding leadership and preparing the way for periodic turnover of committee leadership into new hands. In doing so, I have given considerable thought to expanding our administrative leadership geographically. Four new committee chairs have been appointed: Alicia Guttman to Communications; Moisy Shopper to Nominating; and Tom Barrett and Anita Schmukler to Program, to replace committee chairs who had resigned. The new committee chairs have chosen new members for the respective committees. In accordance with the wishes expressed by the Executive Committee, the Budget and Development Committee was dismissed with thanks for the hard work its members had performed. The committee’s chairs, Art Farley and Bob Furman, and its members were then appointed to serve as a new committee, Financial Development and Donations. The Committee on Registry of Cases was expanded into a Clinical Practice Committee, co-chaired by Ginny Kerr and Cathy Henderson. Several new people were appointed to serve in liaison to extramural groups, including Douwe and Ulrich Jongbloed as Liaison to European Child Analysis, something new for our organization.

Efforts are being made to expand and improve our relations with other psychoanalytic groups in Canada, Europe, Central and South America, and the United States. Christel Airas has put together excellent half-day programs on Child and Adolescent Psychoanalysis for the meetings of the International Psychoanalytic Association in Nice in the summer of 2001.

Two half-day panels were presented by our members, identified as such, at the recent Annual Meeting of the American Academy of Child and Adolescent Psychiatry. They were very well attended and very well received, and we were invited to submit panels for their next meeting in October of 2001. The American Psychoanalytic Association has expressed interest in improving and strengthening relations with our organization, and its President, Dr. Richard Fox, has graciously afforded us space during its midwinter meetings in New York City, to hold our midyear Executive Committee meeting, at no charge to us, as a gesture of goodwill.

Our new 2000-01 Roster of Members has been printed and distributed. It contains both an alphabetical and a geographic listing of members. Email addresses have been included for those who possess them. Our Bylaws once again are included. The ACP’s Policy Guidelines have not been reprinted in the Roster, but a list of them is included so that those who are interested in receiving a copy of any of them can obtain them from Mrs. Hall.

Before the midyear Executive Committee meeting held in Cleveland in October of 1999, Mrs. Furman invited those who would be participating to submit items to be placed on the agenda. Several items that I submitted were included, but it turned out that no time was available to discuss them. Mrs. Furman asked that I submit them to Executive Committee members and committee chairs in the form of a questionnaire. The responses were overwhelmingly in favor of (1) holding the midyear Executive Committee meeting in the year 2000 in New York City during the December midwinter meeting of the American Psychoanalytic

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Minutes of April 14, 2000 (Miami, Florida) approved, with corrections. Additions as reported on April 14, 2000:

Deceased: Selma Kramer (Philadelphia, PA).
Resigned: Richard Baron (Toledo, OH), Diane Dean (Chicago, IL), Barbara Fajardo, (Chicago, IL).

Report of the Secretary, Elizabeth Tuters, C.S.W:

ACP Membership Status

474 Regular Members: 394 USA; 80 International
149 Candidate Members: 134 USA; 15 International
5 Collegial Members:
Christine Anzieu-Premmereur, France
Herve Benhamou, M.D., Ph.D., Paris, France
Lucy Daniels, Ph.D., North Carolina, USA
Elaine Hadden, Ohio, USA
Merton Shill, Ph.D., Michigan, USA

Total Membership: 628.

Countries Represented

USA 531 England 26 Netherlands 12
Finland 12 Canada 10 Mexico 8
Switzerland 7 Germany 6 Austria 3
France 2 Italy 2
Countries having 1 member: Australia, Denmark, Jamaica, Poland, Puerto Rico, Norway, and Sweden.

Statistics Noted from Dues Payments

47 members registered as Seniors, 118 members registered as Emeritus. Many of these 165 members gave donations to the Grant Fund.

Membership Changes since the April 14, 2000 Executive

Meeting
Deceased
Serge Lebovici, Professor Paris, France Member
Marshall Schechter, M.D. Wynnewood, PA Candidate

Resigned
Joseph Silvio, M.D. Bethesda, MD Member
Sheila Waterman Toronto, CAN Candidate

Procedure agreed upon: Minutes will be prepared and distributed to all council members, requesting notification of errors or omissions by a certain date. The comments received will be redistributed. Typographical errors review will be corrected by the President. The Executive Minutes of December will be published in the Summer Newsletter.

Report of Secretary:

There was discussion of the endowment fund with reference to the minutes from Miami. Five per cent of the endowment fund is for charitable purposes. There was clarification of how grants are to be used: At present there are two grants of $3,000 each for child analysis from Cleveland, and one of $1,000 to support training in Eastern Europe. It was decided that application forms will be made available to the members, and guidelines for applying will be published in the Newsletter. It was also suggested that wording change from “indigent child” to other wording, such as “children who cannot afford…”

There was a lively discussion of the budget summary. It was agreed the donations received be used to support treatment of children who cannot afford it. This needs to be advertised more; it was suggested that a letter be written to all training programs to let trainees know that this money exists. At present there is no deadline for submitting the grant. The procedure: the Grant Committee reviews the grant request and sends it to the central office to be submitted to the Executive Committee for approval of the recommendation. The Grant Committee has received no requests for a grant that need to be acted upon at this time; 5% of the Endowment Fund will be used for this purpose.

European funds - Dues are sent to the central office. The ACP reception in Nice (IPA) will be in the next budget. Miami meeting lost money due to a lower attendance. The advisor to the ACP investment is Joel Mangham; the funds are with the Vanguard Group.

Clarification of line items on expenses:
Stipends - Nancy Hall’s salary, and annual $1,000 to the President for expenses;
Insurance - Directors/Officers liability insurance;
Other organizations - IPA/ACP reception, sponsorship fees to APA;
Grants - can be applied for without matching funds. By law,
Executive Committee Minutes . . .

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five per cent of the Endowment Fund will be spent this year on grants.

Clarification of who is permitted to vote: officers and councillors vote on issues. Chairs participate in discussion. Seven people are required for a quorum.

Reports of Committees:

Arrangements, Chair, Jack Pelaccio, M.D:

Jack Pelaccio will be stepping down and is looking for a new person to chair this committee. Andrea Weiss is involved in selecting the sites and a hotel in Los Angeles. The ACP holds between 90 and 100 rooms. The Executive session will be Friday March 30, 2001. The recommendation for future meetings is Durham, North Carolina, at the Washington Duke Inn in 2002. Last time ACP was in North Carolina was in 1986 in Chapel Hill. It was proposed that Montreal, Quebec be considered for 2003.

ACTION: E. Tuters will explore whether ACP can be invited to Montreal.

Clinical Practice, Co-chairs, Virginia Kerr, M.M.S.A. and Catherine Henderson, Ph.D:

The Clinical Practice Committee is an expansion of the former Registry of Cases Committee and now has the two above-noted as co-chairs. The committee’s initial task is to address the concern about the decreasing number of analytic cases by determining who refers analytic cases and by gaining some understanding of how we might be of help to one another in the task of obtaining referrals. To this end, on October 10, 2000, a questionnaire was sent to the membership, requesting information about our members’ recent experiences with analytic cases, as well as their suggestions in regard to reaching out into the community in order to further child/adolescent analysis.

If members express an interest in having a workshop on obtaining analytic cases, the committee would consider arranging a workshop at one of the annual meetings in the future. Once the mission and goals of the committee are better formulated by the co-chairs, consideration will be given to adding additional members. The co-chairs welcome suggestions from members as to useful directions that the committee might take.

Communications, Chair, Alicia Guttman, M.D:

The committee has not yet had a meeting. A meeting is being called in December, at which time the possibility of obtaining some consultation from Dottie Jeffries (the person working with Leon Hoffman) will be considered. The Executive Committee will be kept informed of any developments.

Ideas discussed: (1) Activation of a web site explaining who we are, future meetings, trends, etc.; (2) Interactive academic debate amongst members of the Association, for example a published paper - a small panel of people in our committees act as facilitators of the debate. This would be a closed site requiring a password; and (3) How to respond to the community at large and in the media; how to be alert and respond. Dr. Silverman’s name was raised as one person to respond to the media.

Assistance in Eastern Europe/Summer Teaching Program, Chair, Lilo Plaschkes, M.S.W:

There is a growing interest in child analysis and parallel to that, those people who are working with children and adolescents are requesting and showing a desire and need for more training; that is in the knowledge of child development, a psychoanalytic theory of development and techniques of treatment.

Many of our colleagues in Eastern Europe have participated in the EPF Summer Schools and have had seminars, supervision, and are in their personal individual analysis. Some have also been accepted as individual IPA members. There is now the first Eastern European Training Analyst who is also interested in developing child analysis. One example of the above-described desires was, as you know, the Croatian groups’ initiation last year of the Dubrovnik Summer School for Child and Adolescent Psychoanalysis. The main Summer School gets quite full and has therefore fewer spaces available than requested.

The $1,000 contribution from the ACP was greatly appreciated and the EPF assigned this to the Dubrovnik School this past summer. The money was used to make available more reduced fee places. A full fee requires a participant to pay $250 and a reduced fee requires $80.

Dr. Johan Norman, Chair of the IPA COCAP Committee, and Dr. Terttu Eskeline de Folch, are very interested in developing child analysis. Dr. Eskeline de Folch had some interesting ideas in this direction, which were pursued and, as they develop and materialize, will be reported to you further. All members of this committee have individually taught or supervised in Eastern European Countries, Estonia, Latvia, Lithuania and Romania.

I hope that we can work together with the new committee for child analysis in Europe. I would like the Executive Committee to consider some possibilities in the future, to support one or two of our Eastern Europe colleagues to attend an ACP meeting and tell some of their clinical work to financially support a child analysis.

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Discussion - the Summer School teaches basic child development. COCAP, IPA in Nice will be working on criteria of what a candidate will require for work with the child and adolescent. Some adult people will take child cases. It was moved and accepted that $2,000 be put towards the Summer School fund.

Ad-Hoc Ethics Committee, Chair, Peter Blos, Jr., M.D:


Everyone has provided a response, some in considerable detail. I am now attempting to collate the responses and develop a second draft. When that is completed it will be circulated to the full Ethics Committee. Depending upon their comments the second draft will either be ready for the Executive Committee to consider, or a third draft will need to be developed before it can be forwarded to the Executive Committee.

Judith Yanoff has been added as a member of the committee.

Development and Donations, Co-chairs, Arthur Farley, M.D. and Robert Furman, M.D.:

Donations for 2000 totalled $5,580 from 79 members. In 1999 donations were $4,698 from 82 members, so there was an increase of $882 or 19% this year. For the years 1996-98 donations averaged just under $2,500 each year. The Development Committee met in Miami Beach on April 16, 2000, all members present, and decided:

(1) A letter of acknowledgement, conforming to IRS standards for gifts over $250, to be sent to all those who donated, signed by the President and committee co-chairs;

(2) When the dues notices are sent out next, there will be two letters of solicitation: one to all dues-paying members; a second to all Senior Members no longer required to pay dues. The letter will be composed by Dr. Gluckman at his request, and signed by the Senior Members of the Development Committee (Drs. Furman, Gluckman and Mangham);

(3) All donations will be for analyses of indigent children grants made via organizations (institutes, societies, training centers - gifts to individual members not allowed by the IRS). The only requirement in accepting grant is an obligation to present the case at an ACP workshop if so requested.

We are requesting that the Executive Committee allow the Treasurer to place all donations in a “dedicated” portion of the Endowment Fund, one which will have a special section for a “Seniors Fund,” the dedicated portion maintained in money market accounts until called for.

Discussion: ‘Indigent children’ be changed to ‘children without resources’. All agreed. There was a question about who receives the funds and should there be a limit of how many funds go to different areas of the country. ACTION: Further discussion between the Treasurer and the Development Committee regarding endowment fund and how funds will be dispersed.

Extension Division, Chair, Karen Marschke-Tobier:

The Extension Committee worked with Dr. Juan Renee Geada to provide a presentation by Erna Furman entitled “Coping with Lost Relationships” at the Annual Meeting in Miami. Mrs. Furman’s presentation was well attended and enthusiastically received. The income from the $25 fee for non-ACP members amounted to $952, representing approximately 38 paying attendees.

Currently, Andrea Weiss and Nina Stark from the Los Angeles area are working with us to plan a cosponsored program in LA on the Sunday afternoon of our 2001 meeting. We are, as always, open to members’ requests to facilitate an extension program independent of the Annual Meeting.

Future Planning, Co-chairs, Jack Novick, Ph.D., and Frances Marton:

Members: At the meeting in Florida it was decided to expand the committee to cover the work needed. The committee now consists of Co-chairs, Jack Novick and Frances Marton; and members, B. Childress, R. Furman, L. Levinson, J. Miller, M. J. Otte, A. Bry-Penman, J. Rosegrant. Ex-officio: M. Silverman and P. Brinich; European reps: C. Airas and J. Fabricius. New members and co-chair approved by the Executive Committee.

Email/Fax discussions: It was decided that we would try to have an Email list of members and use this for our regular discussions.

Topics: We noted how many of the committee’s ideas have already been put in place and that we were close to meeting our goal of working ourselves out of a job. This happened because the President and President Elect were on the committee and they worked with the chairs to implement many of the ideas. Because of this there was a shift in priorities, with Case Finding now the top priority. The other areas of continued focus for the future are: Membership, the Annual Meeting, Newsletter, and Evaluation. We noted that the aim of the committee is to work ourselves out of a job.

Grants Committee, Co-chairs, Charles Mangham, M.D., and Robert Gillman, M.D: Grant recipients will be expected to provide a written annual summary for any and all cases for which they receive a
Executive Committee Minutes . . .

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grant. All applications should include the following information:
1) A written request for funds; 2) The amount requested; 3) The name of the sponsoring tax-exempt organization, along with a copy of the tax-exempt approval by the IRS; 4) The name and qualifications of the person who would use the grant; 5) The names of supervisors, if any; 6) A one- or two-page description of the patient and the analysis of the patient, along with the current fee being paid by the patient; 7) A written agreement that the recipient will present the material at an Annual Meeting of the ACP and that the recipient will submit a written annual summary of the case; 8) If the patient is already in analysis at the time of the application, the applicant should include a two- or three-page summary of the course of the analysis, clarifying to the reader the progress of the analysis. Application forms are available through Nancy Hall.

Liaison Committee, Co-chairs, Barbara Deutsch, M.D., and Nat Donson, M.D:

Three new people have joined the committee: Mark Smaller (Chicago) will represent the social work groups. Douwe and Ulrich Jongbloed will be liaison to European Child Analytic groups.

N. Donson has done an excellent job of organizing a symposium to be held during the October 2000 meeting of the American Academy of Child and Adolescent Psychiatry (AACAP) entitled “Contributions from Child Psychoanalysis - Treatment of gender identity disorders.”

This symposium is sponsored by the ACP and the AACAP, Rachel Ritvo, Chair of the Academy’s Psychotherapy Committee, has been very supportive of this joint venture.

N. Donson will be the moderator. The contributors include: Stanley Leiken, Judy Yanoff, Susan Coates, Susan Bradley, and Kenneth Zucker. We are planning a presentation on Adoption at the 2001 meeting in Hawaii. M. Silverman has promised a paper and we are looking for a discussant. We hope that this jointly sponsored presentation will become a regular part of the AACAP program.

Of special note is another symposium “A Psychoanalytic Approach to Children with Learning Disabilities,” with Susan Sherkow, Lisa Weinstein, Martin Silverman, Jules Glenn and Paulina Kernberg, being sponsored by Dr. Ritvo’s committee. Presentations with an analytic orientation represent only a fraction of the vast AACAP program.

Discussion: The Rieger Psychodynamic Psychotherapy award is an award for child and adolescent psychiatrists, for members of the American Academy of Child and Adolescent Psychiatry. ACTION: This award to be published in the Newsletter. Mark Smaller will be taking over from Stevie Smith as the liaison with the National Social Work Committee. Stevie Smith is the liaison with the IACAPAP. Elizabeth Tuters is the liaison with WAIMH, Congress in Amsterdam 2002, and Melbourne 2004. Rachael Ritvo is chair of the Practice Committee, AACAP; Marion Gedney representing Section 39 - Psychology, asked that people who wished to present should let her know.

A general outline for IPA/ACP co-sponsored panels in Nice in Child and Adolescent Psychoanalysis was circulated.

42nd International Psychoanalytic Congress, Nice, July 24-26, 2001

Tuesday July 24:
Welcome: Coordinator, C. Airas
Introduction: Moderator, P. M. Brinich, USA
Case I, Presenter: Viviane Chetrit, Israel
Discussant: Elfriede S. Lustig de Ferrer, Argentina
Case II, Presenter: Helene Keable, USA
Discussant: Anne-Marie Sandler, England.

Thursday July 26:
Introduction: Moderator, Donald Campbell, England
Case I, Presenter: Anita G. Schmukler, USA
Discussant: Lore Schacht, Germany
Case II, Presenter: Kaarina Brummer, Finland
Discussant: Manuel I. Lopez, Mexico
Discussion - 700 to 800 child analysts have been appointed by the IPA and are recognized as child analysts in the IPA Roster.

Membership Committee, Chair, Kerry Kelly Novick:

During the time since the Annual Meeting in Miami in April 2000, the committee has received five sponsorships for Candidate Membership, and seven for Regular Membership. Our cut-off dates for submitting these materials are December 15 and June 15, in order to have time for processing and submitting names to the membership in a timely fashion.

In line with our responsibility in recruitment of members, a letter is being prepared for the heads of child analytic training at each institute of the American Psychoanalytic Association and the IPA, reminding them of the opportunity for Candidate Membership in the ACP for their candidates. The Membership Committee would welcome suggestions for further groups that might usefully receive this letter.

The Membership Committee would like the Executive Committee to give some thought to an important aspect of the growth of our Association. We are specifically not
making a recommendation for a particular vote or policy change at this time. Rather, we are fulfilling one of our mandates to bring membership-related issues to the attention of the Executive for study. We have three categories of membership: Candidate, Regular, and Collegial. The original idea of the Collegial category was to ensure that we could recognize those individuals who have made important contributions to child psychoanalysis by other pathways than training of a particular kind leading to clinical work. The Bylaws note that Collegial members are non-voting members of the Association, but no mention is made of whether or not they may sponsor new Regular or Collegial members.

No discussion as representative was not present.

**Newsletter, Co-chairs, Denia Barrett, M.S.W. and Barbara Streeter:**

The June 2000 edition contained Dr. Silverman’s first President’s Message, along with the reports of the workshops and plenary session of our Annual Meeting in Miami. The actual costs for the June Newsletter were within the range projected. The total cost per copy, including mailing cost, is $3.33. Prior to the last election of officers a question was raised about publishing statements of the nominees in the Newsletter.

Discussion: Confidentiality is an important concern. Reporters must check and clear with author of paper before printing. Clinical material is to be disguised by reporters.

**Nominating Committee, Chair, Moisy Shopper, M.D:**

Discussion: Current system is the President appoints the Chair, and the Chair in consultation with the President appoints the members. The final composition of the committee is approved by the Executive Council. The question is: should the Nominating Committee be elected. To be discussed. A questionnaire sent out by M. Silverman showed the Executive Committee overwhelmingly in favour of discussing the method.

Considering the five positions open, M. Shopper asked that names be given to him quickly with the following considerations: gender, medical/non-medical and geographic location. The idea discussed is to have the CVs published in the newsletter; timing is an issue. It was recommended that everyone have the same size - recommended 750 words. The ballots and the CVs will go out in February. This goes back to the question - should the Nominating Committee be elected. One idea discussed was that the current Nominating Committee consider various options and report back to the Executive. One idea was for the Nominating Committee to be composed of councillors who have completed their terms of office.

**Program Committee, Co-chairs, Thomas Barrett, Ph.D. and Anita Schmukler, D.O:**

The topic of the Annual Meeting, to be held in Beverly Hills (March 30 - April 1, 2001) is “Primal Scene/Primal Schema”: To think about the impact on child analysis and how this impacts inside and outside the bedroom.

**Study Groups and Continuing Education, Chair, Stanley Leiken, M.D:**

The reports to the American Psychoanalytic Association concerning the Miami meeting have been completed and sent. They have acknowledged that all was in order and complete. Plans for accreditation for next year’s Annual Meeting are underway. All of this has been handled skillfully and in a timely fashion, as usual, by Nancy Hall. So far we have had no requests for help from any social workers applying for CE credit. I do not know if this is because they have not needed our help in obtaining credits, or they simply have not yet applied, but our offer of help still stands.

**Old Business:**


ACTION: Defer discussion of this letter to the Executive Committee meeting in Beverly Hills. Consider asking Robert Furman to broaden his mandate. Consider a workshop on medication as well as a workshop on children of surrogate parents.

**New Business:**

**Topic: Amicus Curiae etc.**

Discussion: Moisy Shopper felt we needed to work quickly and seek out legal counsel and the costs of such and to present the cost at the Spring meeting. It was decided that it could be taken on an issue-by-issue basis. It is important to have the machinery in place and to have an analytic voice. Suggestion: Set up an Ad Hoc Committee with Moisy Shopper and Ruth Karush as chairs. ACTION: Talk to Bob Pyles and Paul Mosher as they could give concrete answers, as well as Ellan Sacks at the Los Angeles Institute.

Meeting Adjourned.

Respectfully submitted,

E. Tuters, Secretary
3. Ethics Committee – Peter Blos, Jr.
P. Blos Jr. spoke about the Ethics Committee, which has been working on an Ethics Code for the past three years. It has been accepted by the Executive Committee, in agreement with the lawyer to advise on the wording of some of the articles. The committee examined the Ethics Code of other organizations and M. Silverman commented that the ACP now has a model Code in simplicity, specificity, and working ability.

4. Extension Committee – Karen Marschke-Tobier
K. Marschke-Tobier referred to a combination of timing, preferred speakers and a local decision not to offer an extension program on the Sunday. However, there was a Thursday night paper presented by Erna Furman, who recommended we rally our members together as possible presenters for other extension programs. Thursday night might be a better alternative than Sunday afternoon. This idea will appear in the Newsletter.

5. Development and Donations – Art Farley and Robert Furman
R. Furman noted that this committee was providing a facilitation for people who wish to donate to support child analysis for those who cannot pay. In the past few years the contributions have doubled and tripled, which is heart-warming.

6. Grants – Charles Mangham
Two grants have been approved: to Denia Barrett, Cleveland Center for Research and Child Development; and Kirby Pope, Menninger Clinic.

7. Newsletter – Denia Barrett
D. Barrett referred to the change that has been agreed upon at the December meeting of the Executive Committee, that Minutes of Executive Committee meetings will no longer be published in the Newsletter until they have been approved. The Minutes of Business Meetings will appear in the Newsletter before the Executive Committee minutes have been approved and appear in the Newsletter. The Newsletter Committee has designed a questionnaire; they wish feedback on what members have found useful in order to respond to the wishes of the membership.

8. Nominating Committee – Moisy Shopper
M. Shopper spoke on behalf of the committee, and how the committee had wished for a good balance of gender, geographical distribution, and medical/nonmedical, and with this balance in mind the committee was selected. The members are Roy Aruffo, Howard Benson, Joanne Naegele, Carl Narcissi, Wendy Olesker, Stevie Smith.

The committee made an error in that it had a late start and named people to run, first selecting them and then asking them if they would. The committee realizes this is not the way to proceed as many people had commitments that would not allow them to run and, as a result, there was a very unbalanced slate. As well, the committee did not have enough time nor did it present the slate to the Executive Committee.

The Nominating Committee plans to canvass its membership in ways that the committee can do a better job in future and report to the Executive Committee, and plans to have everything done much earlier and more efficiently. The committee feels the chair is now more experienced, has learned how to proceed, as the committee has more knowledge.

The Newsletter will carry an announcement of the Nominating Committee’s work and who its members are. It will also announce that 10 names are necessary to nominate a person for the slate at any time. M. Shopper hopes this will remedy the previous imbalance.

Discussion:
The Nominating Committee and the Executive Committee were reminded that in the past there was a practice, due to a handful of numbers towards a win or lose vote, to ask these people to run a second time, as the
Minutes of Annual Business Meeting...

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Nominating Committee always has qualified people confirmed by the Executive Committee.

M. Silverman acknowledged the past procedure and spoke on behalf of the Nominating and Executive Committees, that consideration is being given to the process and procedure of nominations and how the Bylaws are written to ensure representation geographically and from overseas to address the distribution imbalance we are attempting to correct.

9. Program Committee – Tom Barrett and Anita Schmukler

Work has begun on next year’s program, Alternative Paths to Parenthood, Children of Adoption or Surrogacy. The workshop presentations do not necessarily have to follow the topic. Next year there will be workshops on issues of Medication in Young Children, and Outreach Efforts. The main reason for ACP meetings is to have a scientific program. A request is made to all the membership to recruit papers from candidates and colleagues. A preliminary draft of papers can be sent before June 1. The committee is considering an Open Call for analytic work with children (preschool, latency, adolescents - early, middle and late). Work with twins, multiples, and work with families.

10. New Business

Election Results:
Councillors:- Barbara Deutsch, Ruth Fisher, Samuel Rubin;
Candidate Councillors:- Eleanor Herzog, Jon Meyer;
Retiring Councillors:- Art Farley, Ruth Karush, Steven Marans.
Retiring Candidate Councillors:- Nat Donson, Sylvia Welsh.
The President thanked the councillors for their enthusiastic work over the past three years.

11. Next Meeting
Reminder: Raleigh Durham, North Carolina
March 22, 23, 24 /2002

Plans for 2003 will be mid-west.

Meeting Adjourned.

Respectfully Submitted,
Elizabeth Tuters
Denia Barrett, MSW, co-editor of the ACP Newsletter, asked that I write about my teaching experience at the University of Padua in the child psychotherapy and child analytic program this year. It is with great pleasure that I do this for her.

This year, I have had the opportunity to teach and supervise in this program in Padua. I am one of several other graduates of the Anna Freud Centre, and ACP colleagues who have been invited to teach at the University of Padua in the “Scuola di Specializzazione Del Ciclo Di Vita.” Adriana Lis, director of the Padua program, mentions these analysts in her article below.

The teaching that I have done has consisted of half-day or daylong visits with Adriana and her students. The format varies from a case presentation by me which is translated simultaneously and then discussed with the students; or students present cases for discussion and supervision.

Since my days as a student at Hampstead (now the AFC), I have known about the work being done in Italy in Child and Adolescent Psychoanalysis. Hearing about a program is one step in appreciating it. Actually participating in it is quite another. With each successive visit, I have been struck by the high level of psychoanalytic understanding of the students. I have profited greatly from the meeting with our European colleagues and sharing psychoanalytic understandings and endeavors. My eyes have been opened to the vital work we share in common, and the value of communication across the globe. What follows is Adriana’s brief history of the program.

The “Scuola di Specializzazione Del Ciclo Di Vita” is a four-year course to train psychotherapists founded three years ago in the Università di Padova. According to the Italian law, a psychologist or a medical doctor becomes a psychotherapist when s/he attends a four year training course. The school gives the opportunity for training in three possible areas: children and adolescents, support and psychotherapy for old people, rehabilitation for learning disorders. The three areas are neatly separated and with a differentiated training. At the moment, Prof. Adriana Lis is the director of the entire school but she is in charge of the training of the first area. The two other areas are guided by different professors.

The aim of the first area is to train psychoanalytically oriented child psychotherapists and child psychoanalysts in Italy. The area is officially named “The Child and his/her Family.” So “The Child and his/her Family” is a four-year training course aimed at training child and adolescent psychotherapists with a psychoanalytic foundation.

The school accepts only psychologists. In Italy, by psychologists, we mean people who have completed a five-year university course in a Faculty of Psychology (leading to the title of Dottore in Psicologia). They have also had to complete a one-year training in a service or institution and to have passed a special exam in order to be included in the register of the psychologists.

Admission to the school is subject to very strict rules and is highly selective. First, there is a written exam on psychoanalytic concepts, on psychoanalytic assessment and on intelligence tests and on projective techniques. Second, the candidates have a clinical interview about their motivation to participate in the school, their previous experience working with children and adolescents, their personality structure, their wish to begin a psychoanalytic formation (personal analysis). Some of them have already begun a personal analysis with an analyst of the Italian Psychoanalytic Society, others not yet. The candidates are of different ages, but young. Some of them are very young and just at the beginning of their professional life; others are already working and a little bit older, but in general, no more than 30 years old. The training course is structured in seminars, group supervisions and individual supervisions.

The seminars are on developmental psychology, developmental psychopathology, and psychoanalysis. Some of the Italian teachers are members of the Italian Psychoanalytic Society (e.g., Renata Gaddini, also member of the ACP, Maria Rosa De Zordo, Irene Olivotto, Salvatore Russo) others are psychoanalytically oriented child psychotherapists with many years of experience. Some of them have attended two-week seminars at the Anna Freud Centre (London) (e.g., Rosetta Bolletti) for many years. Two members of the Anna Freud Centre, Dorothy Luciani and Louis De La Sierra (also members of the ACP) and now also Robin Turner (St. Louis) come regularly two to three times a year for supervision and clinical teaching. Adriana Lis gives many seminars and weekly supervision groups. Other adult and child analysts have visited our course, helping our candidates with clinical and theoretical seminars.

All the candidates are asked to carry out an experience of infant observation according to the Anna Freud Centre model. An infant is observed weekly from birth for at least one year with a weekly discussion group on the observations.

The training course is strictly connected with the Laboratorio Selma Fraiberg (directed by Adriana Lis), a Center for assessment, psychotherapy and psychoanalysis of...
Padua Course...

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children and adolescents. This allows the candidates to see training cases in assessment and therapy.

According to the number of weekly sessions, the candidates follow children in psychotherapy and psychoanalysis according with their number of years of personal analysis. As in every part of the world, it is not so easy to find cases for intensive treatment. Some of the candidates can decide to finish their training only with the title of psychotherapists. Others are very willing to be child analysts and they wait for their analytic cases. Surely the course is very, very young. Above all, the course needs senior analysts who can help with analytic cases, but our aim is to reach “maturity” with the help of different colleagues.

Besides the training course, we have also founded an “Associazione di Psicoterapia e Psicoanalisi Infantile,” where child psychotherapists and psychoanalysts can find supervisions, seminars, discussion groups like a form of continuous psychoanalytic “education.” Many of the members of the ACP have accepted honorary membership.

Prof. Adriana Lis would like to thank Poppy and Bob Furman, Tom and Denia Barrett, Ruth Hall, and Anni Bergmann, just to mention a few of the people that are supporting her in this difficult beginning, because she really believes in the child psychoanalytic approach that the ACP is supporting and expanding.

NOTE FROM SAN FRANCISCO:

Dr. Kliman reports from San Francisco that he is continuing the Cornerstone project which he started in 1965 in New York with the help and supervision of Marianne Kris. It is an experimental application of child analysis within preschool therapeutic classroom settings. The Cornerstone Project at a public school in San Mateo, California has now entered its sixth continuous year under Dr. Kliman’s supervision. The Cornerstone Therapeutic Preschool in San Francisco is now in its second year of operations, and has become a licensed daycare and preschool. Application is underway to become a nonpublic special education school.

Psychoanalytic treatment of disturbed preschoolers and some with pervasive developmental disorders goes on within the classroom setting of both Cornerstone projects. Parent guidance is given weekly to each family. For more information see the Cornerstone pages on www.cphc-sf.org.

The Cornerstone work is being performed by a nonprofit California Public Benefit Corporation called The Children’s Psychological Health Center.

Gil Kliman and other psychoanalysts are involved in several other areas of applied psychoanalysis in organizations whose headquarters are in San Francisco:

The Children’s Psychological Health Center, Inc. provides disaster relief mental health publications, foster care mental health guidance publications, and childhood trauma related forensic child psychiatric evaluations throughout much of the nation. Two psychoanalysts, Harriet Wolfe, M.D. and Gilbert Kliman, M.D., have done much of the guided activity workbook creation, together with child psychiatrist Edward Oklan, M.D.

Within one of the Center’s divisions called “The Children’s Psychological Trauma Center,” Dr. Kliman and several other clinicians at the Center find psychoanalytic testimony is highly effective with most juries. One measure is the degree of acceptance by juries of the opinions, which is at about the 95% level. Another measure is the monetary award given to a child. There have been over $250,000,000 of jury verdicts and settlement awards for approximately 200 children concerning whom Dr. Kliman has testified. Defense requested evaluations approached with a psychoanalytic perspective are also considered a clinical contribution to the justice system. For more information see www.cphc-sf.org.

Child Analysis Video Archive:

About 50 hours of a 4.5 to 5.5 year old child’s psychoanalysis recently conducted by Dr. Kliman have been recorded with family permission. Thanks to this gift from the family, psychoanalytic scholars may study the tapes. The tapes have been used for intensive study at the San Francisco Psychoanalytic Institute and at the U.C. Berkeley Psychotherapy Study Project. Information would be appreciated about the existence of similar child psychoanalytic archives.

Web Sites:
Association for Child Psychoanalysis
http://westnet.com/acp/

International Psycho-Analytical Association
http://www.ipa.org.uk

American Psychoanalytic Association
http://www.apsa.org

European Psychoanalytic Federation
http://www.epf-eu.org
VULNERABLE CHILD: ELIAN’S DRAMA: The Role of the Child Analyst; Children in the Midst of Chaos and Controversy
A Summarized Report by M. Hossein Etezady, M.D.
Chairman: Theodore B. Cohen, M.D.
Co-Chairman: M. Hossein Etezady, M.D.
Presenters: Judith S. Wallerstein, Ph.D., Paulina F. Kernberg, M.D. and Jerry Wiener, M.D.
Discussant: Leon Hoffman, M.D.

This report is a summary of the Vulnerable Child Discussion Group presented at the American Psychoanalytic Association in New York City, New York on December 14, 2000.

In her discussion of Dr. Kernberg’s presentation, 1 Dr. Wallerstein commented that children like Elian who have been in the center of family disputes, have been called Armageddon. Since 1970, one million children a year have been affected by divorce. Ten to fifteen percent of these cases are involved in extreme circumstances of severity similar to Elian’s situation with repeated episodes of entanglement and repeated court appearances.

Issues of transference or countertransference manifested by adults as symptoms are experienced as ego syntonic. These adults feel noble, as they believe they are fighting for a cause. This is true in all such cases, not just in the case of controversy between Cuba and the United States. This is not unlike the psychology of religious warfare when the participants are involved in the bloodiest of wars, because they believe God is on their side. These individuals feel they are fighting for glory, for the right cause and for the well-being of the child. Tragically, they don’t seek treatment and they don’t provide their children with treatment. The clinical problems that their children encounter are very serious and often unrecognized. There are issues relating to the mourning of the divorce, as parents may be dependent on the child. They may be keeping depression at bay through combat and use of aggression. They may have difficulty maintaining a stable sense of self without the other. They know how to create anger and anxiety in the other and also become excited or frightened by their own aggression in the presence of the other. The divorce represents an intolerable narcissistic injury. They are frightened of each other and violence is often a part of the picture and prominent in the history of many of these families. Violence is used as a recourse. This is the aspect that was also played out in the situation between Cuba and the United States in the streets of Miami and in the streets of Cuba. This rarely occurs in a vacuum. There is contribution from grandparents and others reaching a widespread tribal magnitude. The chorus of others on each side led to a chaotic confrontation ruled by inappropriate elements and countertransference effects.

These factors create great difficulty in being able to maintain one’s focus exclusively on the child and not the internal influence of countertransference. In Elian’s case, the mental health professionals were not asked to decide where the child should go and to their credit, the governmental officials kept the focus on the child so that the child did not disappear from their sight, as is usually the result in these cases. These conflicts don’t diminish over time. They feed on themselves and on the motivations that got them started. The child and his interest is lost and the courts end up safeguarding the interest of the side that has been able to mobilize more resources.

As in families, parents demonize the other side and influence the child’s view of the other parent in a distorted fashion, so we saw the same in Elian’s case where the Miami family depicted the Marxist regime as incompatible with children’s well-being, education, health, and mental health. In reality, however, in the case of health and education for Cuban children this is far from the truth. The quarrel is over who is the good person of the two and they expect that the therapist in the court will designate them as the good one and the recipient of the child’s custody. They don’t want treatment for the child. When they are required to provide for the children’s treatment, they do not bring them and when they do, they don’t pay their bills.

In his presentation, Dr. Wiener noted that under ordinary circumstances there would be no question as to whether a surviving father should have custody of a five-and-a-half year old following the death of the mother. Elian had lived in his father’s home since the divorce of his parents when he was three years old and spent weekends with his mother and her boyfriend. As was routine in Cuba, the mother had legal custody.

The question posed to us as a team of consultants by the Immigration and Naturalization Service and the Attorney General included:
1. The timing, process and the setting of the transfer of physical custody of Elian from the Miami family to the father in as psychologically positive a way as possible while minimizing fear of further abandonment or punishment.
2. How to best achieve reunion between Elian and his father and a reconciliation between his father and the Miami family.
3. How could the adverse effects of a forceful transfer be minimized.
4. How best to prepare the father to respond to Elian’s feelings and problems in a way most helpful to Elian.

After surviving two days in an inner tube and being taken to a hospital by a fisherman, Elian gives the doctors his phone number in Cuba. The family in Cuba calls relatives in Miami and in the streets of Cuba. This rarely occurs in a situation between Cuba and the United States in the streets of New York City, New York on December 14, 2000.

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Elian’s Drama . . .

(Continued from page 26)

Miami and asks them to take care of Elian. The INS “paroles” Elian to the care of the family but retains legal custody. They decide that the boy probably belongs with his father and that neither the family nor Elian have a legal standing to request asylum.

I was asked if I was willing, along with two others to serve as a consultant to INS as to the best conditions to reunite Elian with his father and Elian’s best interest as the central guiding concern. We recommended a set of principles based on all the information provided to us about the father and the family in Cuba, the circumstances in Miami and the interview with the father conducted by Drs. Kernberg and Lynch:

1. The father should have an unambiguous reunion with Elian and transfer of custody as soon as possible. Further delay might leave Elian in the middle of an increasingly bitter acrimony which would cause him uncertainty as to where he rightly belonged. Furthermore, Elian would not be able to begin to deal with the trauma of losing his mother until he was safely returned with his father.

2. That the two families meet in a neutral location and attempt to reconcile over time, so that Elian could experience the transfer of custody in a constructive atmosphere.

3. That it be explained to both sides that this would be in Elian’s best interest and the only possible basis for a family reconciliation.

The father agreed with all these conditions, but the Miami family was absolutely adamant that the father must come to Miami, and no amount of reason or appeal to Elian’s well-being changed this position. This discussion confirmed my own concern that the family would never agree to a voluntary transfer because it would mean a victory for Castro or a defeat and a loss of face for the Miami family. The only acceptable alternative for them became defying the government with the hope that the government would not risk using force. If the government did use force, they would then be able to claim victimized outrage. From their point of view, this was a win-win strategy and it was the scenario that ensued.

We were repeatedly asked how could we advise what was in Elian’s best interest without evaluating him, especially since the family’s psychologist and others were claiming that without the family’s cooperation, Elian’s removal would cause irrevocable damage. We had agreed to meet with Elian in Miami, but only if they were able to come to agreement for transfer and reconciliation and not to evaluate whether Elian’s custody should be transferred to his father. An adequate evaluation could not be conducted in a short time or as coincidental to a TV show. We became increasingly concerned that Elian was in an escalating, exploitative, and damaging environment. Furthermore, there was no reason to believe that separation from his home of five months and a reunion with his father with whom he had lived all of his life, and with a stepmother and infant half-brother would cause harm, rather quite the contrary. We were concerned that the longer Elian’s return to his father was delayed, the more bewildering and untenable his position would be. We had established procedures to provide reassurance for Elian at the first moment of his taking, that he was on his way to his father, that he was not going on a boat or by water and that no one in his Miami family home had been harmed. There is no indication that this event was experienced as a trauma or has left enduring consequences.

The week of Elian with his father in Maryland confirmed our expectations. Heartwarming pictures and direct observation by Dr. Kernberg (a member of our team) were reassuring. Elian was no longer seen on TV waving to the emotion-laden crowd outside his home. We had to walk a fine line based on psychoanalytically informed probabilities and by knowledge of developmental lines and levels, temperament and resiliency, cognitive maturation, separation, loss and trauma at his age and the role of coping strategies available to a five-and-a-half year old, such as denial, repression, suppression, etc.

In her discussion of Dr. Wiener’s paper, Dr. Wallerstein commented on how well Elian was protected by the legal system in contrast to most children in his situation who do not receive similar consideration from the legal system. On the other hand, whereas the crowd in Miami were active and vocal, child advocacy voices were silent while Elian’s father was being vilified. It is important to know what happens to those children who don’t have either the resources or the secure background that Elian had. Unlike the United States, in Cuba the care of children is more of a community concern than a private matter. Consequently, Cuban children tend to respond to unfamiliar adults more readily and warmly. Cuban children in residential facilities present themselves well and happily in a pleasing and charming manner to visiting outsiders. In the children of our own clinical population what we see is an initial opening of a fairly significant amount of verbal expression followed by many sessions with little affective contact and nothing revealed.

In his presentation, Dr. Hoffman commented on the tradition of inward looking stance of psychoanalysis that is manifested in ambivalence toward public appearance. In contrast to this stance, in April 2000, Gunther Perdiago, M. D., a child analyst from New Orleans appeared on television for three days to demonstrate how to talk and play with a child (Elian) and emphasized the need to consider the best interest of the child in custodial disputes. In the same week Dr. Donald Rosenblitt, another prominent child analyst appeared on CNBC to discuss the emotional impact of the loss of parents on children. He, too, stressed the concept of the best interest of the child in custody conflicts. Other media events featured psychoanalysts discussing issues of medical privacy and on other occasions, publicized the vigor and vitality of psychoanalytic technique and treatment. While pronouncements on the demise of psychoanalysis have frequently been issued, our field has never been more vibrant. There are more candidates in psychoanalytic institutes, a great deal of open interaction among various psychoanalytic groups and a vigorous cadre of academia steeped in Freud and psychoanalysis. In fact, there are more people involved in talking therapies than before. Many of these therapies are...
Elian’s Drama...

(Continued from page 27)

based on psychoanalytic principles.

In the present climate of managed care, “a pill for every ill,” psychoanalysts have an unprecedented opportunity to communicate to the public that in fact, “talking therapies” are needed and provide a unique and effective form of treatment. Despite our ambivalence, we must commit our resources to demonstrate to the public that psychoanalysts are professionals who know most about caring for individuals as individuals with their unique stories and unique sources of pain. Our basic principles can be simply stated and communicated: that each individual is unique. Factors outside of a person’s awareness influence his or her thoughts and actions; that the past shapes the present; that psychoanalysis is an effective treatment for many moderate to severe difficulties that have not responded to briefer therapies; that psychoanalysis furthers our understanding of the role of emotions in health as well as illness. Psychoanalytic ideas enrich and are enriched by biological and social sciences, group behavior, history, philosophy, art, and literature. They contribute to child psychology, education, law, and family studies.

As a profession, we need to present ourselves to policy makers and the media to explain and argue our points. Not all analysts agree that we should attain a prominent public persona. These concerns are related to the effects of our public appearance on our patients’ transference and the effect of these activities on our individual patients.

Other objections may arise from anxiety due to the following:

1. Distortion in the press.
2. Biased anti-psychoanalytic coverage.
3. Disapproval by leading colleagues interfering with one’s professional progress.
4. Ethical and privacy violations.

It is naïve to believe that bad coverage is worse than no coverage. There is always some good that can be gleaned from all coverage. Cooperation with the media leads to development of relationships with journalists which generates more press coverage with more likelihood of positive stories. Our effort has to include mechanisms to learn from our mistakes rather than eliminating the effort. A successful public information [link] can be invigorating and counteract the sense of apathy that can set in in institutions and individuals. Psychoanalysts have been slow to learn that their active effort can increase the positive representation of psychoanalysis in the media as well as in other aspects of public life.

For psychoanalysis to survive as a healthy discipline, both scientific growth as well as public awareness of its value has to continue.

In her discussion of this paper, Dr. Wallerstein commented that, partly due to the efforts of Dr. Hoffman and those like him, there is now a grass roots movement toward involvement by psychoanalysts in centers of child care and child development. We are beginning to do more in areas of advocacy, public awareness, lobbying, and taking our skills and knowledge into the community where there is a need. It is no longer a matter of whether or not it is good for us to be involved, but how can we best serve the needs of children. When we appear on a TV program, we need to be cognizant of whether we make an appearance for its entertainment value or does it serve the interest of those children that we intend to help. Frequently, when invitations are extended to us to have children on these programs, the main purpose it to exploit the children for entertainment and commercial considerations. Another serious issue is a matter of legislation to ensure that when children are displayed on TV, previous authorization from the child’s parents has been obtained, as is legally required in California. In California, both the child and the parents have to provide consent. If the child’s consent has not been obtained, he or she can sue at reaching the age of 18. We need to carefully think about the rights of children and confidentiality in order to help protect children where needed legislation does not exist. As a professional community, we need to decide on where we stand on various issues concerning children, adolescents, and families in areas that may not be familiar territory to us. Often the media needs to create controversy and presents a black versus white picture. Once they have published their version of a situation, a line or two cited from us published later, does not undo the damage.

In these areas we need rules and guidelines which are complicated and difficult to establish since the priorities and values of the media are different from or at odds with ours.

Dr. Etezady spoke of our emphasis on the neutral position of the analyst and the best interest of the child as the exclusive focus of our attention. Maintaining this neutrality is particularly crucial as well as challenging when social or political pressures threaten to obscure the primary needs of the child. This was dramatically demonstrated in Elian’s case where these forces became central and assumed such heightened intensity and vehemence. In psychoanalytic tradition, our obligation is to set aside social, political, and cultural pressures in order to establish a clear picture of what is in the best interest of the child, while preserving the bonds of his attachment and the integrity of the family unit.

Dr. Wallerstein cited examples of children presented on popular TV programs in order to bolster views of adults exploiting children’s lack of the capacity to critically evaluate the purpose of such exposure and to provide protection for themselves.

UPDATE:
by Paulina Kernberg

On March 28, 2001, I visited the class of Elian Gonzalez, in Cardenas, Cuba. Now seven years old, he is one of the two best students in his second grade class. He participates actively in his classes, ready with questions to the teacher. He likes to sing, play with his friends and likes to swim in the sea. He lives next to his paternal grandparents with whom he is very close. Mr. and Mrs. Juan Miguel Gonzalez are expecting a new addition to the family.
The Hanna Perkins Center offers its child analytic candidates during their fourth year of theoretical seminars an opportunity to request topics of their own choice. At the start of the current academic year of 2000-2001, the students asked for a course on transference/countertransference. I became the faculty member in charge of meeting their request. They wanted help with an intellectual confusion: Whenever they listened to presentations and discussion outside our Center or read current articles in the analytic literature, the terms transference and countertransference were used in so many different and inconsistent ways that they could not reconcile them in their own minds. Nor was their concern due to lack of learning about these topics in their own training. Since its beginning in the late 1950s, the child analysis course of the Hanna Perkins Center has always included discussion of the concepts of transference and countertransference, and not only in the individual case supervisions. To my knowledge, it is actually the only child analytic training that requires students to study the two most insightful contributions to the analyst’s difficulties in working with children and to discuss them in the very first session of their first course, namely Berta Bornstein’s (1948) and Olden’s (1953) articles. This merely underlines our longstanding awareness of how necessary it is, for the child analyst especially, to pay close attention to our part in the psychoanalytic work so that we can do it as best possible. However, we kept the topic in perspective within the overall context of the curriculum and did not include the wide-ranging debate of recent years.

Like our candidates, I had, for some time, been concerned about the confusion surrounding the definition and scope of the terms transference and countertransference but it was not until I researched the literature in preparation for teaching that I came to appreciate the extent of the difficulty. Historically, right up to the present, it is a topic on which Freud has been widely ignored and misquoted, although he originated both concepts, and the work of Anna Freud has been almost completely sidestepped, especially during the last twenty years. Even well-intentioned and industrious reviews of the development and disparate trends of the concepts are marked by undue selectiveness of authors and contributions as well as by insufficient clarity and logical consistency in elucidating concepts. Instead, articles and discussions have been pervaded by a narcissistic tendency which, at the 1977 New York Panel on this topic, Gabbard termed “navel gazing” (p. 576) and Spillius described as “American schools of thought have become more preoccupied with the analyst than with the patients: (p. 575).”

The mini-course for our candidates did not intend to correct others’ shortcomings but to highlight some of the missing links and missing definitions, to put some of the contributions into their historical context, and, of course, to discuss particularly their clinical use in child analysis. We had three one-and-a-half hour sessions, two for presentation, one for discussion. In addition to the fourth year candidates, we were joined by students who had completed their theoretical work and some members of the faculty. We started out with a detailed review of Freud’s definitions and recommendations, followed by Anna Freud’s many contributions to a wider and more thorough understanding of transference and of the many aspects of the analyst’s part in the analyst-analysand relationship (1936, 1954, 1965, 1968), countertransference constituting just one. Noting that the nature and limits of the analyst’s role have been a topic of intense interest and debate since the beginnings of psychoanalysis, we then considered a wide range of contributions during successive periods – prior to World War II, the postwar decades, and the last 20 years.

The postwar decades until about 1980 were extraordinarily productive and scientifically important. We compared Kleinian and Freudian articles, different views and conceptualizations within these groups, the varied uses of transference and defense interpretations, the difficulties inherent in the object relations theory as outlined by Anna Freud (1965) and the problems with transferences which cannot be therapeutically utilized. We explored the contexts of seminal papers, such as Isakower’s “analyzing instrument” constituting just one of a number of recommendations in his report on supervising candidates (1957) and Winnicot’s “Hate in the countertransference” (1949) being motivated by his wish to promote psychotherapies for seriously ill adults, instead of leucotomies. The period closed with three scientific meetings on transference and countertransference in child analysis by the Association for Child Psychoanalysis (1978, 1979). Of the many illuminating contributions, few are in print and none are referred to during the subsequent period which, in adult even more than in child analysis, has been marked by individual, often extreme viewpoints which change and even reverse earlier definitions and analytic goals, e.g., Renik (1993), equate countertransference with empathy, e.g., Pine (Panel, 1997), or subsume all aspects of the analyst’s part under the term countertransference instead of clarifying and differentiating the facilitating and interfering ones, e.g., several authors in Tsiantis et al. (1996). In this latter area I added new ideas and outlined approaches of study.

Our discussion explored clinical and technical implications, mechanisms of transference (such as projection, externalization, and passive into active), and some of the reasons why new theories often focus on pars pro toto instead of instead of integration with the existing body of knowledge.

For a complete list of references, contact the Cleveland Center for Research in Child Development, 2084 Cornell Road, Cleveland, Ohio 44106
THE NORBERT AND CHARLOTTE REIGER PSYCHODYNAMIC PSYCHOTHERAPY AWARD

The Award recognizes the best unpublished paper, written by a member of the AACAP, which addressed the use of psychodynamic psychotherapy in clinical practice and which fosters development, teaching and practice of psychodynamic psychotherapy within child and adolescent psychiatry.

This Award presents a $4,500 prize as well as delivery of the winning paper at the American Academy of Child and Adolescent Psychiatry Annual Meeting Honors Presentation. The paper will be reviewed for publication in the AACAP Journal. Stanley Leiken is on the review committee. Rachel Ritvo has written that “The AACAP feels that [these submissions are] a test of the commitment of the psychodynamic psychoanalytic community to having a place at AACAP...[and for] keeping psychoanalytic ideas in the mainstream of child psychiatry.”

Award Submission Process:
To be considered, all papers must meet the following criteria:
1. The paper must be authored by a member of the AACAP.
2. The paper must be an original which has not been previously published.
3. Five copies of the paper should be submitted, should be double-spaced and should not exceed 30 pages.
4. The author’s name and address should appear ONLY on a detachable front sheet so that he papers can be evaluated anonymously.
5. Papers should address clinical work with children and adolescents using psychodynamic psychotherapy.
6. Papers must be submitted by June 1, 2002.
7. ONLY child and adolescent Psychiatrists/Psychoanalysts may apply.

All questions should be directed to the chair of the AACAP Psychotherapy Committee: Rachel Ritvo, M.D., 6110 Executive Blvd., #910, Rockville, MD 20852, Phone: 301-468-0117, e-mail: rzmd@erols.com

Submission for the Award should be sent to:
Kayla Pope, Department of Research AACAP, 3615 Wisconsin Ave., NW, Washington, DC 20016, Phone: 202-966-7300 or e-mail: k pope@aacap.org.

FOUNDERS AWARD OF THE PSYCHOANALYTIC STUDY OF THE CHILD

This Award, sponsored by The Psychoanalytic Study of the Child and The Anna Freud Foundation, is presented annually in honor of the three founders of The Psychoanalytic Study of the Child, Anna Freud, Heinz Hartmann and Ernst Kris. An award of $2,500 will be presented annually to the author (or authors, jointly) of an original paper submitted for consideration for publication by The Psychoanalytic Study of the Child. Preference will be given to authors under 50 years of age.

The first annual award will be made for a paper submitted for Volume 57 of The Psychoanalytic Study of the Child, to be released in November 2002. The deadline for submissions is October 1, 2001. The paper will be judged on its relevance to the mission of The Psychoanalytic Study of the Child which has the goal of advancing the psychoanalytic understanding of children from clinical, developmental, theoretical, and applied research perspectives, including neurobiological and genetic contributions.

Please mail papers to: Albert J. Solnit, Managing Editor. The Psychoanalytic Study of the Child, Yale Child Study Center, P.O. Box 207900, New Haven, Connecticut 06520.

TORONTO TRAINING PROGRAM

Toronto Child Psychoanalytic Program [TCP]
President, Sally Doulis, phone: 416-368-8721
C/o Administrative Coordinator, Donna Woodhouse
phone: 416-288-8689
31 Avis Crescent Toronto M4B 1B8 Ontario, Canada

“...I am confident in the idea that money is usually found for worthwhile purposes, and that the training of true analysts, equally versed in human understanding, clinical insight, therapeutic skills, and searching exploration, ranks high among these.”

A. Freud, 1966
The Ideal Psychoanalytic Institute: A Utopia
The Anna Freud Centre Training in the Psychoanalytic Study and Treatment of Children and Adolescents

Director: Julia Fabricius
Head of Clinical Training: Viviane Green

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

The Course comprises

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

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

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

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

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

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

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

Hanna Perkins Center for Child Development
Course in Child Psychoanalysis

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

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

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

For a brochure on the Program and further information, write to: Thomas F. Barrett, Ph.D., Director, Hanna Perkins Center for Child Development, 2084 Cornell Road, Cleveland, Ohio 44106. 216-421-7880
THE ANNA FREUD CENTRE INTERNATIONAL COLLOQUIUM FOR 2001

Will take place on Friday, November 9 and Saturday, November 10. This year the topic is “Work With Patients Who Have Been Sexually Abused.” There will be ample time for discussion of two clinical papers, one about work with an adult and one about work with a child. Attendance at the Colloquium is by invitation and places are restricted but if ACP members would be interested in receiving an invitation, please contact Rowena Kendal, the conference organizer at:

The Anna Freud Centre,
21 Maresfield Gardens, London, NW3 5SD, UK
Tel: 44-207-794-2313; Fax: 44-207-794-6506;
E-mail: rowena.kendal@annafreud.org

The cost of attendance over the two days is $130.00. Lists of local hotels can be supplied

NON-MEMBER ATTENDANCE AT ACP MEETINGS

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

World Association for Infant Mental Health Congress

“The BABY BIRTH TO THREE: Prevention, Parents, Poverty, Policy”
July 15-20, 2002
Amsterdam
The Netherlands

CALL FOR PAPERS

Submissions for papers will be welcomed if received by September 7, 2001.

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

CALL FOR PAPERS

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

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

☐ Please enter my one year subscription for the ACP Newsletter:

Enclosed is $______________ Check/Money Order payable to the “Association for Child Psychoanalysis”

NAME: ____________________________
ADDRESS: __________________________________________
CITY: __________________ STATE: ______ ZIP: ____________
PHONE: (____)__________________________
### Calendar of Events 2001 – 2002

#### September 29, 2001
**Presented by the Ann Martin Children’s Center**
**The Unexpected Legacy of Divorce: Results of a 25 Year Landmark Study**

Speaker: Judith Wallerstein, Ph.D.

*For more information contact:*
David S. Theis, DMH, Executive Director
Ann Martin Children’s Center  
☎ 510-655-7880, ext. 224  
Fax 510-655-3379  
E-mail davidtheis@annmartin.org

#### October 19-21, 2001
**Western Regional Child Analytic Meetings**
Denver, Colorado

*For more information contact:*
The Denver Institute for Psychoanalysis  
☎ 303-315-7776

#### October 23-28, 2001
**American Academy of Child and Adolescent Psychiatry**
Honolulu, Hawaii

*For more information contact:*
AACAP  
☎ 202-966-7300  
Fax 202-966-2891  
E-mail meetings@aacap.org

#### October 1-2, 2001
**35th Psychoanalytic Colloquium of the Alfred Binet Center**
Paris, France

L’entrée dans l’adolescence (the beginning of adolescence), with theoretical and mostly clinical papers presented in French

*For more information contact:*
H. Benhamou, M.D., Ph.D.  
Centre A. Binet  
Fax 33.1.40.77.43.55

#### December 14-23, 2000
**Fall Meeting of the American Psychoanalytic Association**
New York City, New York

*For more information contact:*
APsaA  
☎ 212-752-0450  
Fax 212-593-0571  
E-mail apsaorg@compuserve.com

#### October 29-November 2, 2002
**International Association for Child and Adolescent Psychiatry and Allied Professions [IACAPAP] Congress**
New Delhi, India

#### 8th Conference of the National Membership Committee on Psychoanalysis in Clinical Social Work
**“Representations and Re-Presentations: Psychoanalytic Reflections”**

A presentation on the “Future of Child Analysis” will be given by a panel of three ACP members: Colin Pereira-Webber, M.S.W., Bertram Cohler, Ph.D., and Mark Smaller, Ph.D.

#### March 22, 23, 24, 2002
**Annual Association for Child Psychoanalysis Meeting**
**Alternative Paths to Parenthood: Adoption and Surrogacy**
Raleigh, North Carolina

*For more information contact:*
Nancy Hall  
☎/Fax 201-825-3138  
E-mail childanalysis@compuserve.com

#### April 10-14, 2002
**Division 39 of the APA**
**Evolving Domains: Psychoanalysis in Dialogue with Science, Culture and Technology**
The Waldorf Astoria, New York City, NY

*For more information contact:*
Div. 39 Central Office  
☎ 602-212-0511  
Fax 602-212-9692  
E-mail div39@inficad.com

First call for papers on the Internet:  
www.divpsa.org/conference/index.html

#### July 15-20, 2002
**WAIMH Congress**
Amsterdam

Theme – “The Baby Birth to Three: Prevention, Parents, Poverty, Policy”

*For information contact:*
WAIMH, Kellogg Center, #27 MSU  
East Lansing, Michigan 48824, USA  
Fax 517-432-3694

#### October 29-November 2, 2002
**International Association for Child and Adolescent Psychiatry and Allied Professions [IACAPAP] Congress**
New Delhi, India
EDITORS’ NOTICES

NOTES TO CONTRIBUTORS

Association for Child Psychoanalysis
Newsletter

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

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

Deadlines for submission of articles:
For summer newsletter: April 30th
For winter newsletter: November 15th

Submission of articles:
1. We prefer to receive submissions via e-mail.
2. Our second choice is to receive articles on 3.5 inch floppy disks, with MSWord software preferred.
3. Hard copies of articles, faxed or sent via the postal service are also accepted.

E-mail address: bus@po.cwru.edu
Fax: 216-421-8880
Postal Address:
Barbara Streeter, Editor, ACP Newsletter
Hanna Perkins Center
2084 Cornell Road
Cleveland, Ohio 44106
Phone contact is also welcomed:
Barbara Streeter 216-421-7880 x226
Denia Barrett 216-932-4165

We regret that publication of the Summer Newsletter was delayed in order to include regularly appearing items which were received past our deadline.

CONFIDENTIALITY

An important function of the ACP Newsletter is to provide summaries of scientific meetings of our own organization, as well as others which may be of interest to our membership. Shared clinical experiences, based on actual day-to-day analytic material, make vital contributions to our knowledge of technique and theory. When submitting reports or summaries which include clinical material, please omit potentially confidential or identifying details. If there is any question about confidentiality, the presenter whose material is being reported should have the opportunity to review and authorize its inclusion in the Newsletter.

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

The Editors

ADVERTISING POLICY

The ACP Newsletter publishes announcements of scientific meetings and professional opportunities, colloquia, and seminars in an effort to inform members of upcoming events. In addition, we include information about training centers, child analytic journals and notices of programs offered by various members’ organizations. All such announcements are provided at no cost and are intended to serve professional rather than commercial interests.
ASSOCIATION FOR CHILD PSYCHOANALYSIS NEWSLETTER

QUESTIONNAIRE

The ACP Newsletter is designed to inform the members of ACP of activities within the organization, activities of members of the ACP, and activities related to child psychoanalysis. Though it is not set up as a “marketing tool,” some have hoped it can be used as a way of informing other mental health professionals of our activities. Within these parameters, we would very much appreciate your input as we move forward in planning our future newsletters. Please respond to the questions below and return the form to Nancy Hall or mail the form to: Barbara Streeter & Denia Barrett, ACP Newsletter Editors, 2084 Cornell Road, Cleveland, OH 44106. Thank you.

1. Do you read the newsletter? _____ Is the length appropriate, too long, or too short? ______

2. Please note which sections you read and wish to see continued. Please comment as to whether you find the reports and articles adequate, whether you feel they should be longer or shorter, and/or whether you have suggestions as to ways they might be altered.

_____ Letter from the President
_____ Reports of the workshops and presentations at the ACP Meetings
_____ Minutes of the ACP Executive Committee and the Annual Meeting
_____ Articles reporting applied psychoanalysis activities and Eastern European connections
_____ Reports of the following presentations and workshops
  _____ The Vulnerable Child Workshop
  _____ The Annual Margaret Mahler Workshop
  _____ The American Academy of Child and Adolescent Psychiatry
  _____ The American Psychoanalytic Association
_____ Obituaries
_____ Notices regarding Training Programs, specific publications, specific meetings
_____ Calendar of Events

3. Please let us know of notices and listings that you would like to see added, along with appropriate contact persons:

4. Please let us know of additional kinds of articles you would like to see included:

5. Please comment on the aesthetics of the newsletter
   paper quality and color (to change would incur additional cost)
   size of font
   need for graphics or photos?

6. Do you have any ideas for an appropriate logo for the ACP which could be used on the newsletter?

   signature (voluntary):__________________________________________________________
## Roster Update Form for ACP Members

Please check your listing as it appears in your most recent 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, P.O. Box 253, Ramsey, New Jersey 07446  
Fax: (201) 825-3138 — E-mail: childanalysis@compuserve.com

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<tr>
<th>Name</th>
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Preferred mailing address for ACP correspondence (circle one):  
Home  Office

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