



**association for
child psychoanalysis**

newsletter

Spring 2005

Message from the President

Ruth Karush, MD



As I write this column, the snow is falling heavily in New York. I am looking forward to the ACP meeting in Tampa where I expect the weather in March to be quite balmy. Yesterday, the ACP Executive Committee and the Program Committee had their mid-winter meetings. We are gearing up for the annual meeting, which I think will be spectacular. The meeting will be held from March 18 to 20, 2005 at the new Renaissance at the International Plaza. The hotel is beautiful. Its design captures the Mediterranean spirit and gracious lifestyle of a Costa del Sol mansion. But, more important than the ambience of our meeting venue, is the program that has been planned. The Program Committee has worked very hard to put together several wonderful workshops and three plenary presentations on the topic of **Adolescence: When Leaving Home is an Issue**. Dr. Theodore Jacobs is the 2005 Marianne Kris Lecturer. His talk is entitled "On The Adolescent Neurosis." There will also be a Saturday afternoon trip to St. Petersburg for those who may want to explore the landmark Pier, which offers many outdoor activities, or visit the Salvador Dali Museum or the Museum of Fine Arts. I guarantee that our meeting in Tampa will be intellectually invigorating as well as a great deal of fun. So, make your travel arrangements as soon as possible and join me in Tampa on March 18.

This issue of the ACP Newsletter is partly devoted to inform our 601 members of the work that is done during the year by the various committees of our organization. I am hoping that many of you will be inspired to participate in the vital "behind the scenes" efforts of the ACP. We are always looking for energetic members to help keep our organization running as well as to bring child analytic thinking to the widest possible audience.

In looking over the status of our current committees, you will notice immediately that two crucial ones are without members or chairs. They are Ar-

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The Association for Child Psychoanalysis, Inc.

www.childanalysis.org

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 tel/fax: (201) 825-3138

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Newsletter of the Association for Child Psychoanalysis

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Editor:
 Christian Maetzener MD
 Maetzener@msn.com

Associate Editors:
 Ellen Glass MD
 Katharine Rees PhD

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.

Grant\$

Grants from the **ACP** supporting low-fee analysis of children and adolescents for the calendar year 2005 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 31, 2005

Cynthia Carlson

Chairman, Grants Committee

Message from the President

(Continued from page 1)

rangements and Clinical Practice. The Arrangements Committee is responsible for planning the annual meeting and, as you can imagine, it is difficult to have a successful meeting without a functioning committee. I am hoping that some of you have an expertise in this area and would be willing to serve the ACP on this essential committee. In the meantime we hired an excellent professional meeting planner and the councilors have also stepped in to fill the void. The Clinical Practice Committee conducts an annual survey about the psychoanalytic practices of our members. A questionnaire is sent out which asks for information on how many children and adolescents are in psychoanalysis, what their ages are and how many years they have been in treatment. This Committee could expand its work by developing tools for child analysts to use to develop their analytic practices and to study the types of children who are being treated in analysis.

In conclusion, I want to mention what seems to me to be some very exciting new developments. First of all, at the winter meeting of The American Psychoanalytic Association there were many child focused discussion groups, a 2- Day Child Psychoanalytic Clinical Workshop and an important child-focused panel. Many members of the ACP were involved in these presentations. At the IPA meeting in Rio this summer, there will be child panels arranged by Elizabeth Tuters. And, also, Nat Donson and Barbara Deutsch are involved along with many other ACP members in a collaborative effort with The Academy of Child and Adolescent Psychiatry. I think that the spreading of child analytic thinking is a wonderful development for our field, which will ultimately be beneficial for ourselves as practitioners and for the children we treat.

I am looking forward to seeing each of you in Tampa.

Reminder:
 to
**REGISTER FOR THE ANNUAL MEETING
 IN TAMPA**
 go the ACP website:
www.childanalysis.org
 Find the link for downloading registration,
 program schedule and hotel information
 on the left side of the homepage
 under "upcoming events".

From the Secretary



Laurie Levinson, PhD

The Executive Committee met on Friday, January 21st at the Waldorf, and it was good to see everyone again. Our membership has grown to a total of 601, with 507 the total number of American members, 89 international and 5 collegial. We discussed many topics during our time together, but I shall give you here a few of the important issues. It is our hope and belief that you will all come to Tampa prepared to think about and discuss these matters.

The first news item is our destination for Spring 2006. There were 2 choices for Western venues, and Vancouver came in first, provided that we find there adequate child psychoanalytic support for both arrangements and the scientific program. If not, our second choice is Denver, which we know has a vibrant child psychoanalytic community to help us. On this matter, we will keep you posted!

As you will read in the following pages, the criteria for membership in the ACP have been reviewed and changed. Kerry Kelly Novick and her committee have worked very hard indeed to put forth their changes for three "pathways to membership," which the Executive Committee approved last year. We are interested in having everyone's views about the changes in our membership criteria. Please give these ideas the time and thought they deserve...and come to Tampa with your own critical thinking caps. We will have an open meeting with the Membership Committee to discuss further this most important change for our association.

The last topic I want to raise here concerns grants and donations. As you know, it is customary when sending out the annual dues statements to ask for contributions for the purpose of supporting low-fee analyses. At the meeting of the Executive Committee people raised the possibility that we might use the monies collected for other purposes as well. Some suggestions were aid to child victims of various natural disasters (such as the tsunami); to foster child psychoanalytic educational ventures and other ideas. The real question for our membership is to come to a consensus about the nature of the mandate of the ACP. Do we want to enlarge the scope of the Committee on Grants and Donations? If so, in what ways? And if not, why not?

These are just the beginnings of what we hope will be an interesting and fruitful and fun meeting in Tampa. See you there!

ACP Portrait

How is the ACP organized? What are the different committees doing? Who is on the committee? Find out here. Get involved, contact the committee chairs or our president if you would like to participate in a committee. You will find it a rewarding experience..

Awards Committee



Laurie Levinson, PhD



Jack Novick, PhD

Co-Chairs: Laurie Levinson PhD & Jack Novick PhD
 Members: Peter Blos Jr. MD, Anne Marie Sandler & Heiman van Dam MD.

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. The award is given to a program, not to a person. The Awards Committee was started in 2002 by Paul Brinich. Heiman Van Dam and Anne Marie Sandler were the other original committee members. After much discussion, the committee arrived at the following set of criteria:

The program/center

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

The first award was given in 2002 and went to the Lucy Daniels School in Carey, NC. The second award was given in 2004 and went to the Hanna Perkins Center in Cleveland, OH. The third one, in 2005, was given to Bernard L. Pacella, M.D. Parent Child Center of the New York Psychoanalytic Society in New York, NY.

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

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



Donation & Grants



Cynthia Carlson

Chair: Cynthia Carlson
 Members: Viviane Green, Charles Mangham MD, Jill Miller PhD & Karen Weise PhD, Thomas Barrett PhD, ex officio.

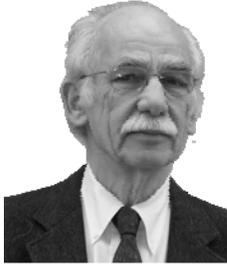
The Financial Development / Donations Committee and the Grants Committee were combined in 2002 to create a smooth link between the procurement of funds and disbursement of grants. For the past twenty years, the ACP has supported the low-fee psychoanalysis of children through financial aid to the individual psychoanalyst. The grants are for one year and may be renewed yearly. Due to the number of applicants, we have limited the yearly amount to \$2,000 with a total grant of \$6,000. The recipient is asked to possibly, depending on program needs, present their case at an annual scientific meeting workshop. Grants have also been awarded to other activities that promote the psychoanalytic care of children, such as to psychoanalytically based pre-schools.

We wish to encourage applications from all accredited institutes and societies that have psychoanalysts treating children. Requests for grant applications should be sent to Nancy Hall and need to be received by October 31 for consideration that year. Donations are greatly appreciated and any suggestions about efforts in this area are welcomed.



ACP Portrait

Child Analysis in Eastern Europe



Peter Blos Jr., MD



Lilo Plaschkes, MSW

Co-Chairs: Peter Blos Jr. MD & Lilo Plaschkes MSW
Members: Maurice Apprey PhD, Adriana Lis & Elizabeth Tutters RSW MCAPP.

In 1992, Peter Blos Jr., then the president of the Association for Child Psychoanalysis, asked me (Lilo Plaschkes) to chair a newly formed committee, which was mandated to see what was being done in Eastern and Central Europe regarding child development and child analysis. There had been a request for assistance and the members of the Association wanted to see if any help could be provided. The committee was formed with the following members; Peter Blos Jr., Elizabeth Tutters, Maurice Apprey and Adriana Lis.

First a short historical perspective. All of us were working in different Eastern and Central European countries at that time. This consisted primarily of giving seminars or lectures in Child Development. Peter and I attended the early Seminars sponsored by the Eastern European Committees of the European Federation and the International Psychoanalytic Association. The first was in Vilnius, Lithuania, (LP) and the next in Costanza, Romania, (PBjr).

It was there that we met Han Groen Prakken of Holland and Eero Rechartt of Finland. Both were very active in supporting the development of Psychoanalysis in Eastern Europe. We participated in our exploratory task on behalf of the Association for Child Psychoanalysis. At that time, we informed them of the ACP's interest and desire to be of assistance.

As a result both Peter and I were invited to participate in the annual SUMMER SCHOOL and to contribute papers, lead groups and provide case consultations for the participants. Our contribution was to focus on analytic and dynamic work with children

and adolescents. These annual Schools have now taken place for 12 years, each year in a different East European Country and hosted by that country. Funding has been by the European Federation and the International Psychoanalytic Association. The ACP has made an annual financial contribution.

In 1998, as a consequence of the inception of the IPA COCAP [Child and Adolescent Psychoanalytic Committee], I organized a meeting for all those interested in developing training in Child and Adolescent analysis at a Summer School in Croatia. I also wanted more specific information as to what therapeutic work at that time was currently being done with children and adolescents in all the various countries. This information was for the ACP and for COCAP.

At that first Summer School much interest was expressed in having a separate additional Summer School for those working therapeutically with children and adolescents. The Croatian Group initiated this and annually have provided some funding. That

These annual Summer Schools have now taken place for 12 years. Each year in a different East European Country and hosted by that country.

School has now met for six years in Dubrovnik Croatia.

Now for what has evolved and the current situation.

In 1993 the Han Groen Prakken Psychoanalytic Institute for Eastern Europe [PIEE] was founded under the auspices of the IPA. Its mandate states: "The Institute shall select, train, teach and recommend qualified candidates for Direct Membership of the IPA in those countries of Europe where no training institutes exist." In conjunction with this an annual candidate seminar of one week's duration, was established.

There are now three schools, which meet annually for one week: 1) a general introductory school (the original school); 2) a Child/Adolescent school; and 3) a candidate school. All are now part of the PIEE. Peter and I continue to work and teach in these Schools.

I am also Chair the Committee in the PIEE to develop training in the PIEE for child and adolescent training. We have provided an annual report to the ACP Executive of our work.



ACP Portrait

Liaison Committee



Barbara Deutsch, MD



Nathaniel Donson, MD

Co-Chairs: Barbara Deutsch MD & Nathaniel Donson MD
 Members: Christel Airas, Kirsten Bergmann, Peter Blos Jr. MD, Arthur Farley MD, Denise Fort PhD, Alicia Guttman MD, Douwe Jongbloed PhD, Ulrike Jongbloed, Helene Keable MD, Brenda Lepisto PsyD, Kerry Novick AB BA, Lilo Plaschkes MSW, Rachel Ritvo MD, Moisy Shopper MD, Stephanie Smith LICSW & Elizabeth Tutters RSW MCAPP.

After a voluminous and prolonged correspondence with potential speakers, and working headlong to complete planning on a compressed schedule, Stevie Smith's program for the ACP Child Analytic Workshop at the Berlin, August 22-26, 2004 IACAPAP World Congress (Title: Facilitating Pathways: Care, Treatment and Prevention in Child and Adolescent Mental Health.) emerged as follows: Moderator: Dr. Veronica Mächtlinger (Karl-Abraham-Institut, Berlin); Presenters: Dr. Erika Hartmann (Karl-Abraham-Institut, Berlin): "Stalking as a symptom in a 13 year old girl. The gradual development of a language for expressing feelings during intensive psychoanalytic treatment." Dr. Renate Kelleter (Darmstadt); "The analysis of a 9 year old boy with traumatic epilepsy following a newborn stroke." Dr. Mächtlinger will represent us at the President's reception. There was a thus far unresolved discussion about helping European members with fee payments for the Congress.

Following the Congress, Stevie wrote to Veronica Mächtlinger, "Many thanks for your efforts! I am so pleased to hear that the workshop went so well and that it was so well attended. If you would be interested, we would be delighted to have a report for the ACP Newsletter that describes the workshop, cases, and discussion. I am sure that our membership would be interested to read the proceedings and be privy to the details of the two very interesting cases." Stevie is hopeful that a number of us will go to Australia for

the 2006 IACAPAP Congress. Francis Salo, an Adult/Child analyst trained at the British Society and at Hampstead - a Course Tutor at Hampstead before moving to Australia with her husband - has been contacted and will help with an ACP sponsored program there. INTERNATIONAL PSYCHOANALYTIC ASSOCIATION: The 2003 IPA Congress, originally scheduled for Toronto, was relocated to New Orleans for 2004. There were two excellent March 12 morning (Adolescent Psychoanalysis) and afternoon (Child Psychoanalysis) panels entitled "How we Work" arranged by Christel Arias with a number of ACP participants. There was also a seminar, "Adult Analysis and Child Analysis Revisited: Enactment and Play."

A subsequent March, 2004 note from Christel read in part, "My mission is now completed as ACP Liaison to the IPA Program Committee. I have enjoyed many parts of the job very much and learned a great deal about our field." In response we wrote, "It is with considerable regret that we accept your 'mission completed.' We are aware of the considerable time, effort, and energy which has gone into the ACP IPA

We are therefore seeking an (perhaps non-US or European) ACP member who is interested in organizing ACP panels at future meetings of the IPA.

panels over past years. The ACP Executive Committee, and especially the Chairs of the ACP Liaison group have very much appreciated your efforts. You have done a wonderful job and contributed much toward the success of IPA-ACP presentations." We are therefore seeking an (perhaps non-US or European) ACP member who is interested in organizing ACP panels at future meetings of the IPA. Christel will assist our next IPA subcommittee chair in defining goals and providing international contacts and technical assistance in the complexities of setting up IPA meetings.

After meeting a number of very skilled and committed non-ACP child analysts at the IPA meeting, Nat is currently lobbying the ACP Executive Committee for a European meeting sometime in the near future. Our organization would undoubtedly be enriched and our membership augmented by ACP willingness to meet abroad. Although fewer U.S. members would be crossing the Atlantic for a European meeting, perhaps our gains and losses would balance out. AMERICAN PSYCHOANALYTIC ASSOCIATION: Ruth Karush reported that she will be Chair of COCAA at APsA until June, 2005. The Program Committee of the American Psychoanalytic has agreed to have, on a trial basis, one panel with a child/adolescent analytic focus and one Two Day

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ACP Portrait

Clinical Workshop on Child/Adolescent Analysis. Those programs in January 2004 were very well attended and well received and will be done again in San Francisco, with the panel based on the ACP Santa Fe 2003 plenary. Suggestions were requested for interesting and worthwhile topics for future programs. AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY: Barbara Deutsch and Nat Donson report that the American Academy of Child and Adolescent Psychiatry's Psychotherapy Committee, now chaired by Tim Dugan (whose Cambridge (Boston) child psychiatry training program yields more child analysts than any other in the U.S.), has negotiated with the AACAP's Program Committee to continue the child analysis panels which we began there four years ago. The Committee's proposed panel, "Contributions from Child Psychoanalysis - Countertransference," has been accepted for the October 2004 AACAP meeting in Washington (10/21/04 @ 2-5 PM). There will be presentations of child analytic and psychotherapeutic material by Lee Asherman and two psychiatry residents in training, and a discussion by Judy Chused. Under the rubric of "Clinical Scholarship" the AACAP Psychotherapy Committee (formerly chaired by ACP member Rachel Ritvo) is hoping to continue this series of presentations at future AACAP meetings. Barbara and Nat have been invited to the October Psychotherapy Committee meeting to discuss ideas for future presentations. The AACAP has asked that we publicize their meetings and conferences on our website. We wondered whether other organizations might wish to do so as well. Formerly the AACAP carried announcements of ACP meetings in their Newsletter but recently switched that information to their website. (We felt the Newsletter was better!)

SOCIAL WORK:

At the suggestion of Barbara Streeter, we welcomed Kristen Bergmann of Cleveland to our liaison group. Kristen is on staff at Hannah Perkins, a candidate member of ACP, and is current President of the Cleveland Chapter of the National Association of Social Workers. She developed a list of psychoanalytically oriented social workers to invite to the upcoming meetings in Cleveland and extended invitations to clinical social workers in the Cleveland area to the Sunday Extension Program. Unfortunately, none attended, allegedly because of costs. In order to encourage inclusion of non-members at meetings and in order to establish relationships with possible candidates and/or referral sources, Kristen has suggested that there be a one time lowering or waiver of fees. She plans to contact social work society members in

Tampa. Certainly, we agreed that hers is the sort of outreach, directed toward all local and national medical and mental health disciplines, which we will encourage for all subsequent ACP meetings. Fee adjustments will therefore be explored at the next Executive Committee meeting.

AMERICAN

PSYCHOLOGICAL ASSOCIATION:

Denise Fort and Brenda Lepisto made their first attempt to put together a proposal for a child analytic case panel at the American Psychological Association Division 39 for their spring 2004 meeting. They were hoping for co-sponsorship by APA's Section II (Childhood and Adolescence). Although not accepted for presentation in April 2004, they will persist for the APA 2005 meeting. Additionally they plan distribution of ACP membership materials via the APA newsletter or having such materials available at APA meetings. They will soon begin the necessary "schmoozing" at future APA meetings to get to know interested APA members for an exchange of views about child psychoanalysis. This will be a years long, but potentially high yield, project.

PEDIATRICS:

Helene Keable presented "Mind-Body Interface" material at the Sunday afternoon Extension meeting in Cleveland, with additional discussions by pediatricians Karen Rosewater, Lydia Furman, and Diana Wasserman. Their panel, subtitled, "Developing Collaborations Between Pediatricians and Child Psychoanalysts," was moderated by Moisey Shopper. Especially through her recent work at Mt. Sinai Medical Center in NYC, Helene has continued to develop our visibility within the pediatric community, offering psychoanalysts and medical health professionals opportunities to think about challenges, benefits and methods of working together through discussions about child and adolescent bodily symptoms and emotional components. There were efforts to invite members of the Cleveland pediatric community to the ACP meeting as a whole, as well as to the Sunday afternoon meeting. How do we go about doing that with local pediatric community members at future ACP meetings?

WORLD ASSOCIATION FOR INFANT MENTAL HEALTH:

Elizabeth Tutters' proposal of an ACP/WAIMH panel exchange at future meetings of each organization needs careful discussion within our Liaison Group, with members of the ACP Executive Committee, and eventually with the ACP Program Committee. Although such mutual commitments are complex and need to be carefully worked out to the ad-

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ACP Portrait

Membership Committee



Kerry Kelly Novick, AB BA

Chair: Kerry Novick AB BA

Members: Ruth Hall MA, Adriana Lis, Ava Penman, Lilo Plaschkes MSW, Stephanie Smith LICSW, Janet Szydlo PhD, Robin Turner LCSW DCSW & Heiman van Dam MD.

PATHWAYS TO MEMBERSHIP IN THE ASSOCIATION FOR CHILD PSYCHOANALYSIS

Psychoanalysts have always felt the need to meet together and share the excitement and burden of our work and discoveries. Over time, we have defined and institutionalized our mutual recognition and fellowship in terms of membership in one or another professional organization. The Association For Child Psychoanalysis, however, has a slightly different history. Formed in part to remedy certain colleagues' exclusion from membership of other professional bodies, the ACP defined itself from the start as welcoming "*all those engaged theoretically and clinically in this kind of work with children*" (Marianne Kris in her initial description of the ACP in 1965, quoted by Paul Brinich in his President's message about membership two years ago). Our tradition has been to support inclusion and innovation. At the same time, a subsidiary purpose was to prove the legitimacy and equivalence of child and adolescent analysis to adult work. Although we are not an accrediting body, maintenance of standards for the field has always been a consideration. Whether and how these two purposes may sometimes oppose each other is an underlying complexity in all our thinking about membership criteria and contributes to the passion with which these matters are often discussed. The spirit of the membership committee's discussions and the direction of their thoughts and feelings on these matters have included our deep commitment to the ACP and the importance it holds for our professional identity and vitality as individuals.

Paul and the ACP Executive Committee charged the Membership Committee with the task of redefining our membership criteria, which had become increasingly restrictive over the years, so that they would more fully reflect our wish to include more of our colleagues here and abroad. Over time discussion of this task translated into

generating various pathways to membership, with our guiding criterion being the *demonstration of commitment to understanding the inner lives of children via the psychoanalytic method*. The simplest way to demonstrate such commitment is by the training one seeks and completes. But it also leaves open the possibility of many other paths. Last spring in Cleveland the Executive Committee ratified the following proposal as an effort to delineate what those pathways should be, what we feel comfortable with, what will preserve the character and mission of the organization and the profession, while also ensuring renewal, stimulation and growth.

Commitment to child and adolescent psychoanalysis can be demonstrated in several fields of endeavor and assessed by various methods. The overarching criterion is that the effort be grounded in the psychoanalytic method and have children as its focus. ACP members sponsoring individuals for membership are responsible for attesting to the nature of the sponsored individual's work, commitment and character.

Pathway 1

Formation/Founding of psychoanalytic institutions: clinical trainings, schools, clinics, applied programs, academic departments

We have in mind here myriad efforts made by analysts and others to establish psychoanalytic institutions in the community, which focus on service and training in mental health and other disciplines on the basis of psychoanalytic theory and technique. Examples might include individuals who initiate or run treatment clinics, connected or not to psychoanalytic institutes; outreach programs to day-cares, schools, juvenile facilities or prisons; university departments that foster intensive study of psychoanalytic developmental ideas; psychoanalytic schools; pediatric consultation; extension programs. There are surely many more.

This pathway is included because it speaks to the spread of child analytic ideas in society. Individuals who devote their efforts in such endeavors demonstrate persistent commitment to child analysis, often in the face of intense resistance. Including them in the ACP underscores the organization's role as a resource about evolving analytic knowledge and fosters cross-fertilization by bringing into the ACP's discourse news from the front lines.

Two ACP members sponsor such a person by writing detailed letters describing the sponsored individual's contribution and adherence to ethical standards. Any available information about the program or activities involved should accompany the sponsorship. The membership committee would feel free to call upon the relevant expertise of any other of our members to help assess the materials when necessary.

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ACP Portrait

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Pathway 2 Research

Research that tests psychoanalytic ideas, contributes to a richer metapsychological understanding of development, demonstrates outcomes, expands our repertoire of interventions, and so forth – mutual enrichment of researchers and clinicians can best take place when they are colleagues on equal footing, neither ‘invited experts’ nor tolerated outsiders.

The method for this route is like that in Pathway 1, that is, two sponsors detailing the proposed individual’s suitability, and the membership committee seeking expert advice from other members should we need it.

Pathway 3 Training

This is our traditional path to membership, and thus the one that people feel most passionately about, feel they know the most about, and struggle to define. Those of us on the membership committee have detailed knowledge of the spectrum of training backgrounds, theoretical and technical differences that actually exists already 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. Therefore we focused on our shared commitment to understanding children’s inner worlds from a psychoanalytic base.

We now include in our ‘guidelines to sponsors’ the statement that “our ideal for training is for the most intensive possible experience, that is, analytic treatment of children of all ages and both genders at a frequency of four to five times weekly, regularly supervised by a psychoanalyst. The founders of the ACP developed these standards based on their experience of what they learned the most from – what worked for them. In learning about and understanding what would most help children, they included immersion through working intensively with children developing at different stages. We hope that members trained with less than the ACP’s ideal criteria feel encouraged to seek broader and deeper experience whenever possible.”

The ACP makes allowance for differing local conditions and requirements by having actual membership criteria that are less stringent. In sponsoring a prospective member, two regular members of the ACP speak to the sponsor’s personal analysis, ethical standing, and commitment to child psychoanalysis. They are expected to include description of or documentation detailing the following possibilities:

Graduation from a formal training program in child and/or adolescent analysis without specifying frequency or number of cases.

Individuals trained independently of a psychoanalytic institution would have their training described in detail

by the sponsoring members, the method we have now.

The ACP is a community of analysts whose work and communication is founded on comparable experience and education. Increasing the pathways to membership in the ways described above is an effort to invigorate our discourse and discover whether our discipline can indeed robustly inform wider realms of endeavor. Stretching ourselves and others to find our common ground is an important investment of effort to secure the future of our field. As experience of using these new criteria for membership accumulates, the Membership Committee will report regularly to the Executive and the membership on our progress.



Welcome our New Members !

The following child analysts became new ACP members. We welcome them and look forward to their contributions in the field and in out organization.

Candidate Members:

Name	Sponsors
Lisa Kendall Damour	Denia Barrett MSW & Carla Neely PhD
Josephine Wright MD	Ruth Karush MD & Wendy Olesker PhD

Regular Members:

Name	Sponsors
Catherine Kieffer	Robert Galatzer-Levy MD Benjamin Garber
Justine Kalas-Reeves	Denia Barrett MSW & Marie Zaphiriou-Woods
Christian Maetzner MD	Ruth Karush MD & Donald Cohen MD
Lee Ascherman MD	Sam Rubin MD & Gunter Perdigao MD
Sally Clement PhD	Ruth Karush MD & Donald Cohen MD
Laurie S. Orgel	Joseph Bierman MD & William Wimmer MD

Guidelines for Sponsors of ACP Membership Applicants

Please send all information to the Membership Committee Chair via the Executive Secretary
Nancy Hall, at childanalysis@optonline.net or P.O. Box 253, Ramsey, NJ 07446, USA

Sponsored Individual: Name:
 Address:
 Phone:
 e-mail:

Sponsors: Sponsor 1
 Sponsor 2

Membership Category: Candidate Member
 Regular Member

Basis of Sponsorship: Pathway 1: Formation/Founding of psychoanalytic institutions:
 clinical trainings, schools, clinics, applied programs,
 academic departments
 Pathway 2: Research
 Pathway 3: Training

Ethical statement: Did the sponsoree to your knowledge ever contravene the
 ethical standards of his or her field or profession? Yes No

Include a letter describing why you sponsor the individual for membership in the ACP. For Pathway 3 applicants (Training), please describe the following aspects of the sponsoree's training:

- a) a personal analysis - duration, 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.

The ACP is a community of analysts whose work and communication is founded on comparable experience and education. Our ideal for training is for the most intensive possible experience, that is, analytic treatment of children of all ages and both genders at a frequency of four to five times weekly, regularly supervised by a psychoanalyst. The founders of the ACP developed these standards based on their experience that they learned the most about what would help children from immersion in working intensively with children developing at different stages.

You may use the following tables as guidance for sponsorship of Pathway 3 sponsorees:

For Candidate Membership	For Regular Membership
Please address: 1 training includes (or will include) all categories of training required for Regular Members 2 Nature of training program	Please address: 1 personal analysis: frequency and duration 2 seminars or independent study of: a psychoanalytic principles b child analytic theory and practice c child analytic case seminars 3 cases supervised by child psychoanalysts (see table below)

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

ACP Portrait

Nominating Committee



Moisy Shopper, MD

Chair: Moisy Shopper MD
Members: Jules Glenn MD, Laurie Levinson PhD,
Joanne Naegele MA, Kerry Novick AB BA,
Wendy Olesker PhD.

Every year three new Councilors are elected. The nominating committee seeks out six members to run for the three 3-year terms. While not always successful, we try to run a “balanced” slate, i.e. balanced geographically, by gender and by medical / non-medical training. A councilor not only votes on matters that formulate the actions and directions of the ACP, but also provides a more intricate knowledge of the ideals and inner workings of the ACP. Accordingly, the nominating committee welcomes the interest and willingness of “younger”, more recent members to run for Council. Being a Councilor is a wonderful way to contribute your ideas and energy while enjoying collegial closeness. Every two years we elect a President-elect and Secretary-elect (who run as a team) and the Treasurer. Here too, we strive to find nominees who not only have a dedicated interest and knowledge of the ACP, but also represent a measure of “balance”. Every nominee is asked for a background personal; statement, which is then made available to the membership so as to enhance knowledgeable voting. Candidate Councilors, of which there are two, require two candidate nominees for those years in which each is elected.

As chair of this committee, I have become very aware of the many other (and larger) organizations to which our membership belongs, and the multitude of competing professional interests represented continue to surprise me. Yet the loyalty and interest in the ACP has always enabled us to have excellent nominees and excellent leadership.

For those 50% of our nominees who are not elected, I want to thank for risking their narcissism et. al., and I want to thank them for their continued contributions to the ACP.



Communications Committee



Paul Brinich, PhD

Chair: Paul Brinich PhD
Members: Alicia Guttman MD, Moisy Shopper MD,
Barbara Streeter &
Elizabeth Tutters RSW MCAPP.

The Communications Committee supervises the ACP web site and the various listservs used by the officers, executive committee, subcommittees and members.

The ACP web site serves several purposes. First, it is an important “public face” for the organization. It provides information about child analysis as well as analytically-based commentary upon pertinent issues (e.g., children’s responses to events such as a terrorist attack). It also provides a way for interested members of the public to locate ACP members who practice in their own geographical area. The web site is also a resource for ACP members; there they have access to an up-to-date roster of members (including mail and e-mail addresses and telephone numbers). They can view archived copies of past ACP newsletters and they can set up and use topically-based e-mail lists (for study groups, ad hoc committees, et cetera).

The Communications Committee also responds to the occasional inquiries that are sent by members of the public to the ACP’s administrator.



Tampa Bay Area

ACP Portrait

Program Committee



Kirsten Dahl, PhD



Anita Schmukler, DO

Co-Chairs: Kirsten Dahl PhD & Anita Schmukler DO
 Members: Denia Barrett MSW, Kay Campbell PhD,
 William Heuves PhD, Helene Keable MD.

The Program Committee accomplishes the following tasks:

1. Select a topic, with suggestions from the members
2. Call for papers, published in ACP newsletter
3. Receive papers and drafts by September and circulate them to members of committee
4. If a draft is promising, ask for a copy of the completed paper by end of October.
5. Phone conference in November to establish which papers will be for Plenary or Workshops
6. Locate moderator for plenary session and discussants for workshops
7. Find reporters for Plenary and for Marianne Kris lecture



Arrangements Committee

We need you!

This committee plans the annual meeting. We currently have nobody who serves on this crucial committee. Please contact our president at rknpk@aol.com if you are interested in it!



Study Groups and CME



Chair: Stanley Leiken MD

My committee is actually a committee of two. Although only one name (mine) is listed, Nancy Hall is the real worker and I appreciate her work very much. The committee has primarily only one function. That is to make sure that ACP Meeting attendees receive the CME/CE credit they deserve during their attendance at the yearly national meetings and at the occasional regional meetings. This process is fairly routine. However, when various accrediting organizations, like for example, the American Psychological Association, change their requirements, it involves a lot of work. Nancy Hall has that task down very well too. A few years ago we looked into CE credit for our MSW members and we worked that out to most member's satisfaction. At the moment there are no plans for expanding the scope of our work. I think we are getting the job done pretty well but I am looking forward to receiving any members' suggestions.



Clinical Practice Committee

We also need you!

The Clinical Practice Committee conducts an annual survey about the psychoanalytic practices of our members. This Committee could expand its work by developing tools for child analysts to use to develop their analytic practices and to study the types of children who are being treated in analysis. Contact our president if you are interested in serving on the committee!



ACP Portrait

Extension Division



Karen Marschke-Tobier PhD

Co-Chairs: Karen Marschke-Tobier PhD &
 Catherine Henderson PhD
 Members: Brenda Lepisto.

The major work the Extension Committee does is directly connected to our annual meeting. We work to help members and colleagues organize psychoanalytically oriented meetings that deal with child and adolescent issues of particular interest to the local community. The meetings aim to reach a non-analytic as well as an analytic audience and often combine clinical issues and applied psychoanalytic topics in the presentations.

Our aim in providing support for these meetings (speakers, venue, mailing fees, registration, etc.) is to broaden the awareness of child psychoanalytic thinking and to forge closer collegial ties among child psychoanalysts and the other professionals in their community who work with children. The Extension Committee also is available to support members develop local meetings at times other than the annual meeting.



Behind the Scene



Nancy Hall

Many thanks to Nancy Hall, our administrator, who does all the work behind the scene, which makes everything we do possible!

Newsletter



Christian Maetzener, MD

Editor: Christian Maetzener MD
 Associate editors:
 Ellen Glass MD & Katharine Rees PhD.

Our newsletter appears twice yearly and is the vehicle for both organizational news and scientific content. Its purpose is to disseminate information about the clinical, research and organizational activities among our geographically widespread membership. We welcome letters to the editor as well as other contributions from members. Please send submissions by e-mail, as attachment, to

Maetzener@msn.com

You can view an archive of past newsletters, going back to 1993, on the members only section of our website:

www.childanalysis.org



Liaison Committee

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vantage of both organizations, her proposal might serve as a model for the perceived respect and mutuality which is necessary to all liaison work. The presence of a child psychoanalytic presence is certainly desirable at WAIMH meetings but, as in all other disciplines, there are contrasting therapeutic viewpoints which require our interest and consideration.

EX OFFICIO:

Moisy Shopper wrote several suggestions for future ACP meetings: "I chair the liaison meeting with the pediatricians and I think that is always worth doing since they are a source of referrals for us. Where ever we go we should have a person with access to the pediatricians." He suggested also that he "could conduct a seminar with attorneys and others about the forensic issues in divorce and geographic moves etc. To some extent these issues have been addressed by Goldstein et al but they are difficult to apply."



**Child & Adolescent Workshop
IACAPAP World Congress
August 2004, Berlin**

Moderator:

Veronica Mächtlinger dipl. clin. Psych. (Berlin Psychoanalytic Institute, Karl Abraham Institute, Berlin)

Presenters:

Erika Hartmann M.D. (Karl Abraham Institute, Berlin)

Renate Kelleter M.D. (Darmstadt)

Reporter:

Veronica Mächtlinger dipl. clin. Psych.

The ACP asked me to arrange a workshop on child analysis for the IACAPAP Conference in Berlin. Fortunately, I was able to obtain the support of two analyst colleagues, members of the German Psychoanalytic Association (DPV), who were willing to present one of their psychoanalytic cases at the workshop. In the first two-hour session, Dr. Erika Hartmann presented an adolescent with the unusual symptom of stalking, with whom she worked five times a week for long periods. In the second session, Dr. Renate Kelleter from Darmstadt presented her case of a 9 year old epileptic boy with whom she worked four times weekly.

After considerable delay and difficulties, the workshop was able to be held, largely due to the generous support of the DPV.

Once we saw the conference program, which seemed to us to be packed with statistical pharmaceutical research and behavioral and neurological studies, we were skeptical about having an audience for a purely psychoanalytic workshop. This apprehension proved totally unfounded, as about 50 to 60 interested listeners attended. Unfortunately the printed program misled some attendees into thinking there was only one session of our program, so some people had to leave. But a significant number remained, and they proved a lively and involved audience for the second presentation. Many said afterwards that they were relieved to find some presentation of clinical material in the program, and that they came to hear what we had to say even though they had no special knowledge of child and adolescent psychoanalysis. This became clear to us when some attendees seemed astonished to find we worked with such high frequency of sessions with our patients, although many present were either psychoanalysts or were otherwise familiar with the psychoanalytic for-

Many said afterwards that they were relieved to find some presentation of clinical material in the program, and that they came to hear what we had to say even though they had no special knowledge of child and adolescent psychoanalysis.

mat.

I gave a short introduction in which I spoke of the difficulties of conducting multi-session per week treatment in Germany. Firstly, insurance does not cover psychoanalysis, although it does pay for child psychotherapy. Secondly we have to deal with the same problems which afflict psychoanalysis worldwide.

The meeting proper began with Dr. Erika Hartmann's presentation, "Stalking as a symptom in a thirteen-year old girl. The gradual development of a language for expressing feelings, during intensive psychoanalytic treatment." In this paper Dr. Hartmann described the extremely slow and painstaking, but fascinating development of a relationship to the analyst, in which words could gradually be found to express the feelings and inner conflicts that contributed to the development of this somewhat unusual symptom. Cindy was brought to treatment by her parents because she had been stalking two older girls for about two years, behavior which led to complaints by the girls and their parents. The symptom was accompanied by a severe disturbance in her social relationships, expressed as an almost total inhibition in making verbal and visual contact. This behavior also dominated the treatment situation for a considerable time, making the development of a relationship with the analyst extremely difficult. Cindy's school performance and pursuit of other interests were seriously compromised by her constant preoccupation with thoughts about the girls, who in turn

felt increasingly persecuted. Cindy appeared to have little access to her own feelings and apparently had no idea that her behavior, for which she had no explanation, might be

disturbing for the girls.

Cindy's development during intensive treatment over a period of 2-1/2 years was described in detail, with emphasis on the difficulties of establishing a viable relationship with her. Treatment began with a severe suicidal crisis and gradually became centered on the problem of finding a common language with which to communicate and express feelings. A break-through occurred when Dr. Hartmann one day asked Cindy about her favorite music. Cindy brought the text of a Mariah Carey song to session, a song which deals with feelings of loneliness and abandonment and expresses intense longing for fusion with a loving object. Using this text, and especially some changes that Cindy herself had made in it, it gradually became possible to begin to talk about the feel-

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ings and wishes directed towards the two girls who were the victims of her stalking.

Parallel to the development of a relationship to her analyst, Cindy came to better understand her conflicts around her hate of her own body. Conflicts around gender identity, exacerbated by considerable conflicts in her relationships with her parents, especially the mother (who seemed openly to “prefer” Cindy’s brother), gradually became clearer. Her social capacities and relationships to her classmates, teachers and mother (as a primary object) all improved.

In the ongoing treatment the stalking impulse still occasionally occurs; however, the constant preoccupation with thoughts and memories of the girls have ceased and her school performance has improved to the point where she will be promoted to the next grade, something which had seemed impossible when treatment began.

Dr. Hartmann had encouraged listeners to interrupt her presentation whenever a question came up. The audience took her at her work, leading to an ongoing and lively discussion. At first the discussion centered on the considerable technical difficulties for the analyst in working for a long period of time with a patient who seemed so unable to make either visual or verbal contact but who nevertheless came to her sessions regularly and punctually. Later more detailed questions and suggestions concerning the meaning and pathogenesis of the symptom in terms of her relationship to her body and within the family were discussed. We had been somewhat worried about whether we would be able to fill the time adequately, two hours seeming like a long time. We need not have worried; in fact, the discussion could have continued had we had more time.

After the break, Dr. Renate Kelleter gave her paper, “The analysis of a 9-year old boy with traumatic epilepsy following a newborn stroke.” Nick had been born prematurely and was tube-fed for a month as he was unable to suck. Investigation revealed a periventricular brain hemorrhage with resulting cerebral seizures uncontrollable by medication. Nick has an IQ of 85 and multiple psychological and psychophysiological symptoms. The seizures, occurring at 4 to 6 week intervals, were accompanied by full consciousness and unilateral motor paralysis and last about 30 minutes. Nick’s parents are very cooperative, with the mother tending to deny the mental consequences of the physical trauma whereas the father is becoming increasingly anxious about these.

Dr. Kelleter described Nick as suffering from cumulative somato-psyche Type II, following repeated exposure to extremely traumatizing epilep-

tic seizures. Her presentation illustrated the interweaving of the primary neurological symptoms with the secondary interactional and intrapsychic problems which together resulted in a severe developmental disturbance, in which the formation of the self and reflective functions were critically impaired. Her aim was to show how we work analytically with a severely traumatized child, focusing on the unique relational/interactional aspects of the analytic relationship, and showing how, in dealing with a developmental deficit, the analyst has to walk a tightrope in dealing with the tension arising from being a dual object for the child, viz. both a transference object as well as a new developmental object. The presentation vividly illustrated how Nick had immediately used his considerable artistic talent to communicate his inner world and experience. We were shown some of his detailed and obsessive drawings of people and animals – all depicted with head injuries – which Dr. Kelleter understood as conveying something of his extreme anxiety and subjective experience during his seizures. In the drawings, the figures are struck by lightning, endure intolerable electric shocks, or are suddenly frozen in a sea of ice or lava, are unreachable and beyond help.

Dr. Kelleter described how within the protection afforded by the analytic setting and the transference relationship, Nick’s communication has become increasingly verbal and his bodily confusion can be named and talked about in an increasingly differentiated verbal manner. “Why” questions arising out of his awareness that he is different from other children are beginning to be expressed together with his fantasies about what happened to make him this way. Interestingly, although the medication has not been changed, Nick has had no epileptic seizures now for about a year.

Dr. Kelleter then presented three sessions with Nick as a basis for discussion. The sessions showed in detail the complex interactions between the child and the analyst in the context of a regressive process triggered by a forthcoming holiday separation, a process during which she felt, in one of the hours, that she had temporarily lost her capacity to contain and metabolize (Bion), Nick’s emotions, anxieties and terrifying fantasies, and which led to a breakdown in the communication and understanding between child and analyst. This situation seemed to represent a repetition of Nick’s terrifying experience during his seizures, of being unreachable and helpless, helplessly exposed to terrifying bodily sensations, anxieties and fantasies. The analyst described the means by which communication between child and analyst could be restored before the vacation break: she interpreted the repetition of his terrifying

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**35th Annual Margaret S. Mahler
Symposium on Child Development:
Beyond the Family's Orbit
April 24, 2004
Philadelphia, PA**

Reporter:

M. Hossein Etezady M.D.

Speakers:

J. Alexis Burland M.D.:

Developmental Objects of Everyday Life

Harry Hardin M.D. and Daniel Hardin M.A.:

The Role of Primary Caregiving by Others in the Development of Biological Mother-Child Alienation

Carlotta Miles M.D.:

"Other Mother" Love: Finding, Recognizing and Appreciating the Contributions to Children's Psychological Development by Adults Other Than Their Parents

Dr. Burland's paper was titled, "Developmental Objects of Every Day Life".

He noted our lifelong need for others in order to develop, maintain and support our psychological structures. Mahler herself was an important developmental object for many. This symposium, in her honor, is about the importance of objects. Mahler wrote of important objects in her own life, and her most creative achievement involved studying the most formative of all object relationships, that between parent and child. We need developmental objects to grow and "maintenance objects" to remain healthy.

The paper discussed two such relationships: student-teacher and camper-camp counselor. How they can do great good or lasting damage. He described a six year analysis of a man in his fifties whose response to a careless remark by the analyst was similar to when his favorite teacher had humiliated him after he had opened his heart to the teacher. Feeling betrayed and humiliated he had built a "wall of China" in defense which occupied the entire course of the analysis. Another vignette presented the treatment of a man in his fifties. The content of his panic episodes centered around a fateful interaction with his principal who, familiar with the child's early tragic history, had taken the 6th grader under his wings. The student carried away in joy, reacting to the principal's performance at a function, suddenly became the target of a humiliating denouncement by the principal. The initially unconscious content of the panic attacks had been the sudden turn from the mentor to the attacker.

Burland drew from his own experiences at a camp where he had served as a camp counselor for several

summers. There was a lasting bond between the campers, counselors and the director and each experienced enduring growth and strength gained from the impact of their connections with each other as developmental objects. He suggested that the qualities that make for a "new", "good" developmental object are familiar to us from the analytic situation. Benevolent neutrality that tilts toward the analysand, willingness to see things from the analysand's point of view, kindness and respect. He described the short term treatment of an adolescent who made remarkable progress while attending a camp. The camp provided a chance for him to pull all his resources together, meet new challenges and negotiate his second individuation.

People work out their transferences in relationships with one another. They revisit the past and confront their fears over and over, in every day life as well as on the couch. Before we can get close enough to use our developmental objects we need to feel comfortably separate, at an "optimal distance".

The second presentation was by Harry T. Hardin, M.D. and Daniel H. Hardin, M.A., titled "The Role of Primary Caregiving by Others in the Development of Biological Mother-Child Alienation".

For over 20 years the senior author conducted a study of patients who received primary care from some one other than the biological mother. This is associated with development of difficulty with intimacy as well as inordinate fear of separation. There is universal concern in the literature that primary caregiving by others may hinder the development of a normal mother child relationship. Avoidant type of attachment disorder develops more frequently among the children of working mothers as compared to non-working mothers. Attachment is less secure when maternal responsiveness is low, in combination with caregiving that is poor in quality, low in quantity or in multiple hands. The mother's responsiveness is an essential element in alienation. Even a sensitive mother's tie with her infant may be adversely affected when she relinquishes the primary care of her infant. Lack of protection of the infant-caregiver-parent is very important in development of alienation. Related clinical observations include vagueness in the perception of the mother as two dimensional, lacking in depth, intimacy, warmth and comfort.

Alienated patients often complain of chronic strife with their mother. They feel compelled to run to their mother again and again and find the well empty. They reject overtures aimed at diminishing the distance with others. They see themselves as different and isolated. Tragically, they neglect their mother in the nursing home or deal with intense guilt by mak-

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ing visits compulsively. Clinical examples were cited in evidence, as were psychoanalytic and other literature.

Dr. Miles' presentation was titled "Other Mother Love". She noted that often we see patients who have had parenting experiences with individuals other than their own parents but this information never surfaces in our biographic data. Yet such experiences have profound implications for personality development or formation of pathology. She elaborated on the impact of "other adults" who have performed parenting functions, bonded with and have been identified with by youngsters. Because you are there when a child wants or needs you and because you may bring a new perspective or a different style of love and attention to the child's world, you then become a part of the mosaic that one day becomes the "self" after all these pieces are integrated. She enumerated some observations that might alert us to the concealed influence of "other parents of long ago:

- Personality trends that are wildly different from parents;
- A healthy child despite a chaotic family history;
- Depression and abandonment issues without apparent cause;
- Tolerance for dual love objects rather than the developmentally classic oedipal configuration;
- Resistance to transference formation due to abandonment experiences and loss of trust;
- Weakened super ego structures, evidence of unresolved conflicts between parents and "other parents".

Nannies, neighbors, relatives, friends, mentors and others can be providers of special attention, recognition of needs and talents, exposure to new experience, alternate objects of identification as role models, relief from grief in cases of parent loss, etc.

When we ask the right questions at intake interviews around the caretaking history of these individuals we learn to interpret the behaviors of those children who have maintained hidden identities.



Child Psychoanalysis in Tampa

As members of the ACP, we would like to welcome friends and colleagues attending the upcoming ACP meetings. Over the past several years, Tampa Bay (Tampa, Clearwater & St. Petersburg) has undergone tremendous growth, including the psychoanalytic scene. The psychoanalytic organizations active in our community include the Tampa Bay Psychoanalytic Society and The Carter-Jenkins Center. On a local level, the Society, a component society of the American Psychoanalytic Association, organizes an annual Scientific Program of psychoanalytic presentations that are open to mental health professionals. Generous donations by several members of the Carter-Jenkins family helped to create The Carter-Jenkins Center, a non-profit educational organization with a partial affiliation with the University of South Florida. The Center is devoted to the dissemination of psychoanalytic knowledge and improvement of mental health on an international scale. The psychoanalytic branch of The Carter-Jenkins Center has candidates training in child and adult psychoanalysis. We are in the process of developing several new sections of the webpage including one on child and adolescent psychoanalysis and we would welcome contributions. Quality papers by ACP members may be submitted to our editorial committee for consideration for publication on our website. Please visit our website at www.thecjc.org for a view of the wide range of programs that are being offered to the world community and take time to visit The Carter-Jenkins Center during your stay in Tampa. We would be happy to help facilitate arrangements.

The Carter-Jenkins Center
 1325 W. Fletcher Avenue
 Tampa, Florida 33612
 tel: 813 908-8686

E-mail: info@thecjc.org
 Frances Marton, LCSW
fmarton@thecjc.org
fmarton@hsc.usf.edu

Child, Adolescent and Adult Psychoanalyst
 Associate Director, The Carter-Jenkins Center

Humberto Nagera, M.D.
hnagera@thecjc.org
hnagera@hsc.usf.edu

Child, Adolescent and Adult Psychoanalyst
 Director, The Carter-Jenkins Center



Little Hans - Continued

[Editor's note: In response to Dr. Bierman's workshop "Psychoanalytic Process in the Treatment of Little Hans" during last year's annual ACP meeting in Cleveland, we received the following two contributions by Dr. Heiman van Dam and Dr. Leon Hoffman]

Heiman van Dam, MD: Response to Bierman's Paper "The Psychoanalytic Process in the Treatment of a Four Year Old Child"

I shall be brief to give everyone a chance to react to what we have just heard. What fascinated me most was that Joe was able to connect the goings on in the Vienna Psychoanalytic Society with the descriptions of the so-called analysis of Little Hans. I use the words "so called" because by today's standards we would not call it an analysis. There are no play sessions where we can follow the child's productions and associations, and resistances were dealt with by parental authority. The father was chosen by Freud for that reason. For 1909 however, it was a child analytic case.

It was a major triumph for Freud and his colleagues. Here he could observe first hand what he had reconstructed with his adult patients. He now could see the infantile neurosis in statu nascendi. The second triumph for Freud was that his famous oedipal interpretation was very well received by Little Hans. Does the Professor speak to God? i.e. it is the Truth. The frosting on the cake was that the child's symptoms visibly improved within 48 hours. The third harvest was that this very verbal little boy contributed a great deal to the observational data gathering that Freud and his colleagues were engaged in at that time. The German fore runner of the Psychoanalytic Study of the Child, the Zeitschrift für Psychoanalytische Pädagogik (Journal for Psychoanalytic Pedagogy) was full of such brief observations. Finally, and probably the most important contribution that Little Hans made was his influence on the analytic pioneers themselves. As Joe showed us so clearly, Little Hans was present at and right square in the middle of the discussions of the Vienna Psychoanalytic Society. He caused them to rethink their own fears of castration, disguised by their objections to infantile sexual curiosity and masturbation. They relived with Little Hans the notion that their own masturbation had been harmful. They, and every analyst after them, owe a great debt to this

They relived with Little Hans the notion that their own masturbation had been harmful. They, and every analyst after them, owe a great debt to this little child.

little child. Only Stekel apparently had worked through these fears. Little Hans even tried to educate his father that watching his playmate Berta urinate was all right. He was less successful when his father told him that nice boys don't have death wishes toward their siblings. Very likely Little Hans felt too guilty to dare to disagree with his father.

What about Freud and the question about the harm of masturbation? By the time that he was five years old, little Sigmund had already experienced the death of his younger brother Julius, which had a number of psychological consequences for Freud. He had also been exposed to the family physician who had one eye enucleated. His mother had given birth of all things to two little sisters. Freud was taken away during their childbirth, but his 18 year old half brother had teased him that his mother had gone to jail. Additionally, babysitters had taken him to Catholic Church on numerous occasions. On coming home he had recited the priest's sermons. To this day, as you know, the Catholic Church is opposed to masturbation. We have some information how all

these events and others affected the little boy Freud's functioning of his penis. During his latency years, his father got so discouraged about Freud's ongoing bedwetting that the father said "This boy will never amount to anything." Is it any wonder that the adult Sigmund Freud had blind spots in this area? Little Hans' mother was analyzed by Freud. But we must remember that this was in 1909, which may make it less of a surprise that she threatened to have Little Hans' genital cut off. And how are you going to make peepee then, she threatened him? Little Hans answered that he would do it with his poo poo opening. Obviously he had interpreted that his mother did it that way, because her "Weewee Macher" was gone. The best and literal translation for that German word is "peepee maker". I believe that this term possibly may convey also something about Little Hans. Namely that he pretended that his genital was only for urination (his parents probably had coined the term for him). I don't blame him one bit for keeping it that way, given the ambiance of the home and wider Catholic

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environment that he was living in. Another aspect of Little Hans not referring to anything beyond the urinary function was his approaching latency, i.e. a developmental step. Freud rightly speculates that the outbreak of the child's neurosis is connected to Little Hans repressing his desire to masturbate (GSW VII, p.263/SE X, p.27/28). He did not use the term latency, but he recognized that the mother from her side made it all too easy for Little Hans to crawl in bed with her i.e. she added to the child's conflictual struggle. The father as father, but not as analyst, told Little Hans, that he was getting too old for that kind of stuff. It only illustrates how a Father can not function as parent and guardian of the child analytic process at the same time. The question and answer technique was not only used as the method of choice with Little Hans, but the same technique was also used by Freud in "analyzing" the mother. I believe that this technique had its origin in Freud's hypnosis period. As you recall the father used parental authority to overcome resistances in Little Hans. These two elements, the use of authority and the question and answer technique, are the main staples of hypnotherapy. As Joe indicated so clearly in his paper, the analysts in 1909 were not clear about a number of child related issues, such as: is masturbation per se harmful? How far should one go to enlighten a child about sexual matters? What or whether to tell the child about the father's role in initiating the pregnancy? Equally interesting is that utilizing free association in the work with adult patients had not yet begun.

Following Sam Abram's paper, Joe also makes a clear distinction between the analytic task and the task of aiding the further development of the child. I have two ideas in this respect. One is that successful interpretive work itself will also lead to developmental growth. For instance, interpreting a child's denial of castration i.e. that the mother or sister does have a penis, may lead to the undoing of the denial and to lessening of the castration anxiety. The discussions at the Vienna Psychoanalytic Society about the issues that Little Hans had put before them lead to their ego growth. Parallel to this the analyst may also be utilized as a developmental object and thus lead to growth. It too may lead to less castration anxiety and less use of denial. The second thought I would like to present is that the identical issues also occur in adult analysis. The developmental aspect is less spectacular and conspicuous with adults because they have fewer developmental tasks ahead of them. An example of a developmental task would be the continually changing nature of the relationship of the adult to his/her offspring as the latter go through adolescence

and beyond. Some of it will come about by analyzing the difficulties in this developmental task. Also some will come about as the patient imagines the analyst as having accomplished these painful changes satisfactorily.

In his unique way Joe traces some of the pitfalls encountered in the analysis of Little Hans. For instance the issue of how to overcome the resistances in a patient. Coercion was being used. It contributed to Freud accepting and recommending that the father be the analyst. Parental authority was not only encouraged. It also was unavoidable. At one point, in front of Freud, Little Hans and his father argued as to whether the father had hit his patient/son. Dr. Graf denied it, but Little Hans reminded his father that on their way to Freud that very same morning he had hit the child for an infraction.

Today's standards are quite different from those that prevailed in 1909. Freud was quite fond of Hans' supposedly beautiful mother and he described her as not having intimidated her child or made him feel guilty. In 2004, we would consider it intimidation to tell a child that if he does not stop touching his genital, the pediatrician will cut off his penis. When Hans asked his mother to touch his penis, her reply according to Strachey was that would be pig-gish. The word "piggish" would make it seem to me that she felt it would be selfish. Actually she explained her refusal quite differently: "Weil das eine Schweinerei ist" (p.255, GW vol. VII). The best translation is: "Only a dirty pig would do that". In other words, she introduced the idea that masturbation is dirty besides forbidden and punishable with total castration. There are quite a few other problems with the overall translation, but that is not today's topic. Hans' request that his mother touch his penis is related to a dream in which Berta or Olga held his penis while urinating (SE X, p.20). It is quite clear from the father's subsequent discussion that either parent had frequently performed that exact function to assist Hans to urinate. This was a common practice at that time in parts of Europe. What shocked the mother was the child's request to have his genital held for the sake of the pleasure only.

Another item that may need some explanation is the child's wish to beat his mother with a carpet-beater. That the relationship between mother and son has sado-masochistic aspects to it should come as no surprise. The father explains this wish as stemming from the fact that the mother had "often threatened" to beat Hans in that way. Carpet-beaters were the predecessors of the electric vacuum cleaner, an American invention around 1907 (Hans was born in 1903). Little children would be in awe and fear as

(Continued on page 20)

Leon Hoffman, MD: Little Hans and His Mother's Pregnancy

I enjoyed reading the Summer, 2004 issue of the ACP Newsletter. I wanted to comment on the fascinating presentation by Joseph Bierman on "Psychoanalytic Process in the Treatment of Little Hans." My comment is related to the often overlooked impact on a child of the recognition (or denial of recognition) of a mother's pregnancy.

If we look at the case (Freud, 1909), one reads that "The first reports of Hans date from a period when he was not quite 3 years old," where Hans was preoccupied with, and spoke with his mother about, his "wiwimacher" (page 7). We then learn that "the great event of Hans's life was the birth of his sister when he was exactly three and a half" (page 10). One has to wonder whether Hans's preoccupation with his "wiwimacher," which began during his mother's first trimester of pregnancy, was related to his observations and fantasies about the pregnancy, the mother's pregnant body, and her possible mood changes.

Freud clearly was aware of the significance of the mother's pregnancy and her pregnant body on Hans (also noted by Etchegoyen, 1988; Fliess, 1992; and Frankiel, 1992). For example, the father reports that "In the street Hans explained to me that buses, furniture-vans, and coal carts were stork-box carts" (page 81). Freud interpreted this to mean that these conveyances were symbolic of pregnant women. Yet, in his write-up of the case, Freud does not attempt to incorporate the possibility that observations of the pregnant body may have been a contributing factor to the development of Little Hans's castration anxiety. Instead, issues related to primal scene exposure and fantasies, the impact of the sibling, and comparisons with the father, take center stage in the dynamic understanding of the case (even though Hans does resolve that he will have a baby too).

It might be possible however, that because of the ongoing presence of siblings, they tend to become central in many child analysts' dynamic formulations and interpretive focus to their patients. Thus, when child analysts observe children with maladaptive reactions to the birth of siblings, the impact of the child's observation and reaction to the mothers pregnancy and her pregnant body recedes from center stage both for the analysts as well as for the parents and children.

Recently, Balsam (1996) asked, "Why is the topic of the pregnant body per se virtually absent from most written accounts about patients' preoccupations as they lie on the couch?" (p.401). I think that child

analysts need to make an effort to keep in mind the impact of a mother's pregnancy and defenses against this by child patients.

Balsam, RH (1996). The Pregnant Mother And The Body Image Of The Daughter. *J. American Psychoanalytic Association* 44S:401-427.

Etchegoyen, RH (1988). The Analysis of Little Hans and the Theory of Sexuality. *Int. R. Psycho-Anal.*, 15:37-43.

Fliess, R (1956). Phylogenetic Vs. Ontogenetic Experience—Notes on a Passage of Dialogue Between 'Little Hans' and his Father. *Int. J. Psycho-Anal.*, 37:46-60.

Frankiel, RV (1992). Analysed and Unanalysed Themes in the Treatment of Little Hans. *Int. R. Psycho-Anal.*, 19:323-333.

Freud, S (1909). Analysis of a phobia in a five-year-old boy *S.E.* 10.



Heiman van Dam, MD: Response to Bierman Paper

(Continued from page 19)

they saw their mothers or cleaning ladies exert all their strength to remove the dust from the rugs. Being threatened in that way often must have added to any child's castration fears.

To return to Joe's paper, let me ask a question: Am I correct that Freud's gift to Hans on his 3rd birthday well preceded the onset of the horse phobia? Possibly Freud may have heard from the Grafts of Hans' interest in horses. The child's concerns about white horses biting may also relate to his fear of his mother. Sometimes mothers enjoy a game of pretending to bite their child's hand or finger if in the course of the Schmeichelerei (cuddling) the child's searching hand/finger comes close to the mother's mouth. Hans was very close to his mother. After she had given birth to Hanna, Hans developed what sounded to me like imaginary companions. He believed that he also had given birth to children and he talked to them. What also interested me is that the father reported two telepathic events to Freud. As perhaps you may know Freud believed in mental telepathy. Was Dr. Graf trying to impress/compete with Freud?

In conclusion, let me say a few words about psychoanalysis as it is in the 21st century. As you are aware a number of new "schools" have come about in recent years, each contributing or highlighting one or another aspect of mental life. What most of these schools de-emphasize or ignore are these very difficult discoveries that Joe showed us were so hard to come by, namely castration anxiety, the oedipal conflicts, and the place of masturbation in mental life. Our history makes it understandable why one would want to ignore these difficult issues, but that would set some aspects of psychoanalysis back to its pre-1909 state of affairs.



Members Corner

Dr. Erika Mertens, an ACP member in Cologne, Germany, submitted a summary of her recently published book

Psychoanalyse der Lese-Rechtschreibeschwäche (Psychoanalysis of Dyslexia and Dysgraphia)

By Erika Mertens PhD, Frankfurt am Main, 2002;
Brandes & Apsel, 255 pp.

Dr. Mertens is a child psychotherapist and psychoanalyst. She also teaches, publishes, and is on the editorial board of various journals. We thought the following abridged version of her summary might be of interest to our members:

This book is based on the author's experience of long-term psychoanalytic treatment of children suffering from dyslexia and dysgraphia. The heart of the book is three single-case studies. One child was treated in analysis for nearly four years, the other two in long-term psychoanalytic therapies. The author illustrates the use of her own diagnostic profile, modelled after the Hampstead Diagnostic Profile of Anna Freud. Case material, augmented by other case vignettes, is used as evidence in support of the author's hypothesis. Her hypothesis is that dyslexia/dysgraphia does not present as a separate symptomatology, but rather exists side by side with other neurotic phenomena, and is part of a general personality disorder rooted in early ego distortions.

The author seeks to establish that psychogenetic factors are of crucial relevance in dyslexia/dysgraphia. There is a direct connection between the circumstances of acquisition of spoken language and the children's difficulties with written letters. The children suffered cumulative traumatic experiences in Khan's (1963) terms during the period of language acquisition or beyond. Verbal exchange was not offered enough, or was offered accompanied by blaming and criticism. There was failure to share and help master affect from the parental side. Sibling hostility may also be contributory. The interplay of traumatic experiences and ongoing development produced vulnerability and after-effects on the speech- and symbol system, resulting in ego distortions, inhibitions and neurotic compromise formations.

Psychoanalytic treatment revealed low self-esteem, fantasies of a damaged brain, overwhelming fears of shame, helplessness and hopelessness and fear of object loss and of loss of autonomy. All these were often defended against in various regressive ways. Castration and autocastration phenomena manifested itself in spoken language and in the trans-

ference as well as outside the analytic space. In the latter its manifestation was often as in the form of a rejection of the written word and of writing.

In some cases, reading and writing competency had already been achieved but were lost after a traumatic event, such as the death of a parent. In such cases, the symptoms could be cured more quickly. The same was true when another single event caused an experience of feeling overwhelmed, such as exposure to a foreign language in a foreign country during the vulnerable period of speech acquisition. A possible later result was dysgraphia in school age.

In sum, the symptomatology points to unconscious psychodynamic underpinnings. Dyslexia/dysgraphia is not seen as a separate illness, but represents a failure in individuation. Behind the symptomatology the same unconscious fantasies and inner object relations are found as those which underlie the child's character traits and social relationships. This psychoanalytic understanding of the pathology is supported by the new research results of neurobiology, trauma theory and cognitive science. These results support the psychoanalytic assumptions that a long enough treatment duration is necessary to bring about psychic change and symptom relief. This research indicates that the pathology is multidetermined and preceded by specific conflicts in the individual. Symptom development is also facilitated by social factors that interact with it.

The book ends with two additional sections, one describing the interrelations between the individual and society effected by the symptoms, and the other, a brief survey of writing and its changing significance in art and literature across time.



Obituaries

We are very sorry to have to announce that the following members have passed away since April 2004:

E.C.M. Frijling-Schreuder, M.D
Amsterdam, Netherlands

Edward Schiff, M.D.
Cleveland Heights, Ohio

E.J.J. Scholten-Zeelt, M.D
Venhuizen, Netherlands

Awards

Sylvia Brody Prize

The Child Analysis Committee of The New York Psychoanalytic Institute is proud to announce the 2004 winner of the **Sylvia Brody Prize for the most significant empirical analytic paper on the development of mental conflict during infancy:**

György Gergely, Ph.D.

He was awarded the prize for his work described in the paper:

György Gergely, Harold Bekkering, Ildikó Király (2002): Developmental psychology: Rational imitation in preverbal infants. *Nature*, 415, 755.

The Sylvia Brody Prize recognizes empirical work investigating the development of mental conflict during the first 15 months of life. Dr. Gergely's research demonstrates the power of experimental methods in showing the components of the earliest mental mechanisms that eventually lead to processes of internalization in infants. His studies on early social cognition have asked about the origins of "theory of mind" and "mentalization", our ability to explain and predict others' actions by attributing intentional mental states (beliefs, desires, and intentions) to them. Recent research has demonstrated a surprisingly sophisticated understanding of intentional, goal directed actions in infants by at least 9-months of age. Dr. Gergely's work in particular, has shown that infants can attribute goals to observed actions, and they can evaluate which one of several alternative actions available to them is the most efficient means to the goal. The paper selected for the Sylvia Brody Prize shows that if an adult demonstrates a new way to execute a task, the children (14-months old) will use this action to achieve the same goal -only if they consider it to be the most rational alternative. This work challenges some of our basic assumptions about infant imitation. Dr. Gergely's results indicate that imitation of goal-directed action by preverbal infants is a selective, interpretive process, rather than a simple re-enactment of the demonstrator's actions.

Dr. Gergely is the Head of the Department of Developmental Research, Institute for Psychology, Hungarian Academy of Sciences. He is a cognitive and clinical child psychologist. Has done research in psycholinguistics, attachment theory, developmental psychopathology, and developmental psychology.

S S S

ACP Award for Excellence

The **Bernard L. Pacella, M.D. Parent Child Center of the New York Psychoanalytic Society & Institute**

has been awarded the ACP Award for Excellence.

The center was created and is currently run by child psychoanalysts. Leon Hoffmann, M.D. is its director. The center was started in 1991 and has provided direct service to thirty mothers and baby / toddlers in the past year and to over two hundred since its inception. The center has been active in research, outreach and community relations and seems to be a stable fixture in the community. They have reached a level of excellence in service to parents and baby / toddlers, in research, publications and most impressively in public education.

S S S

Child & Adolescent Workshop
 IACAPAP World Congress

(Continued from page 15)

experiences and the helplessness felt by both of them when he becomes so overwhelmed and paralyzed that he is unable to communicate, except through acting out.

This paper was also followed by a long and interesting discussion which centered at first on technical issues, e.g., the use made of Nick's drawings. It then widened in attempts to understand his psychopathology, considered as well in terms of his wishes to grow up and become an adult, apparently in the hope that he could then be like others and no longer feel himself to be an exception. Nick's school performance has improved considerably and the increase in his capacity to communicate verbally has of course led to an improvement in his relationships outside of the treatment.

We all felt that this meeting had been very successful and satisfying. Various members of our audience confirmed this feeling, so that we felt that all the work we had put into making it a success had been justified.

AACAP Practice Parameters & Psychodynamics and Analysis

At the recent winter meeting of the APsaA in New York, members of the ACP including Nat Donson, Barbara Deutsch, Cal Narcissi (head of COCAP), Phyllis Tyson (Child Analysis Editor of JAPA) and Barbara Rosenberg (Liaison Chair of the APsaA) met with two representatives of the American Academy of Child and Adolescent Psychiatry. The AACAP representatives, Rachel Ritvo and Tim Dugan, are both friends to dynamic psychiatry and psychoanalysis. (Kerry Novick had met with them earlier at the COCAP Meeting) They are concerned about the steady decline in psychodynamic teaching in child psychiatry training programs and psychodynamic psychotherapy in child psychiatric practice. This decline could lead to the disappearance of psychodynamic psychiatry from child and adolescent psychiatry. To illustrate their point, Drs. Dugan and Ritvo shared the draft of the new AACAP Practice Parameter for the Treatment of Anxiety Disorder in Children and Adolescents, which was presented to the AACAP membership for review in October and is currently being revised into a final draft. This parameter covers the treatment of anxiety in children including separation anxiety, generalized anxiety, panic disorder and elective mutism. Developed through peer review, AACAP practice parameters are research-based documents providing guidelines for the generally accepted level of practice, including guidelines for grade school-aged children, pre-school children, and adolescents.

Although the AACAP Practice Parameters are intended to assist AACAP members in maintaining quality of practice and are meant neither to supersede clinical judgment nor to be used for forensic or health administrative purposes, they are in fact frequently the sole published guidelines on the mental health treatment of children and adolescents available to malpractice lawyers or insurance companies. Whereas the 1997 anxiety parameter referenced psychodynamic psychotherapy and psychoanalysis in the treatment of children and adolescents with anxiety disorders, *the current draft is heavily weighted toward CBT and medication with no mention of psychodynamic treatment or psychoanalysis. There is still time to change this.*

Tim Dugan and Rachel Ritvo pointed out that one difficulty that contributed to this absence of psychodynamic psychotherapy in the current draft is that psychoanalytic publications often do not reference a DSM diagnosis or title the articles by diagnosis. Thus, the psychoanalytic literature can be missed in computer searches. In addition, the typical AACAP

Calendar of Events

02/26/05 - 02/27/05

Symposium 2005:

LOVE & its impediments

Horace Mann Auditorium, Teacher's College

Columbia Univ., New York, New York

(718) 278-0863

JAPAmail@aol.com

03/18/2005 - 03/20/2005

Annual Meeting

Association for Child Psychoanalysis

Late Adolescence: When Leaving Home Is An Issue

Tampa, Florida

www.childanalysis.org

05/07/2005

36th Annual Margaret S. Mahler Symposium on

Child Development:

Boundaries, Fences And Walls Around The Self

Hilton Philadelphia, City Avenue

Philadelphia, Pennsylvania

(215) 955-8421

06/04/2005-06/12/2005

94th Annual Meeting

American Psychoanalytic Association

Sheraton Seattle Hotel & Towers

Seattle, Washington

(212) 752-0450

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

10/18/2005-10/23/2005

52nd Annual Meeting AACAP

American Academy of

Child & Adolescent Psychiatry

Sheraton Centre Toronto

Toronto, Ontario, Canada

www.aacap.org

search goes back ten years whereas the psychodynamic community relies on much older articles to guide practice. Tim and Rachel are asking for our help in reading this and future parameters, providing references and targeted comments. ***This is an urgent problem. We need to find relevant articles in the literature that demonstrate the effectiveness of dynamic treatment. If you are interested or have a case citation, please get in touch with Barbara Deutsch or Nat Donson.***

As a result of our meeting in New York we hope to establish an ongoing collaboration through a joint Committee representing the ACP, COCAA, COCAP and AACAP to address this vital issue and other issues of mutual concern.

♣♣♣

Roster Update Form for ACP Members

Please check your listing as it appears in the 2004 ACP Roster. If 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: _____

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

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Ms. Nancy Hall, Administrator
PO Box 253
Ramsey, New Jersey 07446 / USA
tel/fax: + (201) 825-3138
e-mail: childanalysis@optonline.net

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