



**association for
child-psychoanalysis**

newsletter

SUMMER 2004

Message from the President

Ruth Karush, MD

This is my first message as President of the ACP, and I want to thank the membership for the opportunity to serve you and to serve the field of child and adolescent psychoanalysis. I take over the office from Paul Brinich, who is a difficult act to follow. He devoted enormous time and energy to our organization and was a model of effective and diplomatic leadership. Paul has continued to be very generous with his help in the period of transition from his administration to mine. I am also extremely fortunate to have Laurie Levinson in the position of Secretary. She is devoted to the ACP and has already been an enormous help to me as we plan for the coming two years.

The annual meeting in Cleveland was both exciting and invigorating. It was attended by 144 people, the highest number of registrants ever. I was delighted to see so many ACP colleagues and friends. The topic of the meeting was Analysis of the Pre-Latency Child, and I know that it generated great interest and enthusiasm. Personally, I am extremely interested in analytic work with young children and I was honored to be one of the presenters. The other papers we heard in Cleveland demonstrated the kinds of excellent analytic work that can be done with the pre-latency aged child. We also had the opportunity of learning about work via the parent on behalf of a young child.

The organization is indebted to Anita Schmukler and Kirsten Dahl and their Committee for bringing such a high quality program to Cleveland. We were all especially happy to be able to celebrate the Hanna Perkins Center's move to its beautiful new facility. The staff of the Hanna Perkins Center worked so hard to make us all feel welcome, and we in turn, were very impressed with the Center's new location, where the Saturday plenary session and discussion groups were held. I think that everyone was pleased by the high quality of the hotel and by the interesting Saturday afternoon tours.

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childanalysis.org

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Newsletter of the Association for Child Psychoanalysis

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Submissions:

Submissions are welcome. They must be e-mailed to the editor as an attached file in Microsoft Word or Rich Text File (*.rtf), written in 10 point font Times New Roman.

Grants

Grants from the **ACP** supporting low-fee analysis of children and adolescents for the calendar year 2004 are available. Please request the grant application from Nancy Hall at

childanalysis@optonline.net

Mail completed application to

Nancy Hall
P.O. Box 253
Ramsey NJ. 07446

Deadline for Submission of Application:

October 30, 2004

Cynthia Carlson

Chairman, Grants Committee

Message from the President

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The next ACP annual meeting will be held in Tampa, Florida from March 18 to 20, 2005. The topic for the meeting will be *Late Adolescence: When Leaving Home is An Issue*. The conflict between the developmental push to leave home for college or to continue in analysis is often a challenging one for both the late adolescent and the analyst. The technique for managing this conflict often sparks heated discussion. Many of you have had adolescents in analysis where managing the push to go to college or become independent has been an issue. Please send your case reports or papers to Anita Schmukler and Kirsten Dahl for consideration for presentation at the ACP meeting as soon as possible. In late June I met with Tricia Hall in Tampa, Florida, where we selected the Hotel Renaissance at the International Plaza as venue for our next annual meeting. The program will be another very exciting and valuable one, and I sincerely hope that you will make your plans early so that you will be able to attend. One of my goals as president, is to have larger attendance at our annual meetings. Tampa promises to be an excellent place to visit in March.

One of the first tasks of the incoming administration is the nomination of committee chairs and members. These nominations will be presented to the Executive Committee for ratification. As I look over our 15 committees, I am aware of the need to get more of our membership involved. I believe that participating in the committee work of the ACP can be an extremely rewarding experience.

This year, Denia Barrett and Barbara Streeter have resigned as the Newsletter Editors. They did a marvelous job for a long time. Christian Maetzner has agreed to take over as Newsletter Editor. This is his first edition and we thank him very much for taking on this extraordinarily important job. Also this year, Charlie Mangham and Arthur Farley have resigned as co-chairs of the Donations and Grants Committee. They deserve a large vote of thanks. Cynthia Carlson will become the new Chair of that important Committee. We are in the process of appointing more people to Donations and Grants, as well as to other committees. For the last two years we have been without a Chair of the Arrangements Committee and

I am hoping that a few members might consider working on arrangements for our annual meetings. The Membership Committee under the leadership of Kerry Novick worked very hard at examining our membership criteria and made suggestions for some needed changes. These have gone to the Executive Committee for approval. In the next Newsletter I will review all of the Committees and the work that they do.

As President of the ACP I hope to be able to increase awareness of child and adolescent psychoanalytic principles, as well as the efficacy of psychoanalytic treatment for children and adolescents. With the increased use of the internet and the development of our website by the Communications Committee, which was ably chaired by Alicia Guttman we have made a good beginning towards increasing communication with other professionals and with the public at large. We must continue to collaborate with other related organizations such as the IPA and APsA. Our Liaison Committee headed by Barbara Deutsch and Nat Donson is doing a stellar job in keeping up communication between our organization and others. There

are many subcommittees of Liaison, which contribute enormously to this effort. Most importantly, I hope to develop some ideas to help our membership build their child and adolescent psychoanalytic practices.

Catherine Henderson, as Chair of the Clinical Practice Committee is also devoted to encouraging the development of child and adolescent psychoanalysis. I am hoping that, in the near future we can present some concrete suggestions that will be helpful to all of our members.

I am very lucky to have Laurie Levinson as my Secretary. In addition, Carla Elliot-Neely, President-Elect, and Jill Miller, Secretary-Elect, are wonderful co-leaders. I know that the Councilors are extremely devoted to the ACP and will be very generous with their time and energy. The ACP, however, is a small organization. It thrives on continued nourishment from its members. So please consider working for the ACP on one of its committees. Also, please contact any member of the administration with your concerns, ideas or comments. We need the input of our membership. Together we can make child psychoanalysis a more vital and vibrant profession.



Minutes of the Executive Meeting April 2, 2004

PRESENT

Officers: President Paul Brinich, Treasurer Thomas Barrett, Secretary Donald Rosenblitt, President Elect Ruth Karush, Secretary Elect Laurie Levinson

Councilors: Ruth Fischer, Barbara Deutsch, Samuel Rubin, Kirsten Dahl, Jack Novick, Helene Keable, Stephanie Smith. Candidate Councilor: Andrea Weiss.

Committee Chairs: Anita Schumkler, Nat Donson, Karen Marschke-Tobier, Kerry Novick, Virginia Kerr, Catherine Henderson, Moisy Shopper, Denia Barrett, Barbara Streeter, Charles Mangham.

Administrator: Nancy Hall

Executive Meeting was called to order on April 2, 2004 at the Ritz-Carlton Hotel, Cleveland, Ohio by President Paul Brinich. The agenda for the meeting was adopted. Minutes of Mid-Year meeting January 23, 2004 approved. Minutes of February 15 phone conference approved.

A moment of silence was observed for those members deceased since the Executive meeting Jan. 23, 04.

Gertrude Ticho, MD Chevy Chase MD
Eva Landauer New York NY.

REPORT OF THE SECRETARY DONALD ROSENBLITT, MD

Total membership is 602. Of this number 96 reside outside the USA. There are 153 Candidates.

New Candidates are:

James Deutsch, Robin Rayford, Margaret Walsh, Judith Deutsch, Nancie Senet, Monisha Nayer, Rebecca Mair,

Linda Spoon-Simonton.

New Regular members:

Robin Holloway, Shoshana Shapiro Adler, B. James Bennett, Sarah Knox, Miriam Steele. Of the five new Regular members, 3 were previously Candidate members.

REPORT OF THE TREASURER THOMAS BARRETT, PHD

A budget summary was presented with explanations. The full budget is available at the ACP office.

Financial Highlights: The investments are with the Vanguard Group. Joel Mangham, CPA continues as the financial advisor for ACP, offering his services gratuitously.

Memorials: The Todd Ouida Foundation, estab-

lished by his family after the young man's death in the Sept. 11 disaster extended another grant in the amount of \$15,000. A final distribution of \$1,231 was received from the Myrtle Mandiberg Trust. This added to the previous sum of \$50,000 from this Trust.

These funds, along with the donations received from the membership, will be made available to support the grants program. The treasurer proposed a continuation of the 5% distribution from the Endowment Fund based on the average amount of the previous three years. These funds are used to provide grants for low fee analyses. The proposal was endorsed by the Executive Committee.

Other highlights included royalties from Dr. Robert Tyson's book donated to ACP, and donations of \$8,000 from members for grant support.

COMMITTEE REPORTS

NOMINATING

MOISY SHOPPER, MD

Since the Mid Year Meeting in January gives a short time to get nominees, the chairman suggested that it be an ongoing project. He urged all members of the Executive Committee to be aware of the need for those willing to serve on the committee.

A suggestion was also made to enlarge the committee. Dr. Shopper thanked all who agreed to be nominated.

Motion Nominating Committee present slate to the Executive Committee for endorsement. Motion was approved to proceed in this manner.

All chairs change with a new president. It was suggested that outgoing chairs write a job description of their committee and a summary of how the committee functions.

MEMBERSHIP

KERRY KELLY NOVICK, AB BA

The Executive Committee's mandate to the Membership Committee was to present a wide range of possible pathways to membership. It will then be the task of the Executive to make choices from the range to create a membership policy. We do not envision changing the membership categories (candidate, regular, collegial) or our focus on child and adolescent psychoanalysis.

It is crucial to remember that when ACP invites someone to become a member, we are not accrediting or certifying that person as a child analyst.

The chair stated in the Membership Committee

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The Psychoanalytic Treatment of a Four Year Old Child

Presenter: Sally Clement, PhD

Discussant: Tom Barrett, PhD

Reporter: Kristen Bergmann

Dr. Sally Clement presented a lively and elegant account of the first year and a half of analysis of a four year old boy. G. was referred to Dr. Clement due to his difficulty in preschool where the staff thought there was a lack of capacity for basic relatedness and wondered about Asperger's Syndrome. He had avoided social interactions with peers and was preoccupied with odd, idiosyncratic interests. The parents struggled to help G. overcome his difficulties. They were concerned with G.'s fears and his school difficulties as he was reluctant to get ready in the morning.

Dr. Clement found G. to be a pale and quiet child who demonstrated an active inner world that he could convey to others. She saw him as an extremely anxious, frightened child, whose functioning was dramatically compromised by the many maladaptive ways in which he was attempting to manage his feelings and their associated fantasies. Extraordinarily frightened of his impulses, he struggled to externalize them, and thus saw instinctual danger everywhere, ready to attack him. Although he displayed many strengths, including intelligence, a lively capacity for imagination and fantasy, sophisticated verbal skill, and a keen awareness of his inner world, all were so absorbed by his efforts to manage his fear and anxiety that he had little energy left for the pursuit of pleasure or for progressive development. During the consultation process, G. immediately showed his use of omnipotence to ward off feelings of anxiety. G. was relieved to have someone to talk with about his worries and questions, his scary dreams and his dislike of school. His parents readily accepted the recommendation for a four times weekly psychoanalysis.

G quickly established a working relationship with Dr. Clement and wanted relief from his suffering. He began to worry whether the work would continue, but this fear diminished with consistent sessions. At times, he had extreme reactions to separations. G brought concerns about things getting destroyed in the office by other children and that Dr. Clement would send them away for the transgressions. Through interpretations G. was able to understand some of his destroying wishes and fear of abandonment by others. The theme of tricking soon emerged,

and was linked to G.'s feelings of being tricked by grown ups. He was terrified of being weak and associated it to being feminine. He showed phallic concerns regarding mistakes and a wish to be powerful and strong. Progress could be seen in G's increasing ability to relate to others in school and to relinquish some of his idiosyncratic interests.

During the second year of work G. approached Oedipal issues and confusion regarding gender differences. He became more exhibitionistic in his sessions and took pleasure in his growing physical abilities. G. worried that his parents' difficulties would interfere with his analysis as vacations approached. In the end, the parents were able to support the continuation of the work.

Dr. Barrett's discussion focused on a metapsychological perspective of the case. During the evaluation, he noted that while G. appeared to have reached the phallic phase, other than signs of a possible harsh, early conscience, there was no compelling evidence of oedipal development, suggesting dominance at the phallic-narcissistic level. Competing with his progressive development there were unresolved conflicts and fixation points at both the oral and anal levels. Virtually all areas of ego functioning were compromised by his obsessional, perfectionist behaviors. While G demonstrated an active inner world, his thoughts were overtaken by his fears, wishes, and anxieties and, like his interactions and relationships, were at a need-fulfillment level, tainted by his oral-incorporative and anal-sadistic tendencies. His self-regard and self-esteem remained heavily dependent on others. Drive fusion was poor with little neutralized energy available to support functioning. Development was not progressive.

Dr. Barrett felt that as the evaluation progressed it became clear that while parents were in the phase of parenthood, both came to that phase with significant conflicts and pathology. Their cathexis of G. seemed to have been a narcissistic one and often negative, though their investment could be positive, as when they took pleasure in G.'s precocious intellect and vocabulary.

Dr. Barrett saw this child as having a severe and early disturbance which would indicate that analysis was the treatment of choice. He noted that G. related to the analyst as a developmental object in which he found someone who would respect him as an individual and who was capable of thoughtfulness and self-observation. The work gradually led to better affect modulation and reality testing. There also emerged signs of improved personality structuring, as evidenced by superego development. Dr. Barrett noted the importance of keeping in mind that a

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Trauma and Attachment-Failure and Avoidance:

Trauma and attachment: major illness requiring multiple surgical interventions in an infant, birth through four and one half years, putting parent-infant attachment at risk.

Presenter: Catherine A. Henderson, PhD
Discussant: Theodore Cohen, MD
Reporter: Patricia McCullough, PhD

Dr. Henderson presented a moving psychoanalytically informed psychotherapy with a mother and father who were told at 20 weeks gestation after ultrasound that their fetus had multiple abnormalities, and with their infant, now 5 years 3 months, who has had repeated medical crises including multiple surgeries and an organ transplant.

This case demonstrated several themes throughout the course of the four and a half year treatment:

1. that the effects of acute and strain trauma experienced by this child and her parents have affected the mother's and the father's attachment to her and her attachment to them.
2. that the parents' internal working models and internal conflicts affect the parent's and the child's adaptational styles as the child's physical condition improves and deteriorates.
3. The ways in which parents' internal working models and conflicts become a part of the internal world of the child.
4. that poor/dissynchronous attachment patterns seen in the homeostatic phase of development may continue to be manifest in symptoms of delayed development and in internal disharmonies in the child.
5. that the therapeutic process with the child and her parents helped to restore the child's progressive development and stabilized her and her parents in a secure attachment relationship.

M., a bi-racial child who was born prematurely at 34 weeks, and her parents were referred when M was 43 days old. Mother was overwhelmed and frantic about caring for an infant with multiple abnormalities and very fearful she would die. M's appearance was wrenching, and despite mother's distress, she was an articulate and a knowledgeable advocate for M. Mother pleaded for help. Yet early assessment of attachment by Dr. Henderson using the 'Massie-Campbell Attachment Indicators During Stress' revealed alarming dissynchrony in their relationship. Mother did not gaze, hold, or talk to M. Baby did not look at mother. Dr. Henderson's understood that the first task was to build a relationship with mother,

who before the birth had been married for 12 years and was a highly successful businesswoman. Dr. Henderson used several diagnostic instruments to assess the parents and child: the Adult Metapsychological Profile, the Baby Profile, and the Massie-Campbell Scale. Her working hypothesis early in the work was that mother's mothering was seriously interfered with by the multiple traumas she experienced during the pregnancy and birth. All these events were intensified by traumas from her childhood that now were evident in her precarious narcissistic equilibrium; her defense organization; her lack of ego strength and in regression to pregenital fixation points. Her behavior with the child was described as "disassociative." The child's feeble attempts to engage mother failed as mother was absorbed in her own internal world. Her inability to look at M was part of a defensive process for warding off feelings of depression, guilt, and narcissistic injury. The father was significantly less interfered with by childhood traumas.

The treatment plan included direct intervention to alter the attachment by encouraging positive attachment behaviors, like direct gazing and vocalization with the child, and close observation of the child to notice mental states and behavior as motivated by feelings. Over time, this intervention was greatly beneficial in establishing a more secure attachment with mother and father. Another component was family support for the overwhelmed couple, and psychotherapy for each parent. A pivotal issue in the mother's therapy was balancing her anxiety about knowing more about possible problems in her daughter's condition and her need to know so that she could be an effective advocate. Talking about her conflicts allowed the mother to see M and herself more clearly as separate beings.

A major component of the treatment plan was play therapy with M., emphasizing the importance of reflective understanding to master the trauma and to foster secure attachment. The goal was to specifically address the child's delayed development, internal disharmonies, and internal representations. Dr. Henderson used M's Barney doll while M was still an infant to talk about every procedure that M had done in terms of what Barney had done. Poor Barney often had IV tubing everywhere. Barney cried, screamed in protest with loud "No's". Barney became an ever-present and available companion on this very hard journey. M responded to Dr. Henderson's verbalization of Barney's feelings with a direct gaze, at times crying, or extending her arms. Dr.

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Therapy Via the Parent on Behalf of a Four Year Old Girl

Presenter: Barbara Streeter, LPCC

Discussant: Ruth Hall

Reporter: Anita Eddie, LISW

Case Presentation

Ms. Streeter nicely illustrated the basic principles of Treatment Via the Parent work in her case presentation of a four year old girl she called "Annie". In sharing the goals of the work with the ACP meeting audience, Ms. Streeter designated "following the lead of the mother" as paramount in the work she did with this mother-child couple. She integrated beginning, middle, and end stages of the work, providing the listener with a feel for how this work evolved over time. Her eloquent presentation led the audience down the path of this mother's and the child's treatment process in the Hanna Perkins psychoanalytic preschool.

An indicator of parental concern came during the intake process, when Annie's mother shared that her daughter had troubles with intensity of emotion, struggles with transitions, and she had fears that her daughter might be hyperactive. Central to Ms. Streeter's work with this mother was to assist her in recognizing how both the mother's and daughter's difficulties with aggression interfered with their abilities to negotiate many aspects of the earlier phases as well as the Oedipal Phase. Because it took time for mother to integrate the new understanding, Ms. Streeter was concerned that Annie might enter latency before her conflicts were sufficiently resolved and that she might need her own treatment.

The work started with the identification and verbalization of affects, recognition of the need for protection from excitements, and assistance with mastery of developmental tasks related to beginning preschool. In her presentation, Ms. Streeter clearly identified how Treatment Via the Parent Work focused on helping with phallic and oedipal concerns, as mother was faced with helping Annie negotiate her feelings, fantasies, and aggression around her mother's pregnancy, the birth of her brother, and her mother's relationship with her father.

Ms. Streeter assisted the audience in understanding

that recognition and management of aggression during all phases, especially phases prior to the oedipal phase, is a natural part of development and in fact crucial to this style of clinical work.

We all know that drive fusion is an integral part of the resolution of the very strong and intense feelings that the child is struggling with while working through the very early phases of development.

Ms. Streeter worked with mother on containing Annie's intense emotion, which was very tough for mother. Ms. Streeter helped Annie's mother to overcome her own resistances and helped her discover that when Annie felt understood, the needy/greedy feelings of early childhood diminished. Also noted in her presentation, was an early vulnerability related to early losses. With this new found awareness, Ms. Streeter and mother were able to help Annie with her journey into latency.

Discussant Presentation

Ruth Hall began her remarks with an overview of Treatment Via the Parent Work. She gave credit to Dr. Anny Katan and M. Katan for the work they did in the Nursery School at University Hospitals in the early sixties. Ms. Hall went back even further to remind the audience of the first 'Treatment Via the Parent Case' established by Freud: The Case of Little Hans. In this case, Freud uncovered the fantasies that young children have during early developmental phases. This was done by working exclusively with Little Hans' father. As study in this area progressed

...it was found that Treatment Via the Parent work, during this phase and prior to the onset of infantile amnesia, helps with the resolution of developmental conflicts as well as eradicates further difficulties in the development of the personality.

with the help of Anny Katan, it was found that Treatment Via the Parent work, during this phase and prior to the onset of infantile amnesia, helps

with the resolution of developmental conflicts as well as eradicates further difficulties in the development of the personality.

Ms. Hall identified the Therapeutic Nursery Program at Hanna Perkins, as a place where the therapist, mother, and teacher work together to further understand the ideas that pre-oedipal children have in relation to the outside world. Ms. Hall helped the audience understand the concept of "useable guilt", a central part of the work, which is often misunderstood by professionals unfamiliar with Treatment Via the Parent Work. Ms. Hall reframed the idea as the assessment of the parent's ability to use "parental

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Psychoanalytic Process in the Treatment of Little Hans

Presenter: Joseph Bierman
Discussant: Heiman van Dam MD
Reporter: Vickie Todd

Ironically surrounded by portraits of horses, Joseph Bierman delivered a thought-provoking return to the case of Little Hans, the celebrated first child treated via the parent. The presentation began with a summary of psychoanalytic thinking at the time of Hans' treatment. Bierman then reviewed the case, highlighting the insights Hans provided into infantile sexuality and neurosis. Last, he raised several questions in regard to translations, analysis of Hans' defenses and even Freud's suitability as his analyst, after providing treatment for the boy's mother.

In 1908, masturbation was a topic of great debate in the psychoanalytic community with Freud concerned about its harmful effects. In an effort to better understand infantile neurosis, he had requested that colleagues collect observations on the sexual lives of their children. Among those who did so was Max Graf, PhD, a musicologist and a member of the Vienna Psychoanalytic Society. His reports of his son Herbert (changed to "Hans" for confidentiality) sexual curiosity dated back to when he was three and questioned both males and females about their 'widdler' (penis).

Believing that "there does not seem to me to be a single good reason for denying children the enlightenment which their thirst for knowledge demands," Freud wondered if, in fact, education might provide children with "a protective inoculation against sexual trauma" (Bierman). He, therefore, advised the father on how best to educate little Hans on sexual matters. But Freud soon learned that Hans had already been traumatized and required treatment instead.

In January 1908, Graf reported that Hans had developed a horse phobia. Worried that a horse would bite him, his fear seemed somehow connected to a large penis. The worry began with an anxiety dream that he would lose his father and have "no mummy to coax with." Although the father interpreted 'coax with' as caress, Bierman suspected more extensive contact between the mother and son, whom she took into her bed when the father talked of going away. In response to Hans' fear of venturing out, Freud advised enlightenment. First, the father was to inform him that "the truth was that he was very fond of his mother and wanted to be taken into her bed."

Then he was to clarify that the reason Hans was afraid of horses was because he was preoccupied with their widdlers, which he knew was wrong. And lastly, as Freud suspected that Hans wanted to see his mother's widdler, the father was to inform him that females did not have penises.

Bierman expressed concern that Freud's comment about the "not right" preoccupation with horse widdlers may have felt like a harsh superego injunction. This would explain why Hans responded by defensively increasing his interest in horses and their widdlers, then punishing himself with illness – the flu. Unfortunately this illness was followed by a tonsillectomy, which exacerbated his castration anxiety.

Upon recovery from the surgical procedure, Hans refused to go outdoors. When his father suggested that his fears had increased because he had been confined, Hans provided clarification. "Oh no, its so bad because I still put my hand to my widdler every night." But Freud did not think that masturbation was the sole cause of Hans' condition, with subsequent masturbatory fantasies and dreams revealing that - to ward off castration anxiety - he was defensively clinging to the belief his mother had a penis.

Growing more phobic, Hans requested a consultation with Freud. During this meeting, Freud listened to the little boy's self consolatory words - "My widdler will get bigger as I get bigger." Hans also commented that his penis was "rooted in," which Freud suspected was a means to alleviate the tremendous castration anxiety aroused by his mother's threat of castration when he was three and a half years old. However, the most helpful interpretation was in relation to horses' blinders and the black around their mouths, which represented the father's eyeglasses and his moustache. This led Freud to believe that it was his father whom Hans feared, because he was so fond of his mother. When Freud and the father assured Hans that this was not so, "real improvement" was noted. Hans was then able to express his hostile sentiments toward the father, as he no longer feared retaliation. He was also able to verbalize his fantasies of beating his mother, male pregnancy and anal birth, to be understood and resolved. In the postscript, the father noted that the only trace of his disorder which persisted was his need to question, particularly the father's role in producing a child.

Heiman van Dam also questioned the translation of some of the words, based on his understanding of the German language. Yet he noted how helpful Freud's interpretations had been to Hans, who wondered if the professor had talked to God and gained divine insight into his problems.

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The use of Developmental Assistance with Vulnerable Children

Presenters: Shoshana Adler, Ph.D. & Ellen Glass, MD

Discussant: Noah Shaw, MD

Reporter: Rimvydas Augis, PhD

This workshop consisted of two separate clinical presentations: one by Shoshana Adler and one by Ellen Glass. Noah Shaw's remarks on "Developmental Assistance" provided for a lively discussion.

Dr. Shoshana Adler presented the eight-year treatment of an adopted girl, B. B. was in analysis for three years, in three times a week treatment for one year, and in once a week psychotherapy for the remaining four years. B.'s biological mother died when B. was three; her biological father disappeared before B. was born. She blamed her sister for her biological mother's death, lied and appeared emotionally needy.

From the beginning of treatment B. was overwhelmed by feelings, regressed and disorganized. Dr. Adler persistently tried to help B. and her parents talk more freely about their affects. She addressed B.'s avoidance of talking about feelings in order not to be overwhelmed by them and B.'s way of controlling play outside instead of controlling inside feelings.

The therapist suggested to the patient to redirect her anger from her sister to the therapist. It led to a decrease of B.'s anger and her mother's understanding her behavior. The use of adjunctive medication also helped the patient cope with her affect and provided additional glue for her fragmented ego when in the second year of analysis she was diagnosed with both dyslexia and ADHD.

After three years of treatment B. wrote a story in which she for the first time put her feelings of rejection into words. Then she elaborated multiple rescue fantasies related to her early life, when in different games the therapist rescued her and she rescued the therapist, two baby ducks, a baby, the baby's mother and the baby's father. In that context the therapist used a reconstruction, telling the patient what she knew about her in her third year of life riding her tricycle at two o'clock in the morning. The topic of a baby's swimming away, bad people getting the baby, hanging her upside down and dropping her only for the patient to catch the baby again dominated another set of the play. The therapist addressed the patient's missing the baby and being worried that the baby would get hurt.

The therapist was empathic with the play characters' being unwanted and abandoned. She addressed her patient's use of imaginary magical powers to cope with her sense of helplessness. Later in the therapy, instead of connecting B.'s past with her present play, Dr. Adler focused on her disowned feelings; her fears of getting hurt by bad people, and her sadness about being unwanted and her nightmares. Treatment led to improvement in B.'s daily life.

Dr. Ellen Glass presented a moving analysis of a latency girl J. who was adopted just before her first birthday. J. was an anxious child and had multiple phobias that defended against angry wishes to defy and harm her parents. Her anxiety interfered with age-appropriate functioning.

In the transference the analyst represented the controlling mother who was attacked, for instance, trying to destroy her ability to see, hear and speak. When in the sessions J. felt rejected or evicted she turned the tables to shut the analyst out. Then via identification with aggressor, J. became the mother and the analyst the child. When she suffered a competitive humiliation, she attempted to gain a feeling of superiority over the analyst by shifting activities to one where she felt superior.

J. "choked" herself with a pillow strap and played a tricking mother by pretending to put "lethal" porcupine quills in the analyst's shoes. Pretending to choke herself before the analyst could attack her, J. turned passive into active, expressed the sense of feeling choked by mother's demands, and was punished for her own death wishes. Her aggression had to be hidden, so it often came out in "trickiness." After reporting a dream which involved "cutting animals' " eyes, she played at being a dinosaur who trampled and crushed the analyst and then gave her medicine to help her. She defended against a breakthrough of aggressive feelings by caretaking in the mother's style.

In many plays J. featured the analyst being the little one who did not know and was scared. Being "the little one" was a good thing, because she had a great power in her family by virtue of her child status. By being phobic and making regressive demands she unconsciously exploited her parents' anxieties about her imagined vulnerability to control them. In this manner she angrily retaliated for feeling overcontrolled by them. Being little also provided her a defense of regression to innocence.

When J. was worried about adoption and questioned her parents about it, she told the therapist that she felt kicked out at the end of the sessions and for vacations. It represented her fantasy that she was

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**2004 ACP Plenary Program:
Analysis of the Pre-Latency Child
Reporter: Donald Silver, MD**

Introduction: Denia Barrett

**Analysis of the Pre -Latency Child
with heartfelt thoughts of Bob and Erna Furman.**

Ms. Barrett spoke of the ACP as a place where devoted child analysts could share and learn from one another. She described the child analyst's eagerness to see therapeutic nursery schools become a part of analytic centers. In a historic footnote she mentioned how Annie Katan pioneered in opening the first psycho-analytically oriented nursery school in Cleveland in 1947, and fostered treatment of the child "Via the Parent" first described by Freud in the case of "Little Hans". This approach was based on an awareness of the unique intuitive understanding and attunement between toddler and parent, especially before the onset of repression.

Treatment Via the Parent was never intended to be a replacement for analysis, and acceptance rested on careful metapsychological thinking. Anna Freud and Annie Katan were friends and there was a great deal of sharing between their two schools. Anna Freud published the Developmental Profile in 1965, a mental framework for thinking diagnostically and shunning loose thinking.

The theme of the current ACP meeting is similar to the theme of the 1988 ACP meeting that was co-chaired by Robert Tyson. He collected, edited and published the papers from that meeting in 2001 in *Analysis of the Under-Five Child*. In his introduction Dr. Tyson stressed the importance of a thoroughgoing developmental assessment to allow "the clinician to see past the surface manifestation and to avoid the too-frequent temporizing conclusion that analysis is too big a treatment for such a little child". Ms. Barrett closed her scholarly introduction by saying: "The cases in the book and the ones we're privileged to hear at this meeting provide many examples of the golden opportunities for helping early on, opportunities we should not allow to slip by when analysis is the treatment indicated".



**Plenary Presentation:
Teddy: Vicissitudes of Aggression
in a Toddler**

Presenter: Ruth K. Karush, MD

Ruth Karush, M.D. presented a case of an abusive and aggressive toddler of 31 months, the second of two sons. He would threaten to kill his teacher and throw his classmates out the window. When his mother would direct him he would counter with, "You are stupid, I don't like you!" Although Teddy was frail and his articulation was poor, he had a big and aggressive vocabulary.

Dr. Karush used aspects of the analytic work to further our understanding of the development of the aggressive drive. Aggression in toddlerhood is often directly expressed; it is more pleasurable and constructive than hostile and destructive. Anna Freud said: "Aggression looms larger than sex in child analysis. Yet, our developmental understanding of aggression is incomplete. Aggression is not parallel to libido in its development but is an independent drive."

Contrary to Sigmund Freud, who did not accept aggression as essential for development, child analysts see evidence of aggression even in an infant's cry. Furthermore, early motor activities are essential to differentiating self from other. Dr. Karush stressed that early aggressive behavior is always within a social matrix.

Teddy's family situation was strained. His mother and father had totally differing views of him. His father felt Teddy was like himself and that his abusive behavior was age appropriate. His mother knew better. Further, the parents interaction was physically and verbally violent and the brothers replicated their parents' interaction. The parents were at odds about the need for treatment and father was reluctant to come for visits with Dr. Karush. Teddy's analysis began under this cloud.

Teddy was happy to come to treatment, and things began with his impressive knowledge of Star Wars.. He was identified with Luke Skywalker and was eager to inform Dr. Karush of the many details mostly about Luke's interaction with the complex character of Darth Vader, Luke's mysterious and frightening father.

Beginning at the first session Teddy's mother came into the treatment room, lay down upon the couch and went to sleep. This behavior continued for

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Plenary Presentation: Teddy: Vicissitudes of Aggression in a Toddler

(Continued from page 10)

six months, and then intermittently throughout the analysis. During meetings with Dr Karush, Teddy's mother confided that she didn't know why "but it just puts me to sleep." After many months his mother was able to talk of her fear that she would lose Teddy to Dr Karush. After that Teddy's mother could remain in the waiting room, but would continue to make her presence known by loud cell phone talking.

Father did come in once before the work began and revealed that he had two brothers and felt the scapegoat of his father and brothers. He feared that Teddy would grow up to be a wimp, and he wanted to make a man of him. However he had some empathy and love for his son, who reminded him of himself as a child, and he further seemed to understand his son's need for help.

Teddy's toileting became the first major issue of the analysis because the parents were demanding he be trained. Teddy demanded that he have a diaper on in order in order to have a bowel movement. His response to the pressure from his parents was to retain his stool. In connection with this work he was often engaged in saber battles with Darth Vader and occasionally he, as Luke, would lose a body part. At these times if he would need to have a bowel movement he would become frantic and furious. If mother would allow him to have a diaper he would calm down. When Dr. Karush interpreted that he feared he would lose a piece of himself his mother awoke, to elaborate a scientific explanation of elimination. As Teddy worked with these ideas he made progress with his toilet training and with this progress mom was able to allow him to have more privacy in his analysis.

With both parents only partially invested in him Teddy didn't have much help in mastering his inner feelings. With the help of the analytic relationship he was gradually able to speak of his ambivalent feelings toward his brother and then face the overwhelming anxiety about his father's explosive temper. By playing out the Darth Vader and Luke Skywalker relationship with Dr. Karush, Teddy could approach the very frightening and castrating aspects of his own father's behavior.

After considerable analytic work Teddy was able to attend a new school. His behavior regressed as he

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Plenary Presentation: The Story of Kyle

Jill M. Miller, PhD

Kyle, a three year old boy, appeared younger than his years. He seemed preoccupied, distant and oblivious to others. He played alone, outside his preschool peer group. During her pregnancy with Kyle his mother lost first her father and then her brother. She was in mourning during her pregnancy and for months afterwards. Three months before Kyle entered nursery school his mother gave birth to a sister, Jessica. Anticipating her birth, Kyle expressed negative feelings, and with her arrival, he was openly hostile and regressed. A year later with mother's return to work Kyle's troubles progressed, and he entered analysis.

As the analytic process moved forward Kyle represented himself as deprived, unlovable and overwhelmed. His defensive solutions were omnipotence and controlling behavior to keep his anxiety at bay. Helping Kyle manage and tolerate these feelings was central to his being able to fully engage his affective world. The analytic work was to understand his defensive behavior and to help him fully work through these troubles.

Central to all these issues was Kyle's sense of loss and marginalization with the emergence of his sister, entrance into pre-school and mother's return to work. He was quite capable of allowing all these separation themes to manifest through transference games such as "throw sister down the toilet".

The use of counter transference was a helpful tool through out the analysis. The aim of helping Kyle manage his feelings meant that Dr. M. had to tolerate and manage the feelings generated in her in response to his. When Kyle was the messy, angry, uncontained baby who spilled glue, Dr. M. could feel the same helplessness. In this way Dr. M. could know how Kyle felt as he externalized his sense of self on her. The structure of the hours became a microcosm for Kyle's troubles. As he once said; "I don't even want to come because then there will only be "tidy up". Seeing Dr. M. meant there would always be an end, which for Kyle was like a loss and a deprivation. Work on Kyle's omnipotent defenses allowed him to move forward and he began to develop the capacity for concern and to seek reparation with the object.



Plenary Presentations: Discussion

Much of the discussion focused on the subject of aggression, since this was the aim of Dr. Karush presentation and was a dominant issue in both cases. Lack of sufficient libidinalization as result of the immaturity of Teddy's parents and the losses sustained by Kyle's family was seen as the presumptive cause of insufficient fusion with these aggressive pre-latency boys.

There seemed to be an agreement in the discussion about the view that aggression and libido are present at birth. Crucial to the interaction of these instincts is the balance between them. This balance is fostered by loving and containing care - the absence of which is reflected in a lack of fusion. It was generally felt that the sensitive work of both Dr Karush and Dr. Miller was helpful in this regard.

The question of utilizable guilt on behalf of the interest of the child's development was raised; and whereas it was lacking in Teddy's parents who were unable to place his needs first, Kyle's mother seemed quiet capable in this regard, had she not been encumbered by grief.

The issue of entering latency from the phallic narcissistic stage rather than from having mastered the oedipal challenges seemed to be the case with both boys.

The importance of the parental involvement was frequently mentioned in the discussion. The lack of cooperation of Teddy's parents with Dr. Karush in a feelingfull way was a major undermining factor and hampered the outcome; whereas with Kyle, the parents were able to work with Dr. Miller. This support helped achieve a better outcome.



Twenty-third Annual Marianne Kris Lecture Helen Keller: A Psychoanalytic Enigma

Presenter: Robert L. Tyson, MD

Reporter: Judith Deutsch

Dr. Tyson opened his talk on Helen Keller by describing his work as "applied psychoanalysis" and by suggesting that the story of this exemplary woman might shed light on what often is so elusive - that is, what makes for success in human development. Dr. Tyson's presentation drew on fascinating historical data, on the words and memories of Helen Keller herself, those of her mother and of her teacher Annie Sullivan, and on attachment and psychoanalytic theories about the under-five year old child. He looked particularly at theories about mentalization to consider the tasks to be mastered, as Helen Keller traversed separation/individuation to attain a cohesive sense of herself and of others. In his presentation, and in the subsequent discussion, three sources of Helen Keller's resilience were discernible: her constitutional endowment, her richly responsive earliest maternal environment, and the education offered by Annie Sullivan at a critical age. Last, in view of the theme of this year's annual meeting, "Analysis of the Pre-Latency Child", Dr. Tyson considered how a child psychoanalyst might have treated Helen Keller and her family.

Helen Keller's life was severely disrupted at 19 months old when she became deaf and blind, probably from scarlet fever. Dr. Tyson described her before and after this trauma, positing the factors that could have led to the "remarkable changes in this essentially feral child who subsequently graduated from Radcliffe College cum laude at the age of 24, having acquired, among other abilities, knowledge of Latin, Greek, German, and French." He suggested that there were "persisting early memory fragments [that] enabled surviving islands of affective attachment", that enabled her to form an affective relationship with her teacher, allowing her to resume development.

Whether from endowment or from life circumstances, Helen and the two women in her life were exceptionally bright and spirited. Helen Keller's earliest life intertwined with the transformations of the post-Civil War period. Her mother was a lively, bright 22 year old Southern belle from Memphis who married a 42 year old Confederate.

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Helen Keller: A Psychoanalytic Enigma

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It is likely that Kate Keller herself was extraordinarily resilient and persevering. When Helen was born two years into the marriage, her parents seldom spoke with each other, "but her mother was lovingly attentive to Helen and delighted in her precocious intelligence and quick responsiveness."

Before her illness, Helen was described as "lively, quick-tempered, and willful, happy and affectionate." There was obviously much rich communication between mother and child. Annie Sullivan, reared in abolitionist Boston and educated at the first American school for the blind, was known as "Miss Spitfire" because of her volatility and oppositionalism. She was also determined, sensitive, passionate and an army widow with two grown sons from rural Alabama.

Before Annie Sullivan's arrival at 6 yrs 9 months, Helen's development had not stopped altogether with the trauma of her illness. While one can imagine the profound loss for both mother and child of such a mutually responsive relationship, it is notable that her parents resisted family advice to institutionalize Helen and that close contact was maintained with Helen. She clung to her mother while her behavior became progressively more disruptive and inappropriate to the circumstances: she had unpredictable tantrums in which she screamed, hit and kicked, pinched and bit. During this time she developed a vocabulary of about 60 gestures such as signs for family members and ice cream. "Knotting hair on the back of her head or laying her hand against her face symbolized her mother."

In terms of affect, it is likely that Helen experienced a range of feelings. In her work with Helen, Annie Sullivan immediately separated Helen from her family, and she described Helen's sad feelings as she waited and longed for her mother. Earlier, the Kellers took Helen to consult A. Graham Bell who had much personal experience with deafness. He observed that Helen's face was "chillingly empty", but Helen's own recollections convey that she was very touched by this meeting with a warm, responsive man who allowed her to feel the vibrations of his pocket watch. In retrospect, Helen described a kind of void, timeless, without differentiation of affect or sense of herself as active internally. "I did not know that I am. I lived in a world that was a no-world....I did not know that I knew aught, or that I lived or acted or desired....I was carried along to

objects and acts by a certain blind natural impetus. I had a mind which caused me to feel anger, satisfaction, desire....I never contracted my forehead in the act of thinking...."

Dr. Tyson's understanding of Helen revolved around the disruption of her development at a time when there are the beginnings of libidinal object constancy, some degree of sphincter control with the concomitant gains in affect regulation and cognition such as representational intelligence, speech, and symbolic play. What failed to develop was the emergence of the recognition of her own mind and the existence of other people's minds. H. Dahl (1965) linked Helen's attainment of self-awareness with her cognitive acquisition, under Annie Sullivan's tutelage, that words stand for things and also that she could think abstractly. Fonagy and Target (1996) assert that a "mentalising" mode of psychic reality is established by the age of four or five and that "internalization of the thinking self [takes place] from within the containing object." Annie Sullivan capitalized on Helen's islands of intense affective attachment to her mother. Then, by verbalizing meaning to Helen, not just individual words for particular objects, she set in motion Helen's prodigious capacity to learn, and also the resolution of the rapprochement subphase. With the emergence of a reflective, psychological self, Helen developed an intense attachment to her teacher. Dr. Tyson did not discuss drive development before or after Annie's arrival, although Helen and Annie became inseparable for the next 50 years, and at least in the beginning both slept in the same bed. Discussion of Helen Keller's "treatment" by Annie Sullivan led to the same questions that were raised by the clinical presentations of under-fives at this year's meeting. There was consideration of whether the modern child analyst is the most suitable professional to provide direct help to a young child who needs intervention in so many areas of functioning, or whether with current psychoanalytic knowledge of children one could help the parents themselves give their young child the all-encompassing care necessitated by such severe interference in development.

References:

- Dahl, Hartvig (1965). Observations on a "natural experiment": Helen Keller. *J. Amer. Psychoanal. Assn.*, 13:533-550.
 Fonagy, P. and Target, M. (1996) Playing with reality: 1. Theory of mind and the normal development of psychic reality. *Int. J. Psychoanal.*, 77:217-233.



The use of Developmental Assistance with Vulnerable Children

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kicked out by her birth mother for her competitive and aggressive feelings towards her. Later in analysis J. felt kicked out by the evidence of the analyst's relationships with others.

Dr. Glass eloquently described multiple conflicts and dilemmas J. was struggling with. J. tried to cope with worries about her separation from the analyst by denying or symbolically undoing them; her ambivalent wish to escape, coupled with the opposite wish to be forcibly detained, and her worries that if she was not good or perfect (or a boy) she would be rejected. In some play sequences separation anxiety generated hostility which felt competitive, and competitiveness increased separation anxiety.

Dr. Noah Shaw, defining "Developmental assist" referred to Neubauer's concept of the analyst's behavior intended to foster patients' development through different psychosexual stages and Fonagy's idea of the analyst fostering the remediation of compromised developmental steps. Dr. Shaw clarified the differences between active analytic interventions aimed at promoting development and passive ones – allowing the analyst to be used as a new developmental object. He also addressed a conflict between classical psychoanalytic interventions and developmental interventions.

Both papers evoked a discussion of how early traumas and deprivations cause developmental interferences, and create a vulnerable personality's substructure. In analyses this vulnerability was often indicated by many references to the child's body. A child sleeping with the parents can be determined not only by her anxiety, but also by the parents' needs. Another topic of the discussion addressed issues of technique regarding the use of medication during child analysis.



Alliance for Psychoanalytic Schools Workshop

Denia G. Barrett

The Alliance for Psychoanalytic Schools was organized to provide support to existing psychoanalytic schools and to encourage the development of new school programs. The founding members include the Hanna Perkins School in Cleveland, the Allen Creek Preschool in Ann Arbor, MI, the Harris School in Houston, and the Lucy Daniels Preschool in Cary, NC. One of the ways in which the Alliance has begun to disseminate information about the practical applications of psychoanalytic principles in a school setting has been to have an annual workshop at the Meetings of the American Psychoanalytic Association (APsaA). At the Winter 2004 Meetings Jack Novick from Allen Creek and Donald Rosenblitt from Lucy Daniels were co-chairs of "The Psychoanalytic School," a two-part workshop designed to provide both a scientific presentation of work being done in such a setting and an opportunity for anyone interested to remain to discuss questions ranging from the philosophical to the practical.

In the first half of the workshop, Barbara Snider, M.D. described the work being done with parents at the Lucy Daniels Preschool, a center with both a therapeutic nursery and an enrichment program for normally developing children. Dr. Snider's presentation focused on the Early Intervention Program in which children are seen five times per week in a preschool or kindergarten setting. The teachers are specially trained educators who get weekly supervision from a child analyst. A therapist (child psychiatrist/analyst) observes the children at least one time per week in the classroom and also meets with the teachers one time per week to coordinate the treatment of the child and parent. The parents are seen individually or as a couple one time per week for "parent work." Dr. Snider reflected on the difficulty of pinning down a specific definition of just what this work is. She noted that parents are helped to understand their child at a deeper level and that their capacity for empathy grows as a result of the work. One of the goals of treatment is to help a parent experience the child "as he truly exists," deepening their bond and making it more reality-based and less subject to distortions that can arise from the parents' wishes and fears about that child. Another goal Dr. Snider identified was the development of "healthy hope and promise" for the child, an expectation that

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Alliance for Psychoanalytic Schools Workshop

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is often absent at the start of treatment. A third aim is to help parents become well-engaged in the parenting phase of development so that they continue to progress in responding to the child's ongoing developmental stages. In the Lucy Daniels model of parent work, "aspects of individual psychotherapy, developmental guidance, marital treatment, and pharmacotherapy are all used to reach the goal of healthy empathic parenting." The intensive psychotherapeutic/educational treatment of the child in the Early Intervention Program classrooms is seen to ease some of the burdens of parenting the difficult and disturbed child.

Dr. Snider's presentation and additional clinical examples provided a very clearly articulated description of the work at Lucy Daniels. This made possible an in-depth consideration of the similarities and differences among therapeutic preschool programs. At Lucy Daniels, for example, the intervention is based on a model of a therapist working to help a parent change, with beneficial effects expected for the child. The model at Hanna Perkins is based on a somewhat different premise, with the child being identified as the subject of the intervention and the parent being helped to become the agent of change. We call this model "treatment via the parent" and it is a method that has proved beneficial for intervention during the preschool years when both the child's and the parent's personality is unusually flexible and there is a high degree of emotional, mental, and bodily closeness that can be put in the service of understanding and helping with trauma, deficits, and conflicts. This concept of parenthood as a developmental phase is one that all the psychoanalytic schools seem to find essential in their work, despite different approaches. At the 2003 Winter Meetings, Kerry and Jack Novick presented their work at Allen Creek. Of the four founding members of the Alliance for Psychoanalytic Schools, Allen Creek is unique in identifying itself solely as a school and not part of a therapeutic center. Each of the four founding programs will refer a child or parent for psychotherapy or psychoanalysis if indicated; the parent work or treatment via the parent is not

*... the parent work or treatment
via the parent is not intended to be a
substitute for direct treatment
when this is what is required.*

intended to be a substitute for direct treatment when this is what is required.

The opportunity for sharing experiences and data is an invaluable function of the Alliance for Psychoanalytic Schools, allowing programs to learn from one another and to contribute to the body of knowledge about child development and therapeutic interventions from a variety of perspectives. The workshop also allowed those attending to ask about how they might start a psychoanalytic school in their own communities - how to get funding, how to find a suitable space, how to work together with professionals from other disciplines who might have a shared interest in such a school were among the kinds of questions that were raised from the floor. The discussion in the second half of the meeting was lively and suggested that there will be ongoing interest in continuing this APsA workshop. What the existing psychoanalytic schools hold in common is

the idea that the child's inner life is given as much attention as the external factors, the school sees children as part of a family in the process of development, and gives attention to the developmental needs of

parents. To be eligible for membership in the Alliance for Psychoanalytic Schools an organization must have nonprofit status, offer on-site educational services to children, and be substantially administered by one or more child psychoanalysts. A program or school in progress towards fulfilling the criteria for membership may be considered an Affiliate Program.



Tampa Skyline

Photo provided by Tampa Bay CVB

Minutes of the Business Meeting April 4, 2004

President Paul Brinich called the meeting to order at 9:00 am.

A moment of silence was observed for those members reported deceased since the last Business Meeting in Santa Fe, NM, April 13, 2003

Robert Gillman, MD	July 1, 2003
	Washington DC
Hansi Kennedy	October 30, 2003
	Anna Freud Centre, London
Othilda Krug, MD	March 2003
	Cincinnati OH
Han Groen-Prakken, MD	May 2003
	Netherlands
Gertrude Ticho, MD	Chevy Chase, MD
Eva Landauer	February 14, 2004
	New York, NY

The Minutes of the Business Meeting, Santa Fe NM 2003 were approved. Agenda for this meeting was adopted.

REPORT OF OFFICERS

SECRETARY

DONALD ROSENBLITT, MD

Total membership is 602. Of this number 509 are from the USA; 93 International. There are 153 Candidate members and 449 Regular members. Since the last Business Meeting in April 2003 there have been 15 new members - 10 Candidates and five Regular members.

TREASURER

THOMAS BARRETT, PHD

Budget:

FY03 actual income \$94,084; Expenses \$92,070. Income was below projection primarily as a result of lower than anticipated revenue from Santa Fe Meeting.

This was offset by Expenses being reduced by approximately \$14,000 as savings were realized in several areas. Further supporting revenue was a final distribution from the Myrtle Mandiberg Trust of \$1,231 added to the Todd Ouida Memorial Gift Fund.

Investments:

The investment portfolio is with the Vanguard Group. As of December 31, 2003 the portfolio totaled \$245,997. This increase is the result of a deposit of \$50,000 from the Mandiberg bequest and growth from profit and interest of \$40,060 (26%).

Policy has been to use a 5% distribution of profits and interest of the Endowment fund to offer grants supporting low fee analyses. Treasurer proposed a modification of that would take the form of basing

the annual 5% distribution on an average of the Endowment fund amount over the previous three years. This would result in a more predictable amount of money being available and help to gauge against broad swings.

Memorials to the Grant Fund:

The family of Todd Ouida, the young man killed in the World Trade disaster extended another grant in the amount of \$15,000. A report has been sent to them outlining the use of their contribution. These funds, along with a percentage of the portfolio and the donations received from the membership will be used to support our grants program. The proposed amount available for Grants in 2004 is \$34,000.

REPORTS OF COMMITTEES

ARRANGEMENTS

Appreciation was expressed to the Cleveland colleagues for their efforts in making this meeting exciting and interesting. The plenary session with group discussions held at the new site of the Hanna Perkins Center was very special. Members were given a tour of the Center.

The 2005 Annual Meeting will be in Tampa FL, March 18-20.

CHILD ANALYSIS IN EASTERN EUROPE

LILO PLASCHKES, PETER BLOS, JR.

Lilo Plaschkkes is a teaching member of the Eastern European Psychoanalytical Summer School

Her report outlined the work done in these schools. A letter was read expressing gratitude for the \$3,000 donated in 2003 by ACP with details on how the grant money was used.

A request for grant money to aid in continuing this training was submitted. Donations and Grants Committee endorsed continuing this support.

CLINICAL PRACTICE

CATHERINE HENDERSON PHD, VIRGINIA KERR

A survey was conducted with the members of ACP by mailing each of them a questionnaire on number of children receiving psychoanalysis, the age of the children, the years in treatment. A chart was presented showing the results.

COMMUNICATIONS

ALICIA GUTTMAN, MD

President Paul Brinich explained the scope of the Web site. He emphasized the importance of keeping one's profile up to date. Instructions were given on the ways to utilize the Web site, such as obtaining a PIN, and searching the archives.

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DONATIONS AND GRANTS

CHARLES MANGHAM, MD & ART FARLEY MD

The following proposal was offered: 1) a cap of \$6,000 per person be given over 3 years with \$2,000 each year. The proposal was endorsed.

The grants offered this past year amounted to \$28,000.

The co-chairs announced their resignation from the committee. A certificate was awarded to each for the work done over the past years. Appreciation was expressed in vigorous applause from the members.

EXTENSION

KAREN MARSCHKE-TOBIER MSW

The theme for the program this year is “The Mind Body Interface: Developing New Collaborations Between Pediatricians and Child Psychoanalysts”. A large attendance is expected from the registration returns.

LIAISON

BARBARA DEUTSCH MD & NAT DONSON MD

Members of the committee serving as liaisons to the various disciplines submit their reports to the chairs.

Christel Airas	Alicia Guttman
Arthur Farley	Denise Fort
Douwe Jongbloed	Ulricke Jongbloed
Kerry Novick	Lilo Plaschkes
Stevie Smith	Elizabeth Tutters

MEMBERSHIP

KERRY KELLY NOVICK AB BA

Pathways to membership were discussed. The Committee offered the following ways:

- 1) Psychoanalytic Institutions: clinical trainings, schools, clinics, applied programs, academic depts.
- 2) Research: Mutual enrichment of researchers and clinicians
- 3) Training: The traditional path of organized academic course of study of analytic theory and technique of child development, personal analysis, and treatment of supervised training cases at 4-5 times a week.

NEWSLETTER

DENIA BARRETT & BARBARA STREETER MSW

The present editors offered their resignation. The cost of the Newsletter has been maintained under budget. Christian Maetzner will be the new editor. Penelope Hooks is the assistant editor for this issue.

**NOMINATING
MOISY SHOPPER MD**

The chairman spoke of the difficulty in securing nominees in the current short time frame. Recommendation of the Nominating Committee: increase the time frame and the number of members serving on the committee.

PROGRAM

ANITA SCHMUKLER, DO & KIRSTEN DAHL, PHD

The theme of the 2005 Annual Meeting is “Late Adolescence—Leaving Home”. Please submit abstracts and papers to the Program Committee. See page 27 of this newsletter for details.

**STUDY GROUPS & CONTINUING EDUCATION
STANLEY LEIKEN, MD**

The American Psychological Assn. and the American Psychoanalytic Assn. have approved ACP for continued sponsorship to offer continuing education credits.

OLD BUSINESS

Dr. van Dam spoke to the membership criteria of keeping collegial as honorific membership.

NEW BUSINESS

Election Results

President-Elect:	Carla E. Nealy
Secretary-Elect:	Jill Miller
Treasurer-Elect:	Helene Keable
Treasurer:	Thomas Barrett
Councilors:	Denia Barrett
	Alicia Guttman
	Susan Sherkow
Candidate Councilors:	Rachel Seidel
	Judith Deutsch

President Paul Brinich presented certificates of appreciation to the outgoing members of the Executive Committee for their services rendered to ACP.

Secretary:	Donald Rosenblitt
Councilors:	Samuel Rubin
	Ruth Fischer
	Barbara Deutsch
Candidate Councilors:	Andrea Weiss
	Eleanor Herzog

Ruth Karush was introduced as the new ACP president and Laurie Levinson as the new secretary. Dr. Karush’s opening remarks were a tribute to outgoing president Paul Brinich for his service rendered to all of ACP. A standing ova-

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Minutes of the Business Meeting

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tion was a show of appreciation to Dr. Brinich for his leadership as president.

Meeting Adjourned 10:00 am.



Minutes of the Executive Meeting

(Continued from page 4)

report the following pathways to membership:

1) Formation/Founding of psychoanalytic institutions: clinical trainings, schools, clinics, applied programs, academic departments. This pathway speaks to the spread of child analytic ideas in society. Individuals who devote their efforts in such endeavors demonstrate persistent commitment to child analysis. Including them in the ACP would underscore the organization's role as a resource about evolving analytic knowledge and foster cross-fertilization by bringing into ACP news from the front lines.

2) Research. Mutual enrichment of researchers and clinicians can best take place when they are colleagues on equal footing. The method would be like that in No. 1; sponsors detailing the individual's suitability with the Membership Committee seeking expert advice from other members.

3) Training. This is our traditional path to membership.

Important facts:

♣ We currently require sponsors to have had an organized academic course of study of analytic theory and technique and child development, a personal analysis and treatment of supervised training cases at frequencies of 4-5x/week, and to have analyzed 3 children of different genders and age groups. It is clear that these criteria have led to the exclusion of many colleagues respected in their communities and countries as child analysts. It is equally clear that some individuals have been inspired by these standards to enhance their training to meet them. The membership committee feels that there is currently no question about the importance of the tripartite training model.

♣ The Anna Freud Centre and Hanna Perkins Cen-

ter child analytic trainings adhere to these standards.

♣ The child analytic trainings in institutes of the Am. Psychoanalytic Assn. generally follow these guidelines, though some have less stringent gender and age requirements for the training cases.

♣ The minimum standards required by the IPA for training in child and adolescent psychoanalysis include clinical and theoretical seminars in child and adolescent development, psychopathology and technique, supervision by designated analysts, 2 cases of different ages (under 18) in treatment for a period of at least 12 consecutive months, preferably both sexes, treatment frequency of 4-5x/week, or commensurate with that of adult training in an IPA-affiliated institute. This allows leeway for local standards to apply, i.e., 3x/week in some places.

♣ The Psychoanalytic Institute of Eastern Europe requires 4x/week sessions in analysis for both candidates and training cases. 2 cases are required for graduation as an analyst, one of which can be a child or adolescent.

♣ 3x/week is becoming standard for adult analysis in many Latin and some European countries, while 4x/week is usual in Scandinavia. The possibility of some confederation among the ACP, SEPEA, and the emerging Latin American child analytic organization has been raised, but is outside the purview of this report.

Our suggestions and the reasons for them:

We on the membership committee are very aware of the spectrum of training backgrounds, theoretical and technical differences that actually exists among our current members. Despite these differences, we are all much more like each other than we are like those who would approach children from a purely behavioral or pharmacologic perspective. We counsel the Executive to focus on our shared commitment to understanding children's inner worlds from a psychoanalytic base.

For the training path to membership:

Include in our guidelines to sponsors the information that 'our ideal standards include experience in 4-5x/week analysis and treatment of children of all ages. The founders of the ACP developed these membership criteria based on their experience of what worked for them. Understanding what would most help children, they included immersion through working intensively with children developing at different stages.

All prospective members would be sponsored by two regular members of the ACP. They would speak

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to the sponsor's personal analysis, ethical standing, and commitment to child psychoanalysis. Further criteria would be: Graduation from a formal training program in child and/or adolescent analysis without specifying frequency or number of cases.

We would accept people who are eligible to be members of their local, national or international psychoanalytic association, following upon such training.

This allowance for differences of outlook, training models, and other circumstances could promote discussion, growth and learning on these very issues.

Individuals trained independently of a psychoanalytic institution would have their training described in detail by the sponsoring members, the method we have now.

The Membership Committee urges the Executive to come to a decision after our 18 month study to enlarge and enrich the membership possibilities for our organization.

Intensive discussion followed this report on standards of membership.

MOTION: Endorse report of Membership Committee deleting the part of accepting people who are eligible to be members of their local, national or international psychoanalytic association, following upon such training.

Count: 6 for, 5 opposed, 1 abstention.

DONATIONS AND GRANTS CHARLES MANGHAM, M.D.

Dr. Mangham stated in his report the most important thing that has happened to the Donations and Grant Committee is the sudden and unexpected death of Bob Gillman, co-chair, last summer due to a stroke. We miss him terribly.

The report also stated the Donations and Grants Committee was allocated \$28,000 for distribution as grants in 2003. If each of these grants is renewed, there would be no money available for new grants.

The Donations and Grants Report offered the following suggestion:

\$6,000 per person be given in 3 years; \$2,000 each year. This suggestion was endorsed.

Suggestion: Organizational problems pertain to communication and lines of responsibility. The Chair's main suggestion is that the committee should have its own bank account and keep its own records. The simplest way to address this would be for the ACP Treasurer to be the Number One chair.

Dr. Mangham stated his resignation would be effective at the end of this Annual Meeting. He offered

his assistance to the new chair. Dr. Farley also tendered his resignation from the committee. Members of the Exec. Committee spoke and demonstrated their appreciation for the work of the chairs.

PROGRAM

ANITA SCHMUKLER D.O. AND KIRSTEN DAHL Ph.D.

Discussion centered on the question should Program Committee submit the program to the Executive Committee before publication.

Appreciation was expressed for the Vulnerable Child Programs organized each year by Dr. Theodore Cohen. The Vulnerable Child Workshop has been a regular part of our meetings for many years. The Executive Committee wished to find a way to continue this tradition if possible, but also wished to recognize the necessity that the Program Committee have full discretion over the selection of workshops for the Friday afternoon period. Suggestion: Vulnerable Child workshop have a separate time apart from the Friday afternoon workshops. Suggestion was endorsed, and will be further explored with the leaders of the Vulnerable Child Workshop.

ARRANGEMENTS

Planning for 2005

The date is March 18-20, 2005. Suggestions of sites were offered. Discussion followed on the time of year of the meeting.

MOTION Tampa Florida for the site of the Annual Meeting in 2005. Approved.

Theme for 2005:
**Late Adolescence -
When Leaving Home is an Issue**

EXTENSION

KAREN MARSCHKE-TOBIER MSW

The program Sunday, April 4 : The Mind Body Interface: Developing New Collaborations Between Pediatricians and Child Psychoanalysts.

This program will provide opportunities for psychoanalysts, pediatricians and other health professionals to think together about the challenges, benefits and methods of working together.

Moderator: Dr. Moisy Shopper. Keynote Speakers are Dr. Helene Keable and Dr. Karen Rosewater. Local panelists include Drs. Lydia Furman and Diana Wasserman.

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Minutes of the Executive Meeting

(Continued from page 19)

AWARDS

JACK NOVICK PhD

Suggestion: Publicize in Newsletter the criteria for awards. The Committee asked the Exec. Committee members to be aware and contact the Awards Committee with names of ones worthy of the award .

CLINICAL PRACTICE COMMITTEE

CATHERINE HENDERSON PhD & VIRGINIA KERR

A survey was sent to all members concerning the number of children receiving psychoanalysis, the age of the child, the years in treatment and the referral sources.

73 ACP members responded to the annual survey. Of those responding, 47 reported seeing one or more children, 14 had no children in psychoanalysis, 6 members saw children 3 times per week. A chart was presented showing in detail the statistics gathered. That chart is available at the ACP office.

LIAISON COMMITTEE

BARBARA DEUTSCH MD & NAT DONSON MD

Stephanie Smith described her efforts to develop an ACP program at the IACAPAP meeting in Berlin Germany, August 22-26, 2004. Veronica Machtlinger has organized a half-day program, providing that we can help fund the hefty registration fees, which amount to \$1200 for the Chair and two presenters. IACAPAP will not waive the registration fees. Dr. Karush offered to find out whether the ACP could help fund their registration fees. Helge Deaton plans to present a paper at IACAPAP in Berlin.

Each full member organization is entitled to nominate and send one delegate to the Assembly. This delegate will be entitled to vote either in person, by proxy or by mail. ACP is a full member.

NEWSLETTER COMMITTEE

DENIA BARRETT AND BARBARA STREETER LPCC

The current editors will resign at the close of this Annual Meeting. Costs have been kept under budget. Appreciation was expressed with applause for the excellent job done by editors Denia and Barbara.

STUDY GROUPS AND CONTINUING EDUCATION

STANLEY LEIKEN MD

The Western Regional Study Group and the Princeton Study Group were awarded continuing education credits. This was done by complying with the stringent rules and regulations of the American Psychological Assn. The detailed summaries, evalua-

tions, and compliance regulations submitted by ACP were approved by the American Psychoanalytic Assn. and the American Psychological Assn. for continued sponsorship to offer continuing education credits.

CHILD ANALYSIS

IN EASTERN EUROPEAN COUNTRIES

LILLO PLASCHKES MSW

Lilo Plaschkkes is a teaching member of the Eastern European Psychoanalytical Summer School in Croatia. She currently resides there. She sent a very detailed report of the Psychoanalytical Summer School outlining the work done in Dubrovnik, Croatia. There are three annual schools, each lasting one week. The IPEE is interested in developing a Child and Adolescent Training. To that end a committee was established with Lilo Plaschkkes as chair.

A letter from the Han Groen-Prakken Psychoanalytic Institute was read expressing gratitude for the \$3,000 donated in 2003 by the ACP for development of psychoanalysis in Eastern Europe. The program and list of participants in the program were included. The 6th PEEE School for Child and Adolescent Psychoanalysis will be held in Croatia Oct. 23-29, 2004. A request for grant money to aid in continuing this training was submitted by the chair.

NEW BUSINESS

ELECTIONS

Carla Elliott Neely was elected as the new President-Elect with Jill Miller as the Secretary-Elect. Helene Keable was elected to the newly created position of Treasurer-Elect. Elected councilors for the 3 yr. term 2004-2007 are Denia Barrett, Alicia Guttman and Susan Sherkow. Candidate Councilors elected are Judith Deutsch and Rachel Seidel.

Appreciation was expressed by all to Paul Brinich for the work done during his tenure of President.

Meeting Adjourned 3:30 pm.



Guidelines for Sponsors



**NOTE: THESE ARE THE OLD GUIDELINES -
THE NEW GUIDELINES WILL BE ANNOUNCED IN THE FALL NEWSLETTER**



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

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

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

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

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

The following outline may be of assistance in completing a sponsorship for membership. Sponsors are reminded that they may submit additional material. Sponsors are also reminded of the availability of consultation as noted above regarding potential Collegial Members. Consultation is also available for sponsoring of Candidates and Regular Members.

For Candidate Membership

Please address:

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

For Regular Membership

Please address:

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

	age	sex	frequency	duration	diagnosis	supervisor
Case 1						
Case 2						
Case 3						

Sponsor's Names:

Name and address of individual being sponsored:

Type of membership suggested:

Please send all information to the Membership Committee Chair via the Executive Secretary.

Trauma and Attachment

(Continued from page 6)

Henderson interpreted M's non-verbal gestures, saying that M heard and was thinking about what happened to Barney and to her.

M later used a doll house and figures to understand her feelings regarding her medical treatments and relationships. As M. got older, the Mom doll often cried because her baby was sick and M comforted her. Dr. Henderson helped mother to be able to directly look at the child and tell her what procedures were planned and why. Eventually, M could have a blood draw without a struggle and Barney would watch so he could tell "Henderson" all about it. At the time that the treatment stopped, M had become an articulate, vibrant girl of almost five who could express her feelings and needs, and whose attachment was more secure.

Discussion

Dr. Cohen congratulated Dr. Henderson for her work that enabled a family to grow because of her help. He contributed a compelling sociological overview of preterm infants in the United States. One out of 8 babies are born prematurely, 485,000 each year. NICU's have come a long way in recognizing that parents' presence is vital to the babies because they provide physiological stability for the growing baby. He noted that although their survival rates are improving, many preemies experience long-lasting neurodevelopmental, socioemotional deficits including cognitive delays, and behavioral problems. Prematurely born children are at higher risk for abuse/or neglect, reflecting early relationship difficulties. Perhaps most important, neopediatric specialists are referring high risk infants and their families to analysts for the intensive and specialized help they so need. Dr. Cohen concluded that we are entering a new scientific direction that child analysts must integrate in their training. Dr. Henderson is a pioneer in this field.



Therapy via The Parent

(Continued from page 7)

concern" on behalf of their developing child.

Discussion

Ms. Hall's introduction of this idea was a perfect entrée into the audience's participation. Ms. Streeter and Ms. Hall partnered in answering some very thought provoking questions. The first was a question of technique. Once the parent is in feeling touch with the child, they will develop their own way of communicating with the child that is empathic and feelingful.

There was another ACP meeting participant who wondered about how Treatment Via the Parent Work could be applied when there is no Therapeutic School. The consensus was that it depends on the availability of the parent to be in touch with their child's feelings. In Ms. Streeter's case there were some external challenges to the development of the Annie's personality that indicated that the use of the psychoanalytic school would be necessary. Ms. Hall described work she has done in daycare centers that was successful, without the use of a therapeutic milieu, when she made her role distinct from that of the daycare professionals. As the discussion progressed the question was asked, why call the work Treatment Via the Parent when it seems the work is primarily with the mother? Ms. Streeter and Ms. Hall both agreed that both mother and father are needed in the work. They went on to explain that the father is there to support the mother and it is always the aim of the work to have mother and father involved. The deepest, closet emotional bond is with the mother. For this reason, the work of the developing personality is left to the mother in Treatment Via the Parent work. From a child's perspective parents cannot be viewed as interchangeable.

A question seemingly linked to the discussion of parental roles in Treatment Via the Parent Work was an audience member's inquiry about a mother's negative narcissistic investment and whether this dynamic would be a contraindication for a successful treatment. Ms. Hall responded by saying that "you can't do the work if the parent can't do the work". The capacity for concern has to be great enough, and if the parent is well-invested the work can go forward. Ms. Hall feels the parent must be motivated to help the child as "bone of my bone". This attitude is reflective of a strong sense of responsibility to the child and is in turn felt by the child. It was also noted during this part of the discussion that sometimes one

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Therapy via The Parent

(Continued from page 22)

cannot assess the level of parental concern until one gets more deeply involved in the mother-child work.

The parent aspect of the work became very animated during the final moments of the discussion. An audience member wanted to revisit the role of the father in Treatment Via the Parent Work. Ms. Streeter and Ms. Hall elaborated by saying the father's role is to support the mother and to protect the mother-child couple. As Ms. Hall put it, the father is present "to treasure the two of them". She went on to say that the father should be there to remove all the stressors that may interfere with this developing relationship. The father senses that the child longs for an exclusive relationship with the mother and recognizes that there is a psychological relationship between the mother-infant couple. Ms. Hall says that mother and father are attuned to the child differently. This left many ACP audience members with many questions about the efficacy of the "new generation" of fathers in the lives of developing children. It is sure the debate will continue.



Psychoanalytic Process in the Treatment of Little Hans

(Continued from page 8)

The discussion primarily focused on the information learned following the termination of Hans' treatment. Of utmost importance, Hans had slept in his parents' room until the age of four. Thus, several participants wondered what he had witnessed. In addition, three year old Hans had entered the bedroom shortly after Hanna's birth and witnessed bloody water, etc. This would have greatly impacted his phallic development, intensifying his castration concerns and his defensive need to believe that his mother still possessed a penis.

Bierman concluded the workshop by summarizing the adult life of little Hans. According to the obituary, Herbert Graf had attained a PhD and written four books on opera. Married twice, he was the father of one daughter.



Plenary Presentation: Teddy: Vicissitudes of Aggression in a Toddler

(Continued from page 11)

became belligerent because "when he got frightened he got tough". However, within a few weeks, he made an adjustment and was able to drop his armor and relax. At this point Teddy's father wanted the treatment to stop immediately. He would only allow a two day visit to say goodbye.

Self-preservation was the most pressing preoccupation in Teddy's life. The dangers threatened from both outside and inside of himself. Dr Karush focused only on those aspects that molded the aggressive drive. Anna Freud says that when the ego has evolved from the pleasure principle to the reality principle it is no longer tolerant of the instincts. The warfare towards the instincts comes from the super-ego and the outside world. If the ego feels abandoned by these powers, its response is anxiety. Equally as important as separation anxiety to the infantile ego is the absence of parental assistance when encountering inner forces of the child, which results in a dread of these forces. This condition makes one more prone to violence. Teddy's mother's disinvestment of him was a case in point. Further, Teddy's father's violent behavior added to the problem.

Dread of the power of the instincts comes from the idea that one could commit a violent act. It arises when an external threat is perceived. This external danger can be linked to earlier experiences of being overwhelmed. Teddy had such experiences, one was an attack from his older brother and another was a medical intervention. Both occurred within a few months of each other in his first year of life. Early infantile trauma is associated with feelings of being unprotected.

The battles played out between Luke and Darth Vader, when Luke lost a body part were references to early oedipal struggles with Father, but, perhaps more daunting and basic was the effect of the battles that took place between Teddy and his mother about toileting. Teddy was terrified of being defeated, demolished, crushed, broken in his spirit, and flushed away. He had to fight to preserve his pride and self-esteem. His mother's intrusion into his analytic sessions, sleeping on the analytic couch like a dormant volcano, until she woke and sprang into action to comment on Teddy's fear of losing his bowel movement reflected her propensity for interfering in the developmental process rather than facilitating it.

**2004 Annual Scientific Meeting:
 The Mind Body Interface:
 Developing New Collaborations Between
 Pediatricians and Child-Psychoanalysts**

Moderator:

Moisy Shopper, MD, Child-Psychoanalyst

Keynote Speakers:

**Helene Keable, MD, Pediatrician and
 Child-Psychoanalyst
 Karen Rosewater, MD, Pediatrician**

Local Panelists:

**Lydia Furman, MD, Pediatrician
 Diana Wasserman, MD, Behavioral Pe-
 diatrician**

Reporter:

Paul A. Dube, LISW

When children and adolescents experience difficulties involving both bodily symptoms and emotional components, the pediatrician is faced with complex challenges. Treating the medical issues without addressing the psychological factors can lead to an incomplete resolution. It was within this framework that the keynote speakers, panelists and audience engaged in a lively discussion to think together about the challenges, benefits and methods of working collaboratively on behalf of their patients.

Dr. Helene Keable, a child psychoanalyst and pediatrician, and Dr. Karen Rosewater a pediatrician, discussed their collaboration regarding an anorexic girl they both treated. The 15-year-old patient, Lucy, had been in treatment with Dr. Keable for seven years. As her termination approached, Lucy became anorexic. Although obvious to her analyst, Lucy denied her anorexia. Her parents also denied her illness but when the girl's analyst brought it to their attention, the parents rushed Lucy to her pediatrician. When Lucy began to lose more weight, her pediatrician panicked and wanted her hospitalized. With Dr. Keable's assistance, the parents got a second opinion from Dr. Rosewater, who agreed to work with Lucy, her parents and Dr. Keable. A nutritionist was initially involved. Her involvement

ceased when Dr. Rosewater took Lucy on as her patient. Both Dr. Keable and Dr. Rosewater believed Lucy could be better served without adding another specialist to an already complicated situation. Both doctors agreed hospitalization would be a last resort, because of the disruption it would cause to the ongoing analysis.

Dr. Rosewater stated, "My work with Dr. Keable was helpful and interesting." She learned from Dr. Keable that Lucy wished to avoid menstrual cycles. Part of Lucy's work with her analyst involved working to understand the significance of this resistance. Consequently, no medication was prescribed to induce menstruation.

According to her analyst, Lucy wanted to remain a little girl and be taken care of. She wanted her analyst to feed her. Lucy's weight dropped to 97lbs and she was emaciated and depressed, so hospitalization was imminent. Dr. Keable asked Lucy, "Why would a girl want to kill herself and/or get others to take care of her?" Dr. Rosewater pointed out that Lucy's depression was an "organic brain depression" caused by lack of eating rather than due to psychological causes. Lucy was told she was on the brink of hospitalization. A compromise was reached in which Lucy would see her analyst seven days a week and Dr. Rosewater twice a week. Lucy elected to eat baby food. She gradually began to eat more substantial foods. This intervention was a turning point in the work. Lucy started to gain weight.

With Lucy now eating, she wished to resume track. Dr. Keable objected to Lucy participating in running because it could decrease her recent weight gain and possibly stop her menstrual cycles. Dr. Keable knew Lucy unconsciously was on a self-destructive course. Lucy nonetheless insisted, so her parents appealed to Dr. Rosewater, telling Dr. Rosewater that track was healthy for Lucy and encouraged friendships. Dr. Rosewater initially acquiesced to Lucy's and her father's plea. Dr. Rosewater then collaborated with Dr. Keable, who helped her to see the collusion between Lucy and her father and the need for further analysis before Lucy's request would be granted.

Lucy's determined wish to be taken care of also
(Continued on page 25)

2004 Annual Scientific Meeting: The Mind Body Interface: Developing New Collaborations Between Pediatricians and Child-Psychoanalysts

(Continued from page 24)

entered into the work, when her mother called Dr. Rosewater to ask her what food Lucy should eat. With Dr. Keable's guidance, Dr. Rosewater helped Lucy's mother see she was enabling Lucy to be a little girl because Lucy was old enough to know and to find out what food she needed for nourishment.

Dr. Shopper commented how the interface between Dr. Keable and Dr. Rosewater saved Lucy from her suicidal course. With one hand knowing what the other was doing a better outcome resulted. Dr. Rosewater thought the importance of information gathered in the first interview was central in differentiating what psychological issues were impacting the physical one. Dr. Keable emphasized the importance of confidentiality between all parties so as not to disrupt the ongoing work with the patient.

Dr. Lydia Furman, MD, a pediatrician from Rainbow Babies and Children's Hospital, presented two cases highlighting the importance of an accurate diagnosis. One case presented with physical symptoms that possibly had psychological underpinnings but over a period of time proved to be physical. Another case presented with physical symptoms that proved to be psychologically based. Dr. Furman stressed the importance of looking at both the physical and psychological dimensions of a case without biasing oneself in one direction or another. Dr. Furman does not use psychotropic medication in her practice but relies exclusively on collaborating with psychotherapists/psychoanalysts.

Dr. Diana Wasserman, MD, a behavioral pediatrician, highlighted her work with children with ADHD. In her practice prior to moving to Cleveland she saw many children diagnosed with attention deficit disorder. Without an adequate referral source, Dr. Wasserman relied exclusively on medication. She saw positive results. She felt both psychotherapy and medication were good treatment options for children with attention deficit disorder.

Dr. Ruth Karush cautioned those present that some children who respond to stimulant medication may show improvement but the symptoms ultimately manifest themselves in a different way, requiring

even more medication, i.e., a cocktail of different drugs. She said it was important to understand the child within the family and not rely on medication as the singular treatment option.

Dr. Thomas Barrett stated that children treated at Hanna Perkins do not receive medication. "The importance of the child becoming an active participant in the work, a self-observer in understanding his or her problems, cannot be addressed if a child relies on medication," said Dr. Barrett.

Dr. Furman stated, "A psychological symptom cannot be given up unless we find out that the symptom is masking." She felt that getting rid of a symptom is not necessarily a good thing because it offers no room for exploration and self-correction. "Psychotherapy becomes the treatment of choice in children with psychological issues. Otherwise, children never become the boss of their troubles," said Dr. Furman.



The Psychoanalytic Treatment of a Four Year Old Child

(Continued from page 5)

child's development can simultaneously co-exist at different levels.

During the discussion, an audience member wondered if the question of medication ever came up during the treatment, and was impressed that the parents never asked for medication. Dr. Clement attributed this to G.'s rapid improvement in behavior. Another member wondered about a false self, the relationship between the father and the child, and the issues of power and aggression. Others brought up attachment difficulties and unresolved trauma in the parents' backgrounds.

It was noted that G.'s identification with his father was problematic and the question of how a child with this interference approaches the Oedipal phase. Dr. Clement was congratulated for her ability to resist becoming the better mother and her ability to support the parental roles. Another member wondered if Dr. Clement could report the successful outcome to the original referral source to encourage a different viewpoint of children with similar symptoms as G.

Overall, the audience was very appreciative of Dr. Clement's presentation of her work with a very interesting and engaging child.



Committee Chair Vacancy

The **Arrangements Committee** Chair is currently vacant. Any members interested in the position or in serving on this vital committee contact:

Ruth Karush, MD, ACP President, at
rkknpk@aol.com

ACP Award For Excellence Call for Nominations

The Awards Committee invites nominations for the **ACP Award For Excellence**. This award is given to a center or program exemplifying the highest level of service, training, outreach or research associated with the profession of Child Psychoanalysis and the ACP. Previous winners have been the **Lucy Daniels Center** and the **Hanna Perkins Center**. This award is given to a program, not to a person and nominees should meet the following criteria:

The program/center

- was created and is currently run by child psychoanalysts;
- has been functioning for a number of years and seems to be stable and a permanent fixture in the community;
- has achieved a level of excellence in one or more of the areas of training, service, research, outreach, public education or public policy.

Inquiries or nominations can be sent to either of the co-chairs:

Jack Novick PhD: Jacknovick@aol.com
Laurie Levinson PhD: LaurieJLevinson@cs.com

Nonmember & Candidate Attendance at ACP Meetings

Nonmembers wishing to attend the annual ACP 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 a hardship for a nonmember, requests for a reduction of the fee to the level of a candidate's fee of \$100 may be addressed to Dr. Barrett, Treasurer of the ACP. Nonmember-Candidates are not required to pay a registration fee.

Looking Ahead to Tampa

Make your travel arrangements early for the next ACP meeting, which will be held in Tampa from March 18 to 20, 2005. As everyone knows, Florida is a very popular spring vacation area and you do not want to miss the opportunity to attend our next meeting. The topic will be

Adolescence – When Leaving Home is an Issue.

The program will be interesting and exciting for all child/adolescent analysts.

The hotel will be the brand new **Renaissance at the International Plaza**. The hotel captures the Mediterranean spirit and gracious lifestyle of a Costa del Sol mansion. Its design reflects the Italian, Spanish and Cuban influences in Tampa. The International Plaza offers a comprehensive, upscale shopping experience. Bay Street, the mall's extensive restaurant row connects to the hotel with its own excellent trattoria. The hotel offers shuttle service from the airport.

The Tampa Museum of Art and the Florida Aquarium are in the downtown area. Busch Gardens is 15 minutes away from the hotel. While the hotel has an outdoor pool, there are beaches located close to it. We will be in Tampa at the time when the New York Yankees will be there for spring training – don't miss it!



Tampa Skyline
Photo provided by Tampa Bay CVB

Calendar of Events

08/22/2004 - 08/26/2004
16th World Congress IACAPAP
International Association for Child and Adolescent
Psychiatry and Allied Professions
Berlin, Germany
www.iacapap-berlin.de/

09/02/2004 - 09/05/2004
The Fifth International Neuro-Psychoanalysis
Congress
Splitting, Denial and Narcissism: Neuro-
Psychoanalytic Perspectives on the Right Hemi-
sphere
Rome, Italy
www.neuro-psa.org

10/19/2004 - 10/24/2004
51st Annual AACAP Meeting
American Academy of Child and Adolescent
Psychiatry
Washington, DC
www.aacap.org

01/14/2005 - 01/23/2005
Winter Meeting APsaA
American Psychoanalytic Association
Waldorf Astoria, New York, NY
www.apsa.org

03/18/2005 - 03/20/2005
ACP Annual Meeting
Association for Child Psychoanalysis
Tampa, Florida
www.childanalysis.org

07/28/2005 - 07/31/2005
44th IPA Congress
International Psychoanalytic Association
Trauma: New Developments in Psychoanalysis
Rio de Janeiro, Brazil
www.ipa.org.uk

2005 ACP Meeting Call for Papers

The program for the next annual meeting of the
ACP, April 18-20, 2005 will be entitled:

Late Adolescence - When Leaving Home is an Issue

We welcome papers on this topic and anticipate
many hours of lively, informative discussion.

Deadline for submission of abstracts is September 1,
2004. To submit please contact the program Co-
Chairs by e-mail:

Kirsten Dahl PhD: dahl23@comcast.net
Anita Schmukler DO: agspsa@fast.net

◆◆◆



Tampa Bayshore
Photo provided by Tampa Bay CVB

Roster Update Form for ACP Members

Please check your listing as it appears in the 2004 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 USA

Tel/fax: +(201) 825-3138

E-mail: childanalysis@optonline.net

Name: _____ Degree(s): _____

Home Address: _____

City: _____ State/Prov.: _____ Postal Code: _____

Country: _____

Office Address: _____

City: _____ State/Prov.: _____ Postal Code: _____

Country: _____

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

Telephone: Home: Country code: _____ Area code _____ Number: _____

Office: Country code: _____ Area code: _____ Number: _____

Fax: Home: Country code: _____ Area code: _____ Number: _____

Office: Country code: _____ Area code: _____ Number: _____

E-mail: _____



Association for Child Psychoanalysis
Newsletter
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Address Correction Requested